



# Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

## INTEGRATIVE LITERATURE REVIEW

### CHILD HEALTH BOOKLET: MONITORING GROWTH AND CHILD DEVELOPMENT CADERNETA DE SAÚDE DA CRIANÇA: VIGILÂNCIA DO CRESCIMENTO E DESENVOLVIMENTO INFANTIL

#### LIBRETA DE SALUD DEL NIÑO: VIGILANCIA DEL CRECIMIENTO Y DESARROLLO INFANTIL

Talita Cristina Tomaz da Silva<sup>1</sup>, Emília Gallindo Cursino<sup>2</sup>, Liliane Faria da Silva<sup>3</sup>

#### ABSTRACT

**Objective:** to analyze the scientific evidence regarding the use of the Child Health Booklet by health professionals for the monitoring of child growth and development. **Method:** a bibliographical study, type integrative, with searches in LILACS and BDENF databases and in the SCIELO virtual library, using Descriptors in Health Sciences; growth and development, primary health care and personal health records, which were cross-referenced with the child descriptor employing the Boolean operator and. 15 articles published between 2014 and 2018 were selected and the results are presented in figure form. **Results:** the poor use of CHB was evidenced in the studies, which is related to the absence and fragility of records, the difficulty of professionals to perceive the relevance of filling, poor knowledge of professionals, insufficient guidance to families, besides the participation of the family in this process. **Conclusion:** due to the precarious nature of the use of CHB, it is committed to monitoring child health as this is the essential instrument for monitoring child growth and development. **Descriptors:** Growth and Development; Primary Health Care; Personal Health Records; Kid; Comprehensive Health Care; Child Health.

#### RESUMO

**Objetivo:** analisar as evidências científicas quanto à utilização da Caderneta de Saúde da Criança pelos profissionais de saúde para a vigilância do crescimento e desenvolvimento infantil. **Método:** trata-se um estudo bibliográfico, tipo revisão integrativa, com buscas nas bases de dados LILACS e BDENF e na biblioteca virtual SCIELO, utilizando os Descritores em Ciências da Saúde; crescimento e desenvolvimento, atenção primária à saúde e registros de saúde pessoal, que foram cruzados com o descritor criança empregando-se o operador *booleano and*. Selecionaram-se 15 artigos publicados entre 2014 a 2018 e os resultados apresentam-se em forma de figura. **Resultados:** evidenciou-se, nos estudos, a precária utilização da CSC, que está relacionada à ausência e à fragilidade de registros, à dificuldade de os profissionais perceberem a relevância do preenchimento, ao conhecimento deficiente dos profissionais, à insuficiência de orientações às famílias, além da participação da família nesse processo. **Conclusão:** compromete-se, pela precariedade da utilização da CSC, a vigilância da saúde infantil por ser este o instrumento essencial para o acompanhamento do crescimento e do desenvolvimento da criança. **Descritores:** Crescimento e Desenvolvimento; Atenção Primária à Saúde; Registros de Saúde Pessoal; Criança; Atenção Integral à Saúde; Saúde da Criança.

#### RESUMEN

**Objetivo:** analizar las evidencias científicas en cuanto a la utilización de la libreta de Salud del Niño por los profesionales de salud para la vigilancia del crecimiento y desarrollo infantil. **Método:** se trata de un estudio bibliográfico, tipo revisión integrativa, con búsquedas en las bases de datos LILACS y BDENF y en la biblioteca virtual SCIELO, utilizando los Descriptores en Ciencias de la Salud; crecimiento y desarrollo, atención primaria a la salud y registros de salud personal, que fueron cruzados con el descriptor niño empleándose el operador *booleano and*. Se seleccionaron 15 artículos publicados entre 2014 y 2018 y los resultados se presentan en forma de figura. **Resultados:** se evidenció, en los estudios, la precaria utilización de la CSC, que está relacionada a la ausencia y fragilidad de registros, a la dificultad de los profesionales percibir la relevancia del llenado, el conocimiento deficiente de los profesionales, la insuficiencia de orientaciones a las familias, además de la participación de la familia en ese proceso. **Conclusión:** se compromete, por la precariedad de la utilización de la CSC, la vigilancia de la salud infantil por ser éste el instrumento esencial para el acompañamiento del crecimiento y del desarrollo del niño. **Descritores:** Crecimiento y Desarrollo; Atención Primaria a la Salud; Registros de Salud Personal; Niño; Atención Integral de Salud; Salud del Niño.

