



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

THE NURSING CONSULTATION IN MONITORING CHILD GROWTH AND DEVELOPMENT IN THE FAMILY HEALTH STRATEGY

A CONSULTA DE ENFERMAGEM NO ACOMPANHAMENTO DO CRESCIMENTO E DESENVOLVIMENTO DE CRIANÇAS NA ESTRATÉGIA SAÚDE DA FAMÍLIA

LA CONSULTA DE ENFERMERÍA EN EL MONITOREO DEL CRECIMIENTO Y DESARROLLO DE LOS NIÑOS EN LA ESTRATEGIA DE SALUD DE LA FAMILIA

Emanoela Brito de Carvalho¹, Silvia Wanick Sarinho²

ABSTRACT

Objective: to evaluate actions of the work process and infrastructure in the Nursing consultation to children under one year, in the monitoring of growth and development in the Family Health Strategy. **Method:** evaluative, normative study. It comprised seven nurses from the Family Health Strategy, in Recife (PE), Brazil. Systematized observation of the consultations, evaluation of the records in the medical records and recorded interviews, were later transcribed in full, analyzed and the frequency of categories was counted. The data was consolidated and organized in the Epi-info 6.04 Program. **Results:** there were problems related to the inadequacy of the equipment, work tools and professional qualification. **Conclusion:** lack of training may have influenced the quality and interpretation of growth assessment and the development and quality of records. The care process requires adjustments to cover essential aspects in the health care of the child. **Descriptors:** growth; Development; Family Health; Nursing; Work Process.

RESUMO

Objetivo: avaliar ações do processo de trabalho e infraestrutura na consulta de enfermagem às crianças menores de um ano, no acompanhamento do crescimento e desenvolvimento na Estratégia Saúde da Família. **Método:** estudo avaliativo, normativo. Abrangeu sete enfermeiras da Estratégia Saúde da Família em Recife (PE), Brasil. Foi realizada a observação sistematizada das consultas, avaliação dos registros nos prontuários e entrevistas gravadas, posteriormente, transcritas na íntegra, analisadas e realizada contagem da frequência das categorias. Os dados foram consolidados e organizados no Programa Epi-info 6.04. **Resultados:** observaram-se problemas relacionados à inadequação dos equipamentos, instrumentos de trabalho e capacitação dos profissionais. **Conclusão:** a falta de treinamento pode ter influenciado a qualidade e interpretação da avaliação do crescimento e do desenvolvimento e qualidade dos registros. O processo assistencial requer ajustes para abranger aspectos essenciais na atenção à saúde da criança. **Descritores:** Crescimento; Desenvolvimento; Saúde da Família; Enfermagem; Processo de Trabalho.

RESUMEN

Objetivo: evaluar las acciones del proceso de trabajo y de infraestructura en la consulta de enfermería a los niños menores de un año, control de crecimiento y desarrollo en la Estrategia de Salud de la Familia. **Método:** estudio evaluativo normativo. Cubierta a siete enfermeras de la Estrategia de Salud de la Familia, en Recife (PE), Brasil. Fue realizada la observación sistematizada de consultas, evaluación de los registros en los prontuarios y entrevistas grabadas, posteriormente, transcritas integralmente, analizadas y realizada contage de frecuencia de las categorías. Los datos fueron consolidados y organizados en el Programa Epi-info 6.04. **Resultados:** se observaron problemas relacionados con la insuficiencia de equipos, herramientas y formación de los profesionales. **Conclusión:** la falta de formación puede influir en la calidad y la interpretación de la evaluación del crecimiento y desarrollo y calidad de registros. El proceso de ayuda requiere ajustes para cubrir los aspectos esenciales en la atención a la salud del niño. **Descriptores:** Crecimiento; Desarrollo; Salud Familiar; Enfermería; Proceso de Trabajo.

