Objective: reporting the experience developed after carrying out an intervention activity on monitoring the growth and development of children. Method: a descriptive study, type experience report of the actions proposed by the Family School Health Program Unit through the Internship Nursing in Primary Care and Education Program at Health Work. Results: there was greater adherence in the consultations of children, promotion of a continuous and inter-monitoring of health staff, reorganizing the schedule of ACD consultations, as well as strengthening of university and community bond. Conclusion: interprofessional relations promote a comprehensive health care to the child, ensuring continuous monitoring of its health.

Descriptors: Nursing; Child Health; Interprofessional Relations; Primary Health Care.
INTRODUCTION

The Primary Care (AB) was established as a set of actions, individual and collective character, located on the first level of attention health systems. The programs established in AB are structured to ensure health promotion, disease prevention, treatment and rehabilitation.¹

The Primary Care focuses on the most prevalent health problems of each social group; this is configured through practical actions in monitoring the health of women, men, the elderly, adolescents, and children.²

With regard to child health, promotion, recovery health and its welfare, it has been, for a long time, priority in assistance, in order to ensure proper growth and development of children in physical, emotional and social aspects.³ This is due mainly for health vulnerability presented by individuals in this age group.

Worldwide, in recent decades, child development, has been the subject of interest as a result of the steady increase in child survival and recognition that prevention of problems or diseases exert long-lasting effects on the human constitution.⁴

In Brazil, diarrhea, acute respiratory infections, anemia, malnutrition, immunopreventable diseases are still major health disorders, requiring closer monitoring.⁵

In full monitoring child health 0-5 years is due to analyze the physical and mental development, aimed at reducing the incidence of diseases, and the increased chances of child growth and development in order to achieve their full potential.⁶ ⁷

Care for children in the Family Health Unit (FHU) is sustained by the support necessary to offer binomial mother and newborn in the first week of life, Monitoring Growth and Development (ACD) of the child, periodically vaccination guidance to parents/responsible for accident prevention, breastfeeding, healthy eating, personal and environmental hygiene, too, the early identification of diseases, with a view to effective and appropriate intervention.⁶ ²

The ACD Child should be done through collective approach allowing those involved to identify the effectiveness and adherence to pipelines, as well as to appropriate referrals adopted by the experiences of other members of group.⁸ The effective monitoring of growth and development should be ensured by the health team with biopsychosocial look, anchoring on the multidisciplinary.

In Brazil, the main agent responsible for the ACD in primary health care services, has been the nurse.⁹ However, a fully effective child care in AB is only possible through inter-relationships made up of professional nursing, dentistry, medicine, nutrition, speech therapy, physiotherapy, psychology, social work, with the support of community health workers (CHW), among others.

The multidisciplinary work of the Family Health Team (FHT), the Support to Family Health Center (NASF) must be based on shared knowledge, in active listening, dialogicity in humanization to achieve the same goals: Families healthy. The Ministry of Health considers the establishment of the bond and the relationship between professional responsibility and community as a guideline for the development of ESF, which arises when the population begins to trust him and recognize him as a member of their treatment.¹⁰

Thus, despite the interdisciplinary be relevant in assisting the health of the family, especially the children, it is observed that in the routine of health services, especially AB, the ACD is weakened in the aspect of interdisciplinary work. As nursing students, reflecting on a fragmented care, monitoring discontinued the child 0-4 years and the difficulty of ensuring access to consultations taken to generalist and managerial character of the nurse and being immersed in a school USF showed the need to intervene in the improvement and qualification of ACD in an interdisciplinary way.

The experience in question is to be relevant, due to the extent and action research being aggregators and informative experience for teachers, students, health workers and community; strengthening the dyad theory-practice, teaching and service. These are developed citizen training beyond learning to know, to emerge the dimension of learning to live together, to learn to do and learning to be. New relationships between health services, university and community are established, the ethical commitment, humanistic, and social, are strengthened.

This work aims to report the experience developed after carrying out an intervention activity on monitoring the growth and development of children.

METHOD

This is an experience report of the actions proposed by the Family School Health Program Unit (USFe) through the Internship Nursing in primary care and the Labor Education Program (PET) Health.