<sup>1</sup>Master's Student, Fluminense Federal University / UFF. Niterói (RJ), Brazil. Email: [talita\\_cts@yahoo.com.br](mailto:talita_cts@yahoo.com.br) ORCID iD: <https://orcid.org/0000-0002-3188-3948>; <sup>2,3</sup> PhD, Fluminense Federal University. Niterói (RJ), Brazil. Email: [egcursino@globo.com](mailto:egcursino@globo.com) ORCID iD: <http://orcid.org/0000-0002-5845-9709> Email: [lili.05@hotmail.com](mailto:lili.05@hotmail.com) ORCID iD: <https://orcid.org/0000-0002-9125-1053>

## INTRODUCTION

It is understood that the Child Health Booklet (CHB) is one of the strategies aimed at the integral attention to the health of the child and is presented as an essential instrument of child health surveillance, since it is the document where all the information about care of the child in health services until the age of nine. Through the CHB, the early identification of health problems, such as delayed growth and development, malnutrition, obesity, among others. It is considered that their use makes it possible to promote health and the early detection of possible changes to be modified, which could negatively affect their adult life, as well as allowing professionals working in various health services to offer comprehensive follow-up to the child health.<sup>1</sup>

It is verified that the CHB should be used by all the professionals who assist the child, being responsible for the correct and complete registration of the health conditions, besides guiding the families on the information found.<sup>2</sup>

This booklet is intended for all those born in Brazil where the main health information of the child is gathered. It is necessary to start filling out the booklet at the maternity hospital, with registration of the information on delivery, discharge conditions, first vaccines, examinations and tests performed at the maternity hospital, and then hand it over to the families, to all health services where the child is cared for.<sup>3</sup>

It is understood that the book can not be seen as another document in which the information of the child is recorded, as it also represents the responsibility of parents or guardians in monitoring the health of their children and the continuity of this action must be performed, especially, by the professionals of the Basic Health Care Units, with special attention to the first years of life.<sup>3</sup>

It implies, when accompanying a child in the health service, the understanding that the process of growth and development (GD) occurs in an organized way, so they are integrated processes, and that the first years of a child's life are the foundation both for their biological growth and for their emotional and psychosocial growth.<sup>4</sup>

Child development is a process resulting from the interaction between the phenomena of growth, maturation and learning, whose functions are identified in physical, intellectual, emotional and social skills and

behaviors related to a complex, continuous, dynamic and progressive, which includes, in addition to growth, maturation, learning and psychic and social aspects. These aspects, which undergo influence from one another, are constantly interconnected during the construction of the individual.<sup>1</sup>

CHB is used for the monitoring and surveillance of infant growth and development and its importance is unquestionable. National studies point to the precarious use of CHB with inadequate filling percentages<sup>5</sup> and, therefore, the monitoring of children's growth and development is not being well evaluated and conducted by health professionals.<sup>6</sup>

Although the discussion about the relevance and use of a child GD follow-up instrument has been discussed in Brazil, within the framework of child care policies over the past three decades, there are gaps in researches that show the evidences in the use of the Child Health Booklet for the monitoring of the process of growth and child development.

## OBJECTIVE

- To analyze the scientific evidences regarding the use of the Child Health Booklet by the health professionals for the monitoring of the child's growth and development.

## METHOD

This is an integrative review, 7 followed by the following steps: 1. Elaboration of the guiding question; 2. Establishment of inclusion and exclusion criteria for sample selection; 3. Definition of the information to be taken from the chosen studies; 4. Evaluation of studies included in the research; 5. Interpretation of the results and 6. Synthesis of the knowledge evidenced in the articles described.<sup>7</sup>

This study was based on the following question: "How is the Child Health Booklet used by health professionals in monitoring growth and development for child health surveillance?". The following articles were searched in March and April of 2018, using the following Health Sciences Descriptors (DeCS): growth and development, primary health care and personal health records, cross-referenced with the descriptor child with the Boolean operator and. The following databases were used to locate the articles: LILACS (Latin American and Caribbean Literature in Health Sciences), BEDENF (Nursing Database) and SCIELO open access virtual library (Scientific Eletronic Library Online).

The inclusion criteria were: articles presenting a summary and full text, with publication between January 2014 and April 2018, published in the Portuguese language, and which had as their theme the use of the Child Health Booklet by health professionals. Exclusion criteria were defined as: editorials, opinions and / or comments, dissertations, theses and articles repeated in databases.

3,252 articles were identified , of which 3,015 were excluded because they did not meet the inclusion criteria. Subtracted from these, 222 did not respond to the research question. We included, as final sample, 15 articles, <sup>8-21</sup> that are integrated into the corpus of the study for analysis and

discussion. These articles were evaluated as to the level of evidence in: Level I - results from the meta-analysis of multiple controlled and randomized clinical studies; Level II - evidences resulting from individual studies with experimental design; Level III - findings from quasi-experimental studies; Level IV - evidences of descriptive studies or qualitative approach; Level V - case or experience reports and Level VI - evidence based on expert opinions.<sup>7</sup> The flowchart of the search and selection of publications is presented below (Figure 1).