¹ Nurse, Specialist in Family Health and Public Health, Master in Child and Adolescent Health, FHS of the Municipality of Recife. Recife (PE), Brazil. E-mail: emanoelabrito@yahoo.com.br; ² Doctor, PhD in Medicine, Federal University of Pernambuco / UFPE and Universidade de Pernambuco/UPE. Recife (PE), Brazil. E-mail: silviaws@gmail.com

INTRODUCTION

The monitoring of growth and development is characterized as the central axis of child care and referential for all child care activities, being a strategy of monitoring their health condition, to be provided throughout the basic network especially until the second year due to biological vulnerability in this age group.¹

Pediatrics, a field of Pediatrics focused mainly on the aspects of prevention and health promotion, it works to keep the child healthy to ensure its full development, so that it reaches adult life without unfavorable influences and problems brought from childhood. In order to be fully developed, they must know and understand children in their family and social environment, in addition to their relationships and interaction with the socioeconomic, historical, political and cultural context in which they live and are inserted.²

The Family Health Strategy (FHS) has found the possibility of expanding access to health care for children through health promotion, protection and recovery actions carried out by multiprofessional teams, providing integral, resolute and continuous assistance.³ With the implementation of this strategy, there was an advance of the implementation of the nursing consultation in this age group, provided in a systematic and continuous way, aiming to guarantee the comprehensiveness and resolution of health care, identifying health-disease problems, performing and evaluating care, being possible to detect numerous changes that may occur in childhood and have repercussions in adult life.⁴

A minimum calendar of consultations was established for the care of the child.⁵ It was recommended by the Municipal Health Department of the City of Recife-PE, in the care of the child in basic care, that it should be seen by the nurse at birth up to 15 days of life, with two to five months and from seven to 11 months, being evaluated by the physician in the first consultation with one month, six months (food transition) and 1.3 and five years.⁵

In a study, medical care was proposed from its systemic understanding of a triad considering structure, process and result, also defined that these three elements make up the quality of care to guide the evaluation of services.⁶ It is fundamental that health services present suitable structures for the operationalization of the health care model: availability of adequate and sufficient printed

matter; equipment and instruments, as well as professionals with specific training.⁷ The evaluation of services allows more appropriate actions to qualify health care.⁷

From the study of growth and development follow-up, it is possible to evaluate the nursing consultation in the scope of the work process and infrastructure, mirroring it in a theoretical framework.⁶ The adequate nursing work process in the field of child health, provides improvements in Health promotion and disease prevention.⁸ Data show that Nurses perform all minimally recommended actions, however, there are organizational, structural and conceptual limitations as the main impeding factors for the ideal development of nursing practices.⁹

Thus, this study aimed to evaluate actions of the work process and infrastructure in the nursing consultation to children under one year of age, in the monitoring of growth and development in the Family Health Strategy.

METHOD

An evaluation study of a normative nature. The proposed model⁶ related to the structure and process for the evaluation of services was used as the evaluation reference. The variables were related to the structure of the FHU (room for the nursing consultation and material resources), the systematic observation of the nursing consultation (data referring to the child and the monitoring of growth and development) and the recording of the child's data contained in the medical record of the family (clinical record, growth measures and developmental milestones, filling of weight/age and height/age charts).

Two types of triangulation were used: information sources (nurses of selected teams and charts) and research techniques (systematic observation of the structure of the seven Family Health Units -(FHU) - and child care consultations, structured interviews and secondary data).

The area and study population were intentionally selected. The sample consisted of: seven nurses of the family health teams, seven of the FHU with the highest number of children under one year in Sanitary District attached to a University field of practice of health students in northeastern capital. The collection was carried out by main author, weekly, between March and November 2011, with 36 different shifts (morning and afternoon), at least, four shifts, and, at most seven (Family Health Teams schedule). A total of 80 childcare consultations was observed (first and subsequent). There were two

refusals, however, the characteristics of the professional profile were similar to the rest of the group.

The data was collected using the following instruments: Road map to observe the structure of the FHU; script for systematic observation of the nursing consultation in childcare; instrument for the collection of data of the child in the family file; and structured interview with the nurses of the selected family health teams. The first two were adapted.³

The data regarding the structure was collected before the beginning of the consultations aiming at a quality control of the study, in front of the presence of the

observer in the nursing consultation. The frequency of registration of growth and development monitoring variables in children's charts whose consultations were observed and the ones not observed were compared, and no statistically significant difference was found ($p < 0.05$).

In order to make a judgment about the nurse's evaluation of the main developmental milestones, a scale with a decreasing intensity degree (complete, almost incomplete, incomplete and without evaluation)⁷ was adapted, as shown in figure 1 below, in order to measure the verification (or not) of recommended items, according to the child's months of life.

