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CARE AND THE LINK WITH ADOLESCENTS: PERCEPTION OF VISITING NURSES O CUIDADO E O VÍNCULO COM ADOLESCENTES: PERCEPÇÃO DE ENFERMEIROS VISITADORES

EL CUIDADO Y EL VÍNCULO CON ADOLESCENTES: PERCEPCIÓN DE ENFERMEROS VISITADORES

Flávia Corrêa Porto de Abreu-D'Agostini¹, Ana Carolina Lotto², Luciola D'Emery Siqueira³, Kesley de Oliveira Retícena⁴, Lislaine Aparecida Fraccolli⁵

ABSTRACT

Objective: to analyze the perceptions of visiting nurses of the "Young Mothers" program on the care and bonding of adolescents during home visits. **Method:** this is a qualitative, descriptive and exploratory study, developed with three visiting nurses. The semistructured interview was defined as a data collection instrument. Data were analyzed using Content Analysis, in the Thematic Analysis modality. **Results:** the categories "Expanding knowledge about the home as a care space" and "The importance of the link in the home visit" were identified, which describe the phenomenon of care and bonding by nurses. **Conclusion:** it is necessary to have previous knowledge about the practice of home care so that there is safety on the part of the professional when making the home visits and, from this, it is sought the construction of a "care-promoting bond" to from sincere dialogue and listening to the demands that teenagers bring throughout the accompaniment. It is contributed, through the results of this study, to the policies and programs aimed at the use of home visits, performed by nurses, to care for and bond with adolescent mothers. **Descriptors.** Nursing care; Home visits; Nurse-patient relations; Adolescent; Mothers; Nursing.

RESUMO

Objetivo: analisar as percepções de enfermeiros visitantes do programa "Jovens Mães" sobre o cuidado e o vínculo com as adolescentes durante a realização de visitas domiciliares. **Método:** trata-se de um estudo qualitativo, descritivo e exploratório, desenvolvido com três enfermeiras visitantes. Definiu-se, como instrumento de coleta de dados, a entrevista semiestruturada. Analisaram-se os dados utilizando-se a Análise de Conteúdo, na modalidade Análise Temática. **Resultados:** identificaram-se as categorias "Ampliando conhecimentos sobre o domicílio como espaço de cuidado" e "A importância do vínculo na visita domiciliar" que descrevem o fenômeno do cuidado e do vínculo pelas enfermeiras. **Conclusão:** faz-se necessário o conhecimento prévio sobre a prática do cuidado no domicílio para que haja segurança, por parte do profissional, ao realizar as visitas domiciliares e, a partir disso, busca-se a construção de "vínculo promovedor de cuidado" a partir do diálogo sincero e da escuta das demandas que as adolescentes trazem durante todo o acompanhamento. Contribui-se, pelos resultados deste estudo, com as políticas e programas voltados para o uso da visita domiciliar, realizada por enfermeiros, para o cuidado e o vínculo com as mães adolescentes. **Descritores:** Cuidados de Enfermagem; Visita Domiciliar; Relações Enfermeiro-Paciente; Adolescente; Mães; Enfermagem.

RESUMEN

Objetivo: analizar las percepciones de enfermeros visitantes del programa "Jóvenes Madres" sobre el cuidado y el vínculo con las adolescentes durante la realización de visitas domiciliarias. **Método:** se trata de un estudio cualitativo, descriptivo y exploratorio, desarrollado con tres enfermeras visitantes. Se definió, como instrumento de recolección de datos, la entrevista semiestructurada. Se analizaron los datos utilizando el Análisis de Contenido, en la modalidad Análisis Temático. **Resultados:** se identificaron las categorías "Ampliando conocimientos sobre el domicilio como espacio de cuidado" y "La importancia del vínculo en la visita domiciliar" que describen el fenómeno del cuidado y del vínculo por las enfermeras. **Conclusión:** se hace necesario el conocimiento previo sobre la práctica del cuidado en el domicilio para que haya seguridad, por parte del profesional, al realizar las visitas domiciliarias y, a partir de eso, se busca la construcción de "vínculo promotor de cuidado" diálogo sincero y de la escucha de las demandas que las adolescentes traen durante todo el seguimiento. Se contribuye, por los resultados de este estudio, con las políticas y programas dirigidos al uso de la visita domiciliar, realizada por enfermeros, para el cuidado y el vínculo con las madres adolescentes. **Descriptores:** Atención de enfermería; Visita domiciliar; Relaciones Enfermero-Paciente; Adolescente; Madres; Enfermería.