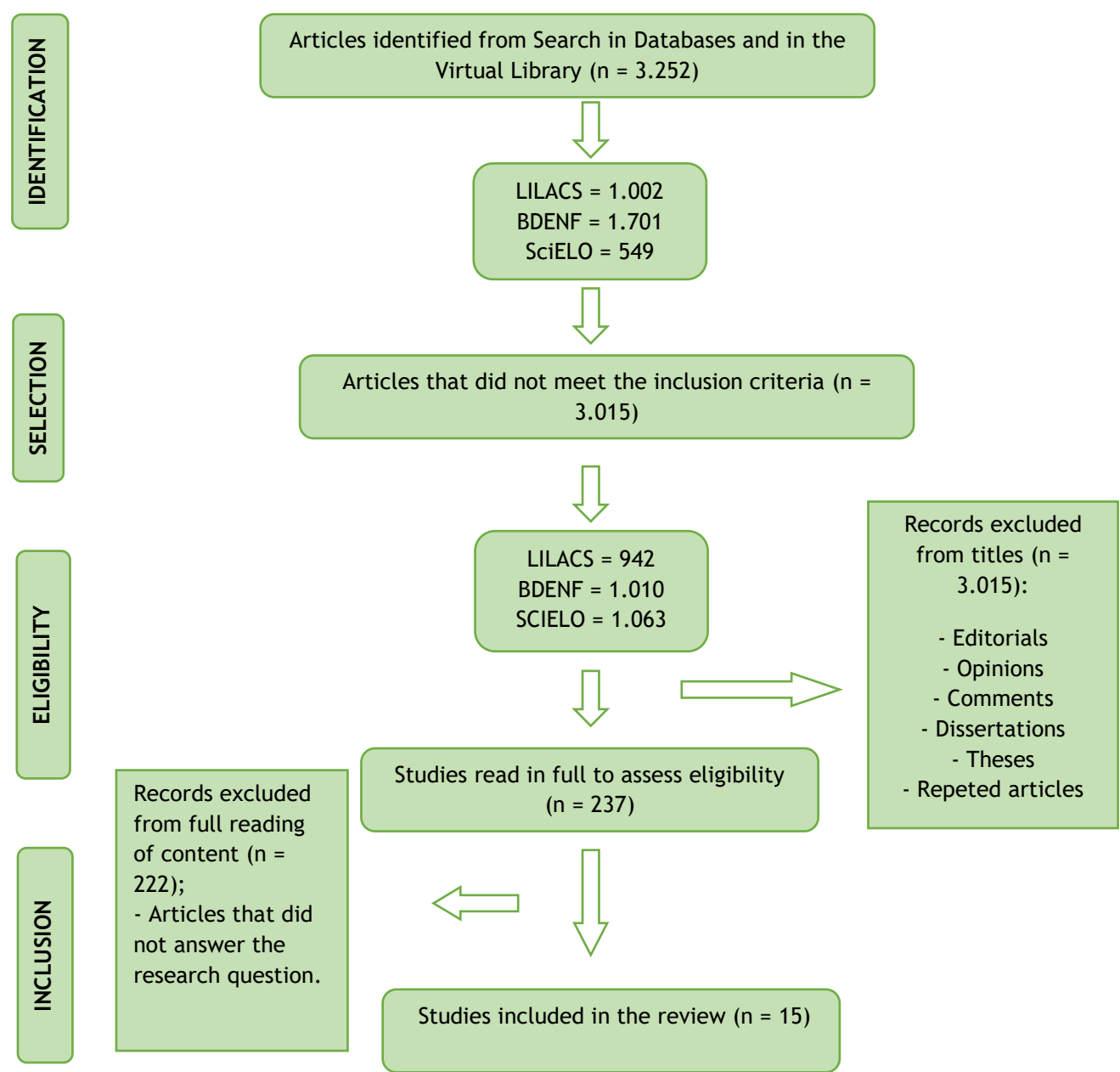


Figure 1. Flowchart of study selection. Niterói (RJ), Brazil, 2018.

It is reported that, after successive readings in full of the 15 articles selected, carried out by two reviewers, a third party was consulted in case of doubts. The studies were organized in a synoptic chart, containing the authors, the year of publication, the objectives, the type of study, the level of evidence and the main results, which allowed to schematize data on the use of CHB by

professionals for surveillance of the process of child growth and development.

The data was analyzed and interpreted, grouping the findings according to their similarities and differences. Next came the synthesis of the published knowledge, resulting in the presentation of the evidences found.

It is emphasized that the ethical aspects were respected through the reliable citation of the ideas, concepts and definitions used by the authors of the productions used as results in this study.

RESULTS

It was verified that, of the 15 articles, six are in the LILACS database; seven in the SCIELO virtual library and two in the BDNF database. It is noteworthy that all studies were carried out in Basic Health Care Units and it is evidenced, therefore, the absence of studies on the use of CHB by health professionals in outpatient and hospital units, which compromises the health surveillance of children , since monitoring of growth and

development should be the central focus in all child-directed health actions.

It should be emphasized that there were predominant publications of 2014, with six articles, and of 2016, with four, and, as far as the methodological approach, four articles were qualitative;<sup>8,13,15,18</sup> four articles were for integrative review;<sup>5,10-1,16</sup> six articles were quantitative that focused on a transversal study,<sup>9,12,14,17,20-1,</sup> and an article, systematic review.<sup>19</sup>

The characterization of the selected studies according to the authors, the year, the objective, the type of study, the level of evidence and the main results, identifying them as a study (S) followed by Arabic numerals S1, S2 ... S15 (Figure 2).