Age (months)	N° of items to observe	Development milestones	Degrees of assessment intensity			
			1	2	3	4
1 st	5	Primitive reflexes (Moro, March, Search and Suction, Palmar and plantar hold, Babinsky, Tonic-cervical, Galant, Tracing); It looks around the middle line; It emits small guttural noises; Reacts to sound; Look at the face.	5	4	≤ 3	-
2 nd ao 3 rd	4	Placed in a prone position, he lifts his head momentarily; He murmurs eventually; He smiled spontaneously; Reflexes expected for age.	4	3	≤ 2	-
4 th ao 5 th	10	Hands are open; He plays with his hands; He takes objects and brings them to his mouth; Placed in a prone position, it raises and supports the head and shoulders, leaning on the forearm; Sitting, there is no falling head; Roll in bed; Changes position; Follows objects or people in a 180 direção direction; He turns his head toward a voice or sound object; Emits sounds.	10	8	≤ 7	-
6 th ao 8 th	8	Raised by the arms, helps with the body; Holds and transfers objects from one hand to the other; Look for objects out of reach; It initiates tweezers, movements taking objects with the thumb and the indicator; He turns alone in the bed or table used for physical examination; He sits alone; Respond differently to familiar and strange people; Say a few words.	8	6	≤ 5	-
9 th ao 11 th	6	Sits without support until the 9th month; Creeps or crawls; He stands propped up; Serves by his name; He imitates and makes gestures with his head and hand; Play hide and seek.	6	5	≤ 4	-

Figure 1. Degree of intensity of the assessment of the developmental milestones in the nursing consultation in the first year of life. * 1- Complete; 2- Almost complete; 3- Incomplete and 4- No evaluation. Recife (PE), Brazil, 2011.

The data was consolidated and organized in Epi-info 6.04. The interviews with the nurses were recorded from audio recording (mp3) for a better quality of the record and were transcribed in full by the researcher and analyzed, and counting the frequency of the categories. The contents that converged to a common meaning were classified in the same category.⁹

The results were expressed in absolute numbers and percentages. The central tendency and dispersion measures for continuous data were calculated, and Chi-square test (x2) with Yates correction and Fisher's exact test were used when indicated.

The research project was approved by the Research Ethics Committee (CEP) of the Oswaldo Cruz University Hospital (HUOC) / PROCAPE / UPE, CAAE -6586.0.000.106-10.

RESULTS

The seven Family Health Units (FHU) had an office exclusively for the nurse. In relation to the physical environment of these offices: five had washable floors; four had walls covered with washable material; seven were air-conditioned and six, were artificially lit. Everyone had sinks and six liquid soap dispensers.

As for furniture, all the offices had a desk, a desk for examination, and two to three

chairs. In relation to equipment and instruments for the evaluation of growth: six units had an anthropometric rule; seven had pediatric scales, only one of which remained in the office and the others in the FHU reception. Only one office had washable rubber toys.

Regarding the availability of printed matter: no staff had records to monitor child growth and development. Neither did the Ministry of Health standards for monitoring child growth and development. A team did not have the child care card used by the municipal network and they all had the child's card/book.

Regarding the nurses, whose work process was observed, all were candidates and had previous experience in the Family Health Strategy (FHS): four between 5-9 years and three between 10-14 years.

Among the five nurses who answered the questionnaire, three had an employment relationship with hospital care. All of them attended the Specialization in Family Health and received training to use the strategy of Comprehensive Care for Childhood Illness (CCCI). Three took the introductory course and none were specifically trained to monitor the development of the child.

The median age of children in first-time child-care consultations was two and a half months, ranging from one and a half (first quartile) to four months (third quartile), and, from those in subsequent visits, the median was six months, ranging from four (first quartile) to nine months (third quartile).

In 68.7% of the nursing consultations observed, a child care chart was not used, and no team had records for follow-up of growth and development of the child in the family's chart. In all the consultations, the physical examination was performed, however, in 62.5% of the first ones and in 67.2% of the subsequent ones, the child was not naked for weight measurement. In only 25% of the consultations, the weight measurement was performed by the nurse; 25%, by the administrative agent of the FHU and the rest of the 50%, by the nursing assistant. The availability of equipment (pediatric scale) in the office occurred only in one team.