The actions of the project were developed in a town in the Reconcavo of Bahia, located...
approximately 200 km from the capital. It was chosen USFe Antonio André de Souza Filho to be a pioneer unit of the project. The USFe the choice of criteria given for being the scene of academic exchange, technical and scientific for more than two years; by providing conditions for conducting activities that include teaching-research-extension; and for being the area of large territorial extension that adds part of the urban area and part of the countryside.

Project activities have been developed according to the following steps: situational diagnosis, construction systematic monitoring of growth and development of children 0-4 years of interdisciplinary way, orientation and training, sharing of intervention among healthcare workers, involvement and partnership of the community, building the child's space at the facility.

First it conducted a situational diagnosis about the unit's catchment area, searching for information necessary for the preparation of the project.

From this perspective, it was necessary to systematize the monitoring of growth and development of children 0 to 4 years of interdisciplinary mode, where each professional within its peculiarity share information and opine about the intervention and how it will help in the construction process of this activity, including the age and needs of each child.

So, it was established by Nurse USFe School, students and teachers of UFRB periods in which children 0-4 years old are going to drive for consultations. As well as methodological proposal used the manufacture of a panel with the illustration of "hopscotch" where every home is the stage of life (0-4 years old) the child must attend the unit for consultations and immunization. This panel has been fixed on a wall of the waiting room USFe in plain sight.

After this step, the nursing students trained Health Team USFe working with this new schedule, performing the scheduling of consultations within the set deadlines. Community workers, receptionist and vaccine-room nurse technician received a pamphlet with the scheduling of appointments to offer the progenitors of children 0-4 years old when given the chance. Some progenitors were guided by students through individual informative and educational activities in the waiting room on the drive.

Another interventionist proposal was to create a space for the child in the unit, which is of an educational nature, and where they could interact with each other. In this sense it is that the "child corner" emerged as alternative space, health education through books and educational toys. Parallel to this, and the result of instructions given for health education activities for mothers and children, was created also a site called "dummy room", for the deposit of pacifiers, in order to guide mothers to disuse of this object, since studies show the harm brought by the use of it as well as demystify some popular knowledge of ideas more concerned with cultural habits than the actual benefits.

As a fundamental and strategic part of the project, the search for community participation and involvement was essential, and for this, the nursing students with the ACS nurse and nursing technician, sought to partnerships through calls and crafts for performing a crucial stage of the intervention project, "D-Day", an extra-mural activity, ahead of the unit in place appropriate and prepared with the following theme: "Talking about children's health," with space reserved for station vaccination of children with toys entertainment, face painting, drawings and children's books and a space for activities with mothers, pregnant and postpartum women which were the target audience.

The multidisciplinary team USFe formed the team of facilitators in the activity, including: nurses, dentist, nutritionist, physiotherapist, social worker, doctor, therapist, nursing technicians, ACS, academic nursing and psychology, which in a practical and objective way addressed everyday issues and easily understood by the public. The basis of the activities pervaded the information contained in the child's notebook, and during the talks we sought to bring the right the same as the child's status and adolescents also discussed the idea of power within the family, which is characteristic for the region and suggestions of creative dishes, addressed the question of motor and language development, and prevention of accidents and situations of violence.

All speeches were directed to guidelines of clear and concise manner considering the target audience of peculiarities. There was also realization of "true or false dynamic" with distribution of green and red platelets corresponding to true or false answers respectively. All this in order to promote popular participation, appreciation of prior knowledge of each person present, discussing and reflecting on actions within the scientific knowledge. After the activity, it was developed an oral evaluation of the course of the event, the provision of a collective snack
with encouraging healthy eating and delivery of souvenirs to the participants.

**RESULTS AND DISCUSSION**

In the first stage identified as SIAB data in 2013, 67 children under the age of 1 year old and 363 children between the age group 1-4 years old, totaling 400 children aged up to four years old. This identification was fundamental because it represents a low membership in consultations to monitor the growth and development of these children, which corresponds to a given less than 20%. Thus, the preparation of the intervention project culminated in the transformation of this reality, and thus secured better access of users to the Health Unit.

The methodology panel with illustration of “hopscotch” favored scheduling the ideal period for consultation and enabled the progenitors to meet in the process that is, become familiar to this new reality, and as a result of this action, since one might notice an increase in the number of children for consultations in the weeks following the project implementation. This panel also served as a model for reorganization of the schedule of the child's queries other USF, being asked by the coordinators themselves.