Authors/Year	Objective	Type of study	Level of evidence	Main results
S1 Amorim LP, Senna MIB, Soares ARS, Carneiro GTN, Ferreira EF, Vasconcelos M, et al. 2018 <sup>20</sup>	Evaluate the completion of the Child Health Booklet (CHB) and the association between the quality of the filling and the type of service used to monitor children's health.	Quantitative	III	<ul style="list-style-type: none"><li>- Vaccine registration, child's name and mother's name were filled in 100%.</li><li>- Most mothers had nine or more years of schooling and 71% worked at home.</li><li>- Regarding the health care received by the child, the majority is made in the service agreement / private (72.3%).</li><li>- Children are followed more often by the pediatrician (97.3%).</li><li>- More than half of the mothers / fathers (59.6%) received information about CHB.</li><li>- Most CHBs did not have mothers' annotations (77.9%).</li></ul>
S2 Amorim LP, Senna MIB, Gomes VE, Amaral JHLD, Vasconcelos M, Silva AGD, et al. 2018 <sup>21</sup>	Describe the completion of the Child Health Booklet (CHB) in health services.	Quantitative	III	<ul style="list-style-type: none"><li>- The most frequently filled CHB fields were the child's name and date of birth and the mother's name.</li><li>- Among the recording fields in the past, there was a greater filling of weight and length at birth.</li><li>- Vaccine records were the most completed among those to be enrolled in PHC / other services.</li><li>- Despite the filling of the graphs of weight and cephalic perimeter in the first year of life observed in 62.7% and 51.8% of CHB, respectively, the notes on neuropsychomotor development corresponded to only 6.0% of CHB.</li><li>- High frequency of noncompliance was observed in the odontogram (99.2%) and in the dental eruption field (98.6%) of CHB.</li></ul>
S3 Caminha MFC, Silva SL, Lima MC, Azevedo PTACC, Figueira MCS, Batista Filho M. 2017 <sup>19</sup>	To describe the case of Brazil under the aspect of historical antecedents and carry out the systematic review of published studies on the registry of child development surveillance through the application of the Child Health Booklet.	Integrative review	IV	<ul style="list-style-type: none"><li>- Medical practices in relation to child development surveillance do not differ from those found in Brazil, as in other countries.</li><li>- The systematic review covering the years 2000 to 2011 pointed to problems from the training of the pediatrician to his / her clinical practice.</li><li>- Despite the limitations of the studies regarding samples, age range, diversity of surveillance instruments and development screening, the prevalence of delayed situations varies from 30 to 56% in cities of the states of Paraíba, Bahia, Minas Gerais , from Goiás and São Paulo.</li></ul>
S4 Silva FB, Gaíva MAM. 2016 <sup>18</sup>	To identify the difficulties faced by professionals in basic health	Qualitative	IV	<ul style="list-style-type: none"><li>- Great demand for child care.</li><li>- Service bureaucracy.</li><li>- Fragility in the process of communication and teamwork.</li></ul>



		care for the use of the child health booklet in their professional practice.			- Devaluation of the booklet by the mothers.
Lima LGL, Nobre CSN, Lopes ACMU, Rolim KMC, Albuquerque CM, Araújo ML. et al. 2016 <sup>16</sup>		To analyze articles of the national literature concerning the relevance of the use of the CHB and its fulfillment of quality.	Integrative review	IV	<ul style="list-style-type: none"><li>- The predominance of researches among the professional categories regarding the subject were Nursing and Medicine.</li><li>- Unprepared professional.</li><li>- Loss and forgetting of the carnet by the mothers.</li><li>- Lack of family orientation.</li><li>- Filling unsatisfactory.</li><li>- None of the studies were conducted in hospitals.</li></ul>
S6 Reichert APS, Vieira DS, Santos NCCB, Albuquerque TM, Collet N, Vaz EMC. 2016 <sup>17</sup>		Analyze the record of data on growth and development surveillance of children under one year in the Child Health Booklet.	Quantitative	III	<ul style="list-style-type: none"><li>- Failures in records of those who had between one and six queries.</li><li>- Difficulty of health professionals in the use of the instrument.</li><li>- Increased frequency of queries may compromise the effectiveness of records.</li></ul>
S7 Almeida AC, Mendes LC, Sad IR, Ramos EG, Fonseca VM, Peixoto MVM. 2016 <sup>5</sup>		To evaluate the use of a child health monitoring instrument with emphasis on growth and development monitoring variables, central axis of child health care.	Integrative review	IV	<ul style="list-style-type: none"><li>- The study revealed that the average number of "unnamed" children was 68 days (2.2 months), median 59 days (1.9 months), by which time this information should have been filled.</li><li>- Only one study evaluated the completion of serology data in prenatal care and this was the lowest percentage of completion.</li><li>- The birth weight registry was the most described among the variables related to the birth of the child</li></ul>
S8 Silva FB, Gaíva MAM. 2015 <sup>15</sup>		To analyze the perception of the professionals that work in the basic health network on the completion of the Child Health Booklet.	Qualitative	IV	<ul style="list-style-type: none"><li>- Records of the data in the booklet are the responsibility of the members of the health team, however, there was disagreement among them regarding the participation of the family in filling this instrument.</li><li>- The non-definition of which professional is responsible for completing the data in the booklet does not justify its inappropriate use.</li></ul>
S9 Abud SM, Gaíva MAM. 2015 <sup>14</sup>		Analyze the completion of growth and development data in the child's health book.	Quantitative	III	<ul style="list-style-type: none"><li>- Of the analyzed booklets, 929 (95.4%) were incomplete or absent for development evaluation, and 756 (79.6%) of the growth charts were incomplete or absent.</li></ul>
S10 Silva FB, Gaíva MAM, Mello DF. 2014 <sup>13</sup>		To analyze the use of the Child Health Booklet by the family based on the perception of the professionals who work in the basic health network.	Qualitative.	IV	<ul style="list-style-type: none"><li>- Only 30% of the professionals received training on the instrument.</li><li>- For professionals, the role of the family is to watch over the book and take it to the care.</li><li>- Guidelines are offered to family members.</li><li>- The family makes little use of this instrument.</li><li>- If CSC disclosure work is necessary.</li></ul>
S11 Monteiro FPM, Araújo TH, Ximenes LB, Vieira NFC. 2014 <sup>11</sup>		To identify health promotion actions by nurses in the evaluation of child growth and development and to analyze them in relation to the essential health promotion competencies recommended by the Public Health Agency of Canada.	Integrative review	IV	<ul style="list-style-type: none"><li>- Health promotion actions in the follow-up of children's growth and development identified in the studies are timely and refer to anthropometric evaluation, feeding records (breastfeeding) and evaluation of immunization history.</li><li>- The study emphasized only the nutritional aspects in this process to the detriment of the different dimensions that contemplate the development of children.</li></ul>
S12 Andrade GN,		To understand the experiences	Qualitative	IV	<ul style="list-style-type: none"><li>- Only three professionals mentioned in their descriptions the book as an instrument to</li></ul>