Table 1, describes the activities of the monitoring of infant growth and development, observed during the nursing consultation. It is worth mentioning that the measurement of the length that was performed by one of the nurses was always with a common tape measure. There was no request for the assistance of the mother or companion in 46.2% of the consultations observed.

In 51.2% of consultations, in which development was evaluated, in 36.6% of the consultations the nurses informed the mothers/guardians about the process of child development and guided measures that favor the acquisition of the skills expected for these children in 75.0% of first-time consultations and 82.8% of subsequent consultations. In all the consultations, the request for the return to the monitoring of the growth and development was made and the appointment was made soon after the attendance.

Table 1. Infant growth monitoring activities observed during the nursing consultation. Recife (PE), Brazil, 2011.

Variables	First Consultation (n=16)		Consulta subsequente (n=64)		p
	n	%	n	%	
Weight gauging					
Yes	13	81,2	62	96,9	0,05*
No	03	18.8	02	3,1	
Measuring the length					
Yes	16	100	64	100	-
No	-	-	-	-	
Measurement of head circumference					
Yes	16	100	64	100	-
No	-	-	-	-	
Interpretation of the weight/age curve					
Yes	11	68,8	58	90,6	0,04*
No	05	31,2	06	9,4	
Interpretation of the growth curve of the cephalic perimeter					
Yes	07	43,8	41	64,1	0,23
No	09	56,2	23	35,9	

*Exact Fisher test

The identification of developmental milestones is described in table 2, where it was observed that no child was fully evaluated by the nurses.

Table 2. Activities of the follow-up of child development, observed during the nursing consultation. Recife (PE), Brazil, 2011.

Variables		First Consultation		Subsequent Consultation		p
		(n=16)		(n=64)		
		n	%	n	%	
Identification of development milestones						
Yes		11	68,7	30	46,9	0,20
No		05	31,3	34	53,1	
Orientation of activities to stimulate development						
Sim		04	25,0	11	17,2	0,34*
Não		12	75,0	53	82,8	
Return to query guidance						
Sim		16	100	64	100	-
Não		-	-	-	-	

* Exact Fisher test

Weight records were immediately recorded in only 43.3% of the consultations observed, with the rest written on one paper and delivered to the mothers (table 3).

Table 3. Degree of evaluation of child development according to the age of the children in the nursing consultations. Recife (PE), Brazil, 2011.

Age (months)	Degree of evaluation of child development							
	Complete		Almost complete		Incomplete		Without evaluation	
	n	%	n	%	n	%	n	%
1 st (n=06)	-	-	-	-	02	33,3	04	66,7
2 nd to 3 rd (n=19)	-	-	04	21,0	08	42,0	07	37,0
4 th to 5 th (n=21)	-	-	02	9,0	14	67,0	05	24,0
6 th to 8 th (n=18)	-	-	-	-	07	39,0	11	61,0
9 th to 11 th (n=16)	-	-	-	-	04	25,0	12	75,0
Total	-	-	06	7,0	35	44,0	39	49,0

No team had specific technical and print standards for monitoring growth and development (table 4).

Table 4. Proportion of record in the records of the activities carried out in the monitoring of infant growth and development in the first and subsequent visits. Recife (PE), Brazil, 2011.

Variables	First Consultation		Subsequent Consultation		p
	n	%	n	%	
Anthropometric measurements					
Weight *					
Yes	13	100	62	100	-
No	-	-	-	-	
Length					
Yes	16	100	64	100	-
No	-	-	-	-	
Cephalic perimeter					
Yes	16	100	64	100	-
No	-	-	-	-	
Development follow-up					
Main milestones / age					
Yes	03	18,8	06	9,4	0,25†
No	13	81,3	58	90,6	
Orientation of activities to stimulate development					
Yes	-	-	-	-	-
No	16	100	64	100	

* Excluded five children who were not weighed. † Fisher's exact test

Among the factors facilitating the monitoring of growth and development, are the satisfaction of the professional with the activity, the monitoring from the gestation and the birth. The lack or poor quality of equipment and instruments and the inadequacy of the specific forms for the accompaniment of the child were reported by the nurses as difficult factors. The availability of equipment or instruments for each team and awareness and training were cited as suggestions for improving this monitoring.