^{1,3,4}Masters (Doctorate students), University of São Paulo/USP. São Paulo (SP), Brazil. E-mail: flaviacpa90@gmail.com ORCID iD: <https://orcid.org/0000-0002-5896-5564>; E-mail: luciola.demery@gmail.com ORCID iD: <https://orcid.org/0000-0002-5896-5564>; E-mail: kesleyreticena@hotmail.com ORCID iD: <https://orcid.org/0000-0002-0905-588X>; ²Nursing student, University of São Paulo/USP. São Paulo (SP), Brazil. E-mail: acлотto98@gmail.com ORCID iD: <https://orcid.org/0000-0002-7703-5418>; ⁵PhD, University of São Paulo/USP. São Paulo (SP), Brazil. E-mail: lislaine@usp.br ORCID iD: <https://orcid.org/0000-0002-0936-4877>

INTRODUCTION

The home visit (HV) is considered a light technology, facilitating the care of the individual and his/her family, because it has the potential to promote greater approximation and interaction between the health professional and the individual, by enabling the knowledge of the reality of the socio-environmental conditions, the deepening of the patient's subjectivity and the achievement of individualized and integral care with a view to promoting health.¹

It becomes, in the context of Primary Care (PC), the HV an important instrument for the approximation to the reality of the families and for the implementation of actions. The domicile is chosen as a field of practical action because it allows the approximate identification of the population context and its main needs and, with this, a coherent and effective assistance is elaborated.²

In this sense, the family is conceptualized as a nucleus of care, with particularities and ways of caring for oneself, where the interaction with the health professional generates a bond that leads to mutual accountability that is fundamental for the understanding of the therapeutic plan.³

Interventions are being undertaken to improve the health care and personal skills of vulnerable mothers since pregnancy, as they are promising strategies to protect the developing brain as well as children's physical and mental health. Child development is negatively affected by the promotion of precarious health care, malnutrition, inadequate stimulation and environmental stressors in the first thousand days of life.⁴

In this context, the focus is on assisting the mother-child binomial to support the development of parenting and the positive impacts on child development.³ It is demonstrated, through interventions that adopt HV as a tool for care, good results by allowing a longitudinal attendance and consider the link with the visiting professional fundamental to achieve the expected results.⁵

It is explained that visitation programs adopt this technology to promote care with a view to developing, together with the family, social conditions, habits and environments favorable to health promotion,⁶ especially in families living in socio-economic vulnerability.¹ It is believed, therefore, that the Nursing professional has a greater ability to perform the HV's in programs for performing a comprehensive care.¹

It is understood that care is an action and/or attitude, performed by one person for the benefit of the other human being, permeated by the relationship, interaction and bond established.⁷

It is understood that, in the encounter between the professional and the patient, the bond and interaction that influence the care practices are established in the act of thinking, giving meaning and giving meanings to the health aspects and to the actions and situations. It leaves the focus of being only on health in that moment and space and values the presence of the other.⁸

It is pointed out that, in view of this approach, the HVs support, promote and optimize the link and interaction between the patient and the nurse in the health care actions provided they are open, receptive, sensitive, permeated by communicational aspects and with qualified listening.^{8,9}

OBJECTIVE

- To analyze the perceptions of visiting nurses of the "Young Mothers" program on the care and bonding of adolescents during home visits.