Rezende TMRL, Madeira AMF. 2014 <sup>8</sup>	of primary health care professionals with the Child Health Booklet on child health care.			monitor growth and development. <ul style="list-style-type: none"><li>- Some study participants are not sure how to work the various information available on the instrument and do not identify meaning for their content.</li><li>- They do not know how to work with new embedded concepts, such as reference curves represented in z-scores.</li><li>- They feel overwhelmed due to the bureaucratic tasks in the management of work in the FHS, the productivity required, the demand generated.</li><li>- The professionals revealed that they do not sensitize the mothers to the importance of the book and understand that this attitude makes it difficult for the family to value the instrument.</li></ul>
S13 Costa JSD, Cesar JA, Pattussi MP, Fontoura LP, Barazetti L, Nunes MF, et al. 2014 <sup>9</sup>	To determine the proportion of children with adequate health records and analyze the associations with geographical, socioeconomic and biological characteristics of the mother and child and the percentage of health services utilization in two municipalities of the Brazilian semi-arid region.	Quantitative	IV	<ul style="list-style-type: none"><li>- Mothers of children with nine or more years of schooling presented a nearly sixfold chance of having the child's notebook adequately filled when compared to children with mothers with lower levels of schooling.</li><li>- Regarding the geographic variables, among the 342 passbooks analyzed, the prevalence of children residing in the municipality of Caracol was 55.3%; 53.2% living in the rural area and 62.1% living up to three kilometers away from some health service.</li><li>- Regarding the socioeconomic variables, the majority of families had income lower than a minimum wage (65.5%), maternal schooling was between five and eight (41.2%) years of schooling and paternal schooling was up to four years (48.5%), and 33.6% of the families were beneficiaries of the Bolsa Família Program.</li><li>- Among the maternal biological characteristics, the predominant age group was between 20 and 29 years old (57.3%), brown and mulatto skin color (83.9%) and mothers with only one child (43.9%), .</li><li>- Regarding the biological characteristics of the children, 56.2% were less than one year old and 4.7% had low birth weight.</li></ul>
S14 Palombo CNT, Duarte LS, Fujimori E, Toriyama ATM. 2014 <sup>12</sup>	Evaluate the use and completion of the Child Health Booklet (CHB), especially growth and development.	Quantitative	III	<ul style="list-style-type: none"><li>- Regarding the child: children under one year old (59.0%), male (54.7%), birth weight greater than 2,500 g (88.3%) predominated.</li><li>- Half of the mothers carried CHB at the time of the interview.</li></ul> Regardless of whether or not CHB was taken at the time of the interview, all mothers were questioned about the use of this instrument by health professionals. <ul style="list-style-type: none"><li>- There was no association between the filling of CHB items with nutritional status, development and age group of children.</li></ul>
S15 Gaíva MAM, Silva FB. 2014 <sup>10</sup>	Analyze the scientific knowledge produced on the Child Health Card/Booklet as an instrument for monitoring children's health.	Integrative review	IV	<ul style="list-style-type: none"><li>- Difficulties of the professional in filling.</li><li>- A small number of mothers received information about growth.</li><li>- Many mothers can not understand some items present in the CC / CHB.</li><li>- Fill in the booklet decreases as the child's age advances.</li><li>- Precarious use of the book.</li></ul>

Figure 2. Characterization of the publications regarding the authors, the year, the objective, the type of study, the level of evidence and the main results. April, 2018. Niterói-RJ, Brazil.