DISCUSSION

The monitoring of growth and development is the guiding axis of the health care of the child under biological, affective, psychic and social aspects, to be performed by the team in the basic health network, in a systematic way, obeying the schedule in function of age, with emphasis on the first two years of life.¹ This work process is determined, in Recife, in the Family Health Strategy (FHS), since 1994.⁵

In this study, some positive aspects were observed in relation to the physical structure, such as the nurses' exclusive use of the practices and their cleaning conditions. There were, however, failures in the availability of material for anthropometry. Comparing these findings with a study⁸, in which the nurses did not have their own practice, there is similarity in the absence and sharing of the pediatric scale with other professionals, in the absence of adequate materials (equipment) for the consultations, including the anthropometric rule.

The observed lack of specific forms that must be attached to the chart, as recommended¹⁰, for the monitoring of growth (weight/age, height/age and head circumference) and development charts. In a study⁷, in which nurses did not use tests or scales for the evaluation of children and identified some of the main developmental milestones, based on their knowledge and experience.

In the study, it was observed that all the nurses were participants, had five years or more experience in the FHT and Specialization in Family Health, but, none were specifically trained in the follow-up of child development. It can be inferred, that often, the training is not enough to implement the activity because it does not offer more practical training for professionals.

The process denotes health care that is offered by the providers of care to the clientele receiving care, that is, the practice of care.⁶ Monitoring of growth is not an easy

task and presents several characteristics and requirements for its effectiveness in the practice of the services.^{11,17} The verification of weight and its registration on the card, should be carried out in all routine consultations and, whenever possible, the height and head circumference should be measured.⁵ Data from this research indicated that there was a failure to gauge the weight in five children due to the lack of pediatric scales at the beginning of the fieldwork.

One of the activities inherent in family health work consists of recording instruments, including, the family file, which is an important tool in monitoring the health of the enrolled population.^{11,19} In the attention to the child in the FHT, they must be registered, in the registry sheet, all the information that is part of the care process.¹²

Systematic recording of weight and height in the child's chart and the chart allows qualification of follow-up by staff and caregivers.¹³ The finding of 100% of weight, length and cephalic perimeter found in this study coincides with the study³ and differs from the study¹⁴ carried out in the FHU of the metropolitan area of Recife, Zona da Mata, Agreste, Sertão Pernambucano and in the São Francisco Valley, where the results regarding height were of concern and the few records were concentrated in the FHU of Recife.

The omission of data recording the interpretation of the weight/age curve, observed in this study, is worrisome. In addition to performing the action and recording, it is important to interpret the data for decision making.²⁰ In this study, no weight was calculated in any child. The periodic assessment of weight gain allows the monitoring of the individual progress of each child, identifying those with a higher risk of morbidity/mortality, signaling the early warning of changes in nutrition.⁵

The systematic evaluation of child development allows the early diagnosis and the orientation of interventions, when necessary, in order to avoid greater harm.¹ However, in this study, no child was fully evaluated. There was no evaluation of any developmental milestones in 49% of children under one year of age and the same occurred in 66.7% of children under one month. The importance of this omission is emphasized in the evaluation and possible early detection of several problems that, if treated also immediately, could minimize impairments. It is suggested that the lack of specific training for development follow-up may be an important factor that may be interfering with nurses' performance in this evaluation.

Child development surveillance, as well as the commitment of health professionals to know and guide parents about it, should be priority actions in child health care.^{1,16,18} This information facilitates dialogue and counseling with the mother or guardian.⁵

The nurses revealed that the satisfaction of the professional with the activity and the accompaniment from the gestation and the birth are factors that facilitate the monitoring of growth and development. The same was observed in a study¹⁵, which also cited, as facilitators, the involvement with the community and the good relationship with families and the establishment of bond with the mother/responsible child.

The nurse experiences difficulties related to lack or poor quality of equipment and instruments, inadequacy of specific forms for the follow-up of the child, agreeing with some studies.^{7,11,15} Lack of equipment, work overload and lack of identified training may compromise the work of nurses.

Although the FHS advocates the work of multiprofessional teams, that must act in an interdisciplinary perspective in which its members articulate practices and knowledge in the confrontation of each identified situation to propose joint solutions and intervene appropriately^{16,15,21}, the lack of adherence of the physicians, technical standards were cited, by the nurses, as one more difficulty in this monitoring.