MÉTODO

It is a qualitative, descriptive and exploratory study, developed in São Paulo (SP), Brazil, with two visiting nurses members of the Young Mothers Caregivers Program (YMCP).

It is explained that this program has been in progress since August 2015, in which longitudinal follow-up of primiparous adolescents, from the gestation to the two years of the child's life, is carried out by visiting nurses.¹⁰ It is noteworthy that both interviewees received specific training on how to act as visiting nurses in the YMCP.

Through the YMCP, the goal is to help young mothers to develop parental skills and to establish quality and care bonds with their child, provide sensitive and competent care, and improve maternal health.¹⁰

As a theoretical reference, Symbolic Interactionism (SI) is adopted because it focuses on human actions with attention to how meanings occur and sustain themselves. Significance, manipulated, and altered in social interaction emerge that are concerned with understanding the way people perceive the facts or the reality around them and how they act in relation to them.¹¹

For the collection of data, the semi-structured individual interview was chosen, which had the following triggering questions:

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"Tell me if there were changes in your perspective about Nursing care after performing the adolescents' HVs? And how did you notice the bond between you?" Questions and settings were used throughout the speeches to promote the exploration, clarification and expansion of relevant nuclei exposed in order to clarify the nurses' perspective on the change in care and bonding.

Data was collected in February 2017, and interviews were recorded in a digital audio device, transcribing them in full, by the researcher, to facilitate the analysis of the narrative.

Data from the interviews was analyzed through the Thematic Content Analysis by Bardin, based on the following analytical phases: pre-analysis (organization of ideas through exhaustive readings of the speeches); exploitation of the material (coding of the material in content representations) and treatment and exposure of the data with the focus on the phenomenon under study.¹²

It should be noted that the study was approved by the Research Ethics Committee of the University of São Paulo with the number of CAEE 41573015.0.0000.0065 and that all ethical recommendations were followed in agreement with the Committee and with resolution nº 510/2016.¹⁴ The confidentiality and well-being of the women interviewed was guaranteed, as well as the autonomy in participation through the free and informed pronouncement.

RESULTS

A total of two nurses participating in this study were presented on the grounds that the YMCP had only that number as team members.

The first interviewee is female, aged 30-35 years, graduate in Nursing, graduate in Mental Health, with professional experience in the area and who has participated in the YMCP for two years. The second interviewee was female, aged 45-50 years, undergraduate Nursing, working on her first job as a nurse and, at the time of the interview, in the program one year ago.

Based on the analysis of the interviews, two thematic nuclei were added: "Expanding knowledge about the home as a space of care" and "The importance of the link in the home visit", described in the results. Participants' anonymity was preserved by identifying the lines of the interviewees with the codes E1 and E2.

◆ Expanding knowledge about the home as a place of care

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The nurses' prior knowledge before participating in the visitation program was discussed and it was found that these were not enough to perform the home care.

Eu não sou da atenção básica. Eu vim da saúde mental, então, tinha uma bagagem de saúde mental. Conhecia atenção básica no básico mesmo, o que a gente aprende na faculdade. O cuidado na saúde mental é diferente daquele no domicílio. (E1)

O conhecimento que eu tinha em mente, de uma assistência de Enfermagem na atenção básica, eu vi que aquilo não dá conta, não era o suficiente para cuidar nas casas das adolescentes. (E1)

Enfrentaram-se algumas dificuldades durante a realização das VD's e isso estimulou a busca por mais informações nas literaturas sobre o cuidado no domicílio mediante cada necessidade das adolescentes.

So, I think I needed to study a lot more and devote other things on my professional side than I had hoped for before. (E1)

I had to read a lot, then, to be able to treat, depending on each mother, a teenager [...]. Look, at the beginning, I was a little afraid, I had to search a lot, read a lot to be able to understand why I did not have the understanding. (E2)

It was noticed that, before the nurses participated in the program, the focus of their care was completely on the disease. Through the interaction with the adolescent mothers during the HVs, the transformation of the meaning of care became possible, becoming its focus on health promotion.