DISCUSSION

It is perceived that the Child Health Booklet is a fundamental instrument for monitoring growth and child development. The correct and complete registration of the information is allowed through the use of the

book, being considered a basic requirement for the surveillance and promotion of children's health; the dialogue with the family on the notes made, as well as the recording of the anthropometric data in the evaluation charts of growth; the observation of neuropsychomotor development, according to

the standardized chart of child development according to the child's age and the records of the vaccine scheme.<sup>22</sup> Despite the relevance of this theme to detect early changes in growth and development and the reduction of infant morbidity and mortality, the low rate of registration in the registries indicates that discontinuation of care as shown in study S6.<sup>17</sup>

It is noteworthy that the graphic models have been available since 1995, in the Child's Card, to record expected and achieved development milestones. It is noted, however, that monitoring of child growth and development has not yet been undertaken as a systematic and normative activity according to the recommendations of public health policies and actions.<sup>19</sup>

The CHB should be filled in for routine follow-up and, in order to organize the monitoring of child growth and development, the Ministry of Health provides for a minimum schedule of consultations: seven consultations in the first 12 months (1st week and 1st, 2nd, 4th, 6th, 9th and 12th months), two in the second year and, from that age up to five years, one per year.<sup>1</sup> It is important, from birth to weigh and measure the child, to support and encourage breastfeeding, to understand and assist the family relationship, to provide body and mouth hygiene, vaccination, adequate food, disease prevention and childhood accidents.

It is understood that the CHB has spaces for recording information on the health care of the child from gestation to nine years of age; treatments, and charts to mark the variation with age, height, head circumference (HC) and body mass index (BMI), and also provides a framework for recording the presence of developmental milestones according to the child's age and should be completed in the routine follow-up visits.<sup>23</sup> In the S12.<sup>8</sup> study, 18.9% of CHBs had only three notes on neuropsychomotor development. In the study S3.1<sup>19</sup>, there were scored problems from the training of the pediatrician to his clinical practice in relation to the surveillance of child development in basic health care.

It is shown that, despite the importance of this book for the health surveillance of the child, it has not been used as recommended, which can result in discontinuity in the monitoring of child growth and development.<sup>24</sup>

In the study S5,<sup>16</sup> the importance of the health professional's performance in the maternity ward was shown with regard to the orientation to the mothers about CHB, since it was observed a greater fulfillment by the professionals of the growth curves among the

mothers who reported have received information about the use of the book at the location specified above. It was evaluated that these orientations induced mothers to take care of the care of their children and, in order for the family to value and take ownership of the CHB, it is essential to understand the role of this tool in the monitoring of children's health. It shows the responsibility of the health professionals for the sensitization of the parents and family and also the appropriate use of the instrument so that the family perceives its function, however, the health professionals do not sensitize the mothers to the importance of the book, although they understand that this attitude makes it difficult for the family to value the instrument.<sup>8</sup>

It was pointed out in study S14,<sup>12</sup> that 9% and 8% of SCC had, respectively, growth and development charts adequately filled in, and also study S13<sup>9</sup> revealed that less than a quarter of the children had a completed health notebook appropriate. In these studies, the low importance given to the follow-up of the child, especially in child-care consultations, has been shown, showing the fragility of care in the first years of life. It was also verified in this study that children with more educated mothers had a higher prevalence of adequately filled passbooks, which corroborates the findings of the S1,<sup>20</sup> study, which verified that most of the mothers had nine or more years of study.

In the S2.<sup>21</sup> study, it was observed a low frequency of completion of essential items for developmental follow-up, and despite the filling of the weight and head circumference charts in the first year of life, 62.7% and 51.8% of CHBs, respectively, notes on neuropsychomotor development corresponded to only 6.0% of the books. It was also observed the non-filling of odontogram (99.2%) and dental eruption field (98.6%) of CHB. Indica-se, por esses achados, que sua utilização tem sido insatisfatória pelos profissionais de saúde lotados nos serviços de atenção à criança, especialmente na atenção primária à saúde. It was found in study S15,<sup>10</sup> that the lack of registration in the book by health professionals also occurs, more frequently, in basic health care services, where a large part of the information about the child's health is generated. It is known that the registration of the child's health information in the book is fundamental so that the professionals know better the health-disease process of the child. It was also verified that the low index of completion of the growth and development charts in the child health booklet in the study

E9,<sup>14</sup> suggested weaknesses in the use of this one for child health surveillance, which compromises the continuity of care, besides hampering the evaluation of health actions.