With the activities and actions described in the project being shared and discussed with the USFe team to improve strategies and aggregation suggestions, we obtained a better integration and team working focal manner, seeking the same goals and to remedy the difficulties when it concerns children 0-4 years of the coverage area.

The strengthening of the information in the waiting room of activities for the community was important because it gave clarification of the proposed intervention project directly and interactively with users, covering the project's goal.

The implementation of the results of “child corner” were the interaction and social integration, encouraging the child development milestones through educational toys arranged in this space, and reducing the flow of people and children through the halls of the unit. Thus making the environment peaceful and healthy USFe and make the drive to the child view as a nice place and being patronized.

Regarding “dummy room” in educational activities about the dangers of pacifier and bottle, there was a perception that few mothers adhere to the use of these objects for their children, and it appears that so far there is not deposited pacifiers in “dummy room”. In this context, despite the above information, it was not possible to obtain hard data, for the time analysis of the results was short, and it is known that this methodology present convincing results in the medium to long term.

Guidance on the pacifier of harm were of great significance because, several studies show that the use of bottles and pacifiers interfere with the functions of chewing, sucking and swallowing, being able to change the musculature of the articulators and dental occlusion. Furthermore, these objects are considered important contamination sources for children and one of the risk factors for the occurrence of otitis media. When introduced early, it is believed that the bottle can generate “nipple confusion,” due to differences between the suction in the breast and artificial beak, influencing negatively on breastfeeding.

The project culminated with the so-called “D-Day” was a milestone for unity and community; it also noted that for the municipality. The participation and partnership of the community were essential in the course of the entire event, which brought expected results considering the goals set by the team.

The involvement of the whole team USFe along with the support of UFRB and PET health was important because it allowed the perception of the community about the importance of each there this professional, understanding the function and interrelation of each profession in the health team and making professionals NASF more visible as family health team members. In this context there was promotion of interdisciplinary dialogue, exchange of knowledge and clarification of doubts about all designated issues and other topics related to children's health posed by community. This interaction between community health workers and university strengthens the provisions of the Family Health Strategy and facilitates the promotion, prevention and rehabilitation of users of the coverage area.

The “True or False game” very attracted the attention of participants, all interacted excited, and could demystify many myths and exchange of knowledge on the prevention of accidents in children. Discuss this topic in attention is to be relevant because, accidents and violence against children occupy a prominent position in the child mortality profile, becoming a major public health problem. In addition to the social, economic and emotional costs of accidents in childhood are also responsible for non-fatal events and...
consequences that in the long term repercussions on the family and society.\textsuperscript{15}

Another dynamic that caught the target audience's attention was the participation of dentist USFe that in addition to instigate discussion on oral hygiene, demonstrated how to perform brushing using an anatomical shaped piece of the dental arch.

Immunization implemented outside the device was of great value, where many mothers took the opportunity of the event and updated the vaccination schedule of their children. The nursing technician in charge of vaccination directed all participants about the importance of child vaccination early in life. In this sense, it established a greater commitment of the mothers, and pregnant women with vaccination of their children.

The event managed to achieve much of the target audience, and they clearly showed an understanding of what was being discussed and the importance of being part of that building process. The oral assessment at the end of the event presented the positive and negative points, suggestions for upcoming events, and also demonstrated the degree of satisfaction of all present. Bringing greater as a result, the number of children served after the reorganization of the ACD grew and was extremely remarkable.

**CONCLUSION**

Given the above, interprofessional relations is one of the pillars for the establishment of qualified monitor the growth and development of children in primary care, ensuring comprehensive health care of the child in accordance with the Unified Health System (SUS).

The achievements in the intervention project changed the scenario of USFe with regard to children's health. All team members, despite their specificities, started to intervene in child health process in a complementary and articulated manner ensuring qualified and efficient queries. The link between the family health team and progenitors were solidified allowing continuous monitoring the child, and meeting every possible need in the level of complexity of primary care.

This study served as a stimulus for further consolidation of the interventionist activities involving the triad, Health Family Closeness: school - university - community, consolidating an individual and collective responsibility, as convinced and committed beings with the company for interventions such as social workers, and providing promoting better living conditions of the users of public health services.

Based on these assumptions, this work will contribute to enrichment studies by professionals and students in the health area, especially those who are interested in the health of children.

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