I worked completely with disease. Today, after this contact in the visits and the interaction we have, I work with mental health with them yes, the whole visit, but it is with health promotion, it is with health, it is no longer with the disease (E1).

It is verified that the knowledge and the area of action of the nurses in the scope of the care were increased, because they are participating in the YMCP, as well as their interest in improving and qualifying professionally.

I think I'm already changing, the project, in addition to bringing another area of knowledge, it has greatly expanded the knowledge I already had. Well, I do not know if it is a way of change, but I intend to improve more, especially, on baby and newborn health. I intend to do a master's degree, I want to qualify better. (E1)

◆ The importance of the link in the home visit

The bond is shown as the fundamental element to establish an integral care with the adolescent mother and her child during the

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follow-up by the HVs. It is also noticed that the bond facilitates the approach of the nurse, as well as the coping of situations and/or difficulties.

All the difficulties that we encountered, we ended up getting through the bond. Some of the proposals I made for them could get them to put them into practice. I counted on the strength of the bond to transform and improve some situations. (E1)

Then when they realized that I was really going to take care of them, they opened up, we formed a bond, so I could penetrate and they could receive me, what I had to offer, understood? So with the bond, it became easier to help them, to offer what they really need to help their children and themselves. (E2)

The link generated at home is compared to that established during health care services and it is understood that it is different because, in the HV, focus is specific to the individual and his family in an integral way.

When the person comes in the health service, the rules are those of the health service. When we make the visit, the rules are that of the house, so the type of bond changes, right [...]. At home, you always have things to observe and to guide you when you are in the care at the health service, at home, the bond is stronger. (E1)

At home, you can have this look as a whole, how was the creation of the mother, how is that environment, how is the family, food, hygiene, ours, so many things. Already in the health service, the bond is focused only on the patient's complaint, so, to see how different the bond at home. (E2)

It is noticed that the nurses develop care permeated by the bond and that the home environment allows the transformation of their concepts and attitudes about care. Care is focused on health education, since the link allows the nurse to enter into the adolescent mother's particularities, as well as to heal the doubts and desires that arise during the visits and that, together, can perform actions of care.

Home visit, for me, means you can give your professional assistance in an environment where the person feels secure, feels comfortable. And it also allows you to enter that person's universe, understanding this universe, you can change your practice to intervene [...]. After all, at home, you build the bond and I can act differently, giving the best care and attention to them and your family. (E1)

Home-based intervention, for me, is focused on health education because there I can be seeing with her, pointing to her, what we can do to keep her from getting that pain, what we can do best for her health, about

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food, about baby care, do you understand? It is at this point that I see the bond created in home visits (E2).

It is also understood that the link promotes an exchange of experiences and knowledge about care among the nurse and the adolescent mothers, since, in their perception, adolescent mothers also have much to contribute during the visits.

I see it as an exchange, that I can, with my understanding, I can offer it, and it, along with the understanding, or not, can receive it or change that experience as well. Just as she shows me her experience and knowledge about something and we can discuss. It's an exchange, I see it like that. (E1)

And may we share this understanding. Let's suppose, if she does not understand, she is in doubt about something or concern, that she brings, and together we can have this realization of the situation that, often, they also teach me. It's an exchange. (E2)

DISCUSSION

It is inferred that visiting nurses had little prior knowledge about home health care in the context of HV. However, during the course of the YMCP, the focus of care was improved, focusing on the needs of the family. In addition, the link was perceived as a fundamental element for the success of the therapeutic project.