The data above is corroborated by the survey<sup>24</sup>, which shows that about 58.0% of the books had weight notes in the consultations, however, only 31.3% of them were recorded on the appropriate chart and, in relation to height, only 11.3 and 16.6% of CHBs had height record on the chart and on the card, respectively.<sup>25</sup> Facilita-se, pelo adequado preenchimento da caderneta, a identificação de riscos e agravos de saúde, e as informações contidas nela, além de direcionar as condutas assistenciais, favorecem a orientação da família sobre as condições de saúde da criança.<sup>15</sup>

One should take the Child's Card in all the consultations, to follow up their growth, from the weight record in the chart and other notes about their health. It is recalled that monitoring growth and child development, as well as indicating and guiding the relationship between the professional and the mother and the family, can trigger intersectoral actions.<sup>26</sup>

It was pointed out in the study S10,<sup>13</sup> that, in the perception of the professionals, the family makes little use of the book, despite the guidelines offered. It was also shown that, although the professionals perceive the family as responsible for the health of the child, it does not always receive the guidelines necessary for the care of the child. It is noted that the valuation and appropriation of CHB by mothers and their families may be closely linked to the adequate use of this book by health professionals, which includes, in addition to the correct records in the instrument, guidelines for mothers and their families on caring of feeding, hygiene, stimulation and vaccination in all care. This association shows the importance of family participation in child care. It is therefore inferred that it is the responsibility of the health professionals, besides completing the book, to involve the family in the care of the child in order to guarantee a continuous quality follow-up, besides a greater appreciation and use of this instrument for the promotion and monitoring of children's health.<sup>12</sup>

In study S11,<sup>11</sup> in health care, health education has a close relationship with health surveillance and child development, whose actions are capable of reducing situations of vulnerability and risks, favoring the identification and early intervention to delayed development.

CHB is a fundamental and indispensable instrument for the monitoring of growth and development and it is perceived that, in general, completing this book needs to be improved in order to achieve the competence due to it. We observe the valuation of records on the anthropometric measures and few, even absent, records on the educational actions in health.<sup>22</sup>

In the S4,<sup>18</sup> study, there were some difficulties regarding the non-fulfillment of CHB by health professionals, such as the high demand for child care, service bureaucracy, fragility in the communication process and in teamwork and devaluation of the book by the mothers. It was revealed in study S7,<sup>5</sup> that health professionals often feel overwhelmed in their routines, because, in addition to the various attributions, the care of the child involves the filling of several forms demanded by the institution. It is considered that the CHB can not be considered as an administrative registry, but a tool to promote the child's health and obtain good information to guide the actions of the services. There were problems in the quantity and in the qualification of the primary health care professionals and problems in the assiduity of weight and height records in research that evaluated the actions of growth monitoring in the context of basic health care,<sup>27</sup> with the workload excess demand, low wages, and excess demand are sources of dissatisfaction and increased workloads in the Family Health Strategy. It is a challenge for managers to offer better working conditions and opportunities for professional growth in order to contribute to improving the quality of services,<sup>28</sup> and some professionals are not sure how to work the various information available in the instrument and do not identify meaning for their content.<sup>8</sup> In the S8,<sup>15</sup> study the perception of health professionals about CHB completion was analyzed, and although all members of the health team participate in the health monitoring of the child, responsibility for completing the data is not shared by all. The lack of training or training on CHB for those dealing with children is considered one of the main factors related to misuse and inadequate completion of the instrument.<sup>20</sup> Permanent health education is an important management tool that is based on institutionalized practices and has, as a starting point, to improve its practices and improve the work process and, besides contributing to the valorization and satisfaction of the worker, allows the qualification of attention to users.<sup>29</sup>



It is recommended that the act of recording the information in the CHB about the health conditions of the child, providing explanations and involving the family are ways of caring for and stimulating the continuity of care for child health surveillance, as well as understanding by the family's role in child health monitoring is necessary for them to appropriate it and value it.<sup>17</sup>

The Child Health Booklet is set up as a fundamental tool for building partnerships in child care, as it allows for dialogue between professionals and families and between the different care spaces aimed at children. The importance of care protocols and partnerships among professionals is emphasized, emphasizing the involvement of the family in extended care.<sup>30</sup>

## CONCLUSION

In this study, factors influencing the precarious use of CHB by health professionals were monitored in order to monitor the process of child growth and development, such as: absence and fragility of records; the difficulty of professionals to realize the relevance of filling; poor knowledge of professionals about the book; the great demand in the child care; the bureaucracy of service; the fragility in the process of communication and teamwork; the lack of guidelines for families on child care, and the participation of the family in this process.

It was verified that the majority of publications emphasize their completion and had, as participants, professionals who work in basic health care units.

It is concluded that the precariousness in the use of CHC compromises the health surveillance of children because this is the essential instrument for monitoring the growth and development of the child.

The results indicate studies that seek to understand the meaning and motives that impact the proper use and fulfillment of CHC, as well as studies that address the performance of professionals in outpatient and hospital services so that it fulfills the role instrument for the promotion, prevention and surveillance of integral health in childhood.