The availability of equipment and instruments for each team, the awareness and training of the family health team and the greater participation of the doctor in childcare were some of the nurses' suggestions to improve this care process. It is understood that it is essential that health services provide adequate structures both in relation to the physical area and facilities, equipment and specific training of nurses so that the nursing consultation is provided with quality.^{5,14} The lack of training, participation and involvement of health professionals are one of the obstacles to the consolidation of quality processes, since these depend on individual and collective efforts and performance.¹¹

CONCLUSION

The deficient structure, especially in the availability of instruments/equipment for monitoring the growth and development of the child, contributed to the inadequate actions in this process by the nurses in the study. However, it was observed that the inadequate capacity to monitor growth and, especially, the development of children under

one year in the Family Health Strategy was a decisive factor for the failures in the quality of the nursing consultation.

Despite the difficulties, the nurses showed professional satisfaction with the activity performed to accompany children under one year.

It is suggested that more evaluative studies be carried out, by deepening questions regarding the perception of these professionals about the work process of the nursing consultation to the child in the Family Health Strategy in the various basic health actions, broadening the vision about this process.

REFERENCES

1. Ministério da Saúde (BR). AIDPI: Atenção integrada às doenças prevalentes na infância: curso de capacitação: introdução: módulo 1 [Internet]. Brasília: Ministério da Saúde; 2002 [cited 2014 Jan 21]. Available from: http://bvsmms.saude.gov.br/bvs/publicacoes/AIDPI_modulo_1.pdf
2. Santos VC, Soares CB, Campos CMS. A relação trabalho-saúde de enfermeiros do PSF no Município de São Paulo. Rev Esc Enferm USP [Internet]. 2007 Dec [cited 2014 Jan 20]; 41(spe):777-81. Available from: <http://www.scielo.br/pdf/reeusp/v41nspe/v41nspea05.pdf>
3. Saporoli ECL, Adami NP. Avaliação da qualidade da consulta de enfermagem à criança no Programa de Saúde da Família. Acta Paul Enferm [Internet] 2007 Jan/Mar [cited 2014 Jan 14];20(1):55-61. Available from: <http://www.scielo.br/pdf/ape/v20n1/a10v20n1.pdf>
4. Ribeiro CA, Ohara CVS, Saporoli ECL. Consulta de enfermagem em puericultura. In: Fujimori E, Ohara CVS. Enfermagem e a saúde da criança na atenção básica. Barueri: Manole; 2009. p. 223-47.
5. Ministério da Saúde (BR), Secretaria de Políticas de Saúde. Saúde da criança: acompanhamento do crescimento e desenvolvimento infantil [Internet]. Brasília: Ministério da Saúde; 2002 [cited 2014 Jan 15]. Available from: http://bvsmms.saude.gov.br/bvs/publicacoes/crescimento_desenvolvimento.pdf
6. Donabedian, A. The definition of quality and approaches to its assessment. Michigan: Health Administration Press, 1980.
7. Saporoli, ECL, Adami NP. Avaliação da estrutura destinada à consulta de enfermagem à criança na atenção básica. Rev Esc Enferm USP [Internet]. 2010 Mar [cited 2014 Jan 22];

44(1):92-8. Available from: <http://www.scielo.br/pdf/reeusp/v44n1/a13v44n1.pdf>

8. Campos RMC, Ribeiro CA, Silva CV, Saparolli ECL. Consulta de enfermagem em puericultura: a vivência do enfermeiro na Estratégia de Saúde da Família. Rev Esc Enferm USP [Internet]. 2011 June [cited 2014 Jan 16];45(3):566-74. Available from: <http://www.scielo.br/pdf/reeusp/v45n3/v45n3a03.pdf>

9. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2010.

10. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Departamento de Atenção Básica. Manual de estrutura física das unidades básicas de saúde: saúde da família. 2nd ed. [Internet]. Brasília: Ministério da Saúde; 2008 [cited 2014 Jan 22]. Available from:

http://bvsmis.saude.gov.br/bvs/publicacoes/manual_estrutura_fisica_ubs.pdf

11. Moreira MDS, Gaiva MAM. Acompanhamento do crescimento e desenvolvimento infantil: análise dos registros das consultas de enfermagem, Cuiabá-MT. Rev pesquis cuid fundam (Online) [Internet]. 2013 [cited 2014 Jan 23];5(2):3757-66. Available from:

http://www.seer.unirio.br/index.php/cuidadofundamental/article/viewFile/2150/pdf_773

12. Sousa RS, Ferrari RAP, Santos TFM, Tacla MTGM. Atenção à Saúde da Criança: prática de enfermeiros da Saúde da Família. REME Rev min enferm [Internet]. 2013 [cited 2014 Jan 25];17(2):95-103. Available from:

<http://www.reme.org.br/artigo/detalhes/653>

13. Carvalho MF, Lira PIC, Romani SAM, Santos IS, Veras AAC, Batista Filho M. Avaliação da ação de acompanhamento do crescimento em menores de um ano: situação nos serviços de saúde em Pernambuco, Brasil. Cad Saúde Pública [Internet]. 2008 Mar [cited 2014 Jan 22];24(3):675-85. Available from: <http://www.scielo.br/pdf/csp/v24n3/21.pdf>

14. Vieira VCL, Fernandes CA, Demitto MO, Bercini LO, Scochi MJ, Marcon SS. Puericultura na atenção primária à saúde: Atuação do enfermeiro. Maringá, PR, Brasil. Cogitare enferm [Internet]. 2012 [cited 2014 Jan 26];17(1):119-25. Available from: <http://revistas.ufpr.br/cogitare/article/viewFile/26384/17577>

15. Costa L, Silva EF, Lorenzini E, Strapasson MR, Pruss ACF, Bonilha ALL. Significado da consulta de enfermagem em puericultura: percepção de enfermeiras de Estratégia Saúde da Família. Ciênc Cuid Saúde [Internet]. 2012 [cited 2014 Jan 25];11(4):792-8. Available

from: http://ojs.uem.br/ojs/index.php/CiencCuidSaude/article/download/19414/pdf_1

16. Bezerra SG, Maranhão DG. Consulta de Enfermagem à Criança na Atenção Básica à Saúde. Rev Enferm UNISA [Internet]. 2009 [cited 2014 Jan 27];10(1):73-7. Available from:

<http://www.unisa.br/graduacao/biologicas/enfer/revista/arquivos/2009-1-15.pdf>

17. Lima S, Jesus A, Gubert F, Araújo T, Pinheiro P, Vieira N. Puericultura e o cuidado de enfermagem: percepções de enfermeiros da estratégia saúde da Família. Rev pesquis cuid fundam (Online) [Internet]. 2013 July/Sept [cited 2014 Jan 23];5(3):194-202. Available from:

http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/2163/pdf_837

18. Monteiro MM, Figueiredo VP, Machado MFAS. Bonding to implement the Family Health Program at a basic health unit. Rev Esc Enferm USP [Internet]. 2009 June [cited 2014 Jan 16];43(2):358-64. Available from: <http://www.scielo.br/pdf/reeusp/v43n2/a15v43n2.pdf>

19. Moita KMT, Queiroz MVO. Puericultura: concepções e prática do enfermeiro no programa saúde da família. Rev Rene [Internet]. 2005 Jan/Apr [cited 2014 Jan 22];6(1):9-19. Available from: <http://www.redalyc.org/articulo.oa?id=324027950008>

20. Suto CSS, Laura TAO, Costa LEL. Puericultura: a consulta de enfermagem em unidades básicas de saúde. J Nurs UFPE on line [Internet]. 2014 Sept [cited 2015 Jan 20];8(9):3127-33. Available from: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/download/4956/10271>

21. Silva ICA, Rebouças CBA, Lúcio IML, Bastos MLA. Consulta de enfermagem em puericultura: uma realidade de atendimento. J Nurs UFPE on line [Internet]. 2014 Apr [cited 2014 Jan 15] 8(4):966-73. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/viewFile/4241/pdf_4914

Carvalho EB de, Sarinho SW.

The nursing consultation in monitoring...

Submission: 2016/08/07
Accepted: 2016/11/24
Publishing: 2016/12/15

Corresponding Address

Emanoela Brito de Carvalho
Rua Gervásio Fioravante, 92
Bairro Graças
CEP 52011-030 – Recife (PE), Brazil