It is reported in another study that the lack of knowledge about the practices of caring for the family environment creates an obstacle to be confronted by nurses, as well as altering the understanding about health promotion for home care with adolescents,¹⁴⁻¹⁵ as well as the lack of training to deal with care situations and with the relationships between those involved.¹⁴

It is considered that the professional who will perform the HV's in order to guarantee the desired care, must receive training in order to prepare it theoretically, methodologically and technically,¹⁵ because a nurse who receives an adequate training transmits more security and confidence to the patient to be able to perform the care.¹⁵

In the interview analyzes, the search for the professional qualification of visiting nurses is mentioned, a fact also found in a study in which the perception of these professionals about the fragility in the knowledge makes them have strategies for the search of knowledge. Thus, actions of quality health education for the patients.¹⁶

It is understood that care is the act of the human being on his own existence or on the other, permeated by the context in which he is inserted, depending on the temporality

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(present, past and future).⁸ The act of caring is based on the importance that person has for the other, impacting the way of acting, the dedication and the willingness to help him, because caring symbolizes a concern and an involvement.⁷

It should be noted that a care relationship between patient and professional begins in a therapeutic meeting with the purpose of associating the technical and theoretical aspects with the humanistic aspects, through the link between those involved.⁸ This meeting seeks a relationship that allows both the understanding and the perception of both about something and/or the situation through their historical and social identities.⁸

It is revealed that the relationship between the nurse and the adolescent is mediated by open dialogues with a view to integral care. The bond emerges, promoting affection, comfort, respect and trust, and brings about effects for a more effective care.¹⁷ It is, however, essential to know how to listen, in the establishment of the bond, for having the purpose of understand the other and be understood as an active process in the care.¹⁷

It is stated that the nurses' communication with the mothers promotes autonomy for care through horizontal dialogues, allowing the mother's participation in strengthening the bond with the professional. With this, the exchange of experiences and knowledge between the two.¹⁸

The HV is used as a tool in establishing the bond, which allows frequent living with the emotional and personal aspects, based on a dialogue capable of promoting trust and safety in the care offered by this professional.¹⁸⁻¹⁹

It is pointed out that the home is a privileged space for assistance with emphasis on the integral care of the family, requiring the health team, capacity for monitoring and identification of vulnerabilities, to develop actions in defense of the rights of the child.¹⁵

It is known that the achievement of the HV by nurses promotes a humanized care, a great effectiveness in the care, a strategy of self-care and decision making.¹ In addition, personal and intimate care¹⁴ is created through the establishment and strengthening of the bond between nurses and patients,^{1,9} as well as closer relationships.¹⁹ All the needs and doubts are corrected during the HV's, reflecting on the quality of care offered¹⁴ and on the mother's empowerment to take care of herself and her child.¹⁹

It was raised that the quality of the home visit is reflected in the positive relationships

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of visitors with families, in family responsiveness, in facilitating positive mother-child interactions and in collaboration, without interference, with families, as well as in the involvement of families home visits.²⁰ It is added that when there is a relationship of trust and bond between the mother and the visitor, in addition to achieving better results in child development, there are also positive impacts on family functioning and parenting, as well as the exchange of experiences and knowledge.^{18,21}

It is recognized that in order to perform a HV effectively, planning is essential and fundamental to achieving positive results. It is positively related to the care to be offered by the creation of the link between the nurse and the patient that the home care promotes.¹⁵

CONCLUSION

The HV was shown as a fundamental tool for health promotion and care practices permeated by trust and the link between professionals and adolescents.

It was noticed that the prejudice of care and the bond of nurses interviewed changed during the follow-up of the adolescents through the HV's, as well as new meanings emerged during the realization of the visitation program.

It is concluded that the prior knowledge about the importance of the practice of home care and the notion of therapeutic interaction are necessary for the professional to have safety when performing the HVs and, from this, to seek the construction of a "link promoter of care" from the sincere dialogue and the knowledge to listen to the demands that teenagers bring throughout the follow-up.

The study was limited by the small number of visiting nurses working on the "Young Mothers" program. It is suggested, for future researches, the implementation of a multidisciplinary team for the application of the visits and of a previous training of the participating professionals to avoid situations of discomfort.

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Corresponding Address

Flávia Corrêa Porto de Abreu D'Agostini

Rua Turquia, 150, Ap. 32

Bairro Vila Omar

CEP: 13469094 — Americana (SP), Brazil