## REFERENCES

1. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Departamento de Atenção Básica. Saúde da criança: crescimento e desenvolvimento [Internet]. Brasília: Ministério da Saúde; 2012 [cited 2018 Jan 10]. Available from:

[http://189.28.128.100/dab/docs/publicacoes/cadernos\\_ab/caderno\\_33.pdf](http://189.28.128.100/dab/docs/publicacoes/cadernos_ab/caderno_33.pdf)

2. Alves CRL, Lasmar LMLBF, Goulart LMHF, Alvim CG, Maciel GVR, Viana MRA, et al. Quality of data on the Child Health Record and related factors. *Cad saúde pública*. 2009 Mar;25(3):583-95. Doi: <http://dx.doi.org/10.1590/S0102-311X2009000300013>

3. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas, Área Temática de Saúde da Criança e Aleitamento Materno. Caderneta de Saúde da Criança: passaporte para a cidadania [Internet]. Brasília: Ministério da Saúde; 2013 [cited 2018 Jan 10]. Available from: [http://bvsmms.saude.gov.br/bvs/publicacoes/caderneta\\_saude\\_crianca\\_menina.pdf](http://bvsmms.saude.gov.br/bvs/publicacoes/caderneta_saude_crianca_menina.pdf)

4. Ministério da Saúde (BR), Gabinete do Ministro. Portaria nº 1.130, de 05 de agosto de 2015. Institui a Política Nacional de Atenção Integral à Saúde da Criança (PNAISC) no âmbito do Sistema Único de Saúde (SUS) [Internet]. Brasília: Ministério da Saúde; 2015 [cited 2018 Jan 10]. Available from: [http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2015/prt1130\\_05\\_08\\_2015.html](http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2015/prt1130_05_08_2015.html)

5. Almeida AC, Mendes LC, Sad IR, Ramos EG, Fonseca VM, Peixoto MVM. Use of a monitoring tool for growth and development in Brazilian children: systematic review. *Rev Paul Pediatr*. 2016 Mar;34(1):122-31. Doi: <https://doi.org/10.1016/j.rppede.2015.12.002>

6. Sociedade Brasileira de Pediatria. Departamento Científico de Pediatria do Desenvolvimento e Comportamento. Guia Prático de Atualização. Caderneta de Saúde da Criança e do Adolescente: instrumentos de vigilância e promoção do Desenvolvimento [Internet]. São Paulo: SBP; 2017 [cited 2018 Apr 18]. Available from: [http://www.sbp.com.br/fileadmin/user\\_upload/20415d-GPA\\_-\\_Caderneta\\_Saude\\_da\\_Crianca.pdf](http://www.sbp.com.br/fileadmin/user_upload/20415d-GPA_-_Caderneta_Saude_da_Crianca.pdf)

7. Souza MT, Silva MD, Carvalho R. Integrative review: what is it? How to do it? *Einstein* [Internet]. 2010 [cited 2018 Mar 10];8(1):102-6. Available from: [http://www.scielo.br/pdf/eins/v8n1/pt\\_1679-4508-eins-8-1-0102.pdf](http://www.scielo.br/pdf/eins/v8n1/pt_1679-4508-eins-8-1-0102.pdf)

8. Andrade GN, Rezende TMRL, Madeira AMF. Child health booklet: experiences of professionals in primary health care. *Rev esc enferm USP*. 2014 Oct;48(5):854-60. Doi: [10.1590/S0080-62342014000500012](http://dx.doi.org/10.1590/S0080-62342014000500012)

9. Costa JSD, Cesar JA, Pattussi MP, Fontoura LP, Barazetti L, Nunes MF, et al. Child

Silva TCT da, Cursino EG, Silva LF da.

Child health booklet: monitoring growth...

healthcare: completion of health records in municipalities in the semiarid region of Brazil. *Rev Bras Saúde Matern Infant.* 2014 July/Sept;14(3):219-27. Doi:

<http://dx.doi.org/10.1590/S1519-38292014000300003>

10. Gaíva MAM, Silva FB. Child health handbook: integrative review. *J Nurs UFPE online.* 2014 Mar;8(3):742-9. Doi:

[10.5205/reuol.5149-42141-1-SM.0803201432](http://dx.doi.org/10.5205/reuol.5149-42141-1-SM.0803201432)

11. Monteiro FPM, Araújo TH, Ximenes LB, Vieira NFC. Nursing health promotion actions in the assessment of child growth and development. *Ciênc enferm [Internet].* 2014 [cited 2018 Apr 10]; 20(1):97-110. Available from:

[https://scielo.conicyt.cl/pdf/cienf/v20n1/art\\_09.pdf](https://scielo.conicyt.cl/pdf/cienf/v20n1/art_09.pdf)

12. Palombo CNT, Duarte LS, Fujimori E, Toriyama ATM. Use and records of child health handbook focused on growth and development. *Rev esc enferm USP.* 2014 Aug;48(Spe):59-66. Doi:

<http://dx.doi.org/10.1590/S0080-623420140000600009>

13. Silva FB, Gaíva MAM, Mello DF. Use of the child health record by families: perceptions of professionals. *Texto contexto-enferm.* 2015 Apr/June; 24(2):407-14. Doi:

<http://dx.doi.org/10.1590/0104-07072015000212014>

14. Abud SM, Gaíva MAM. Records of growth and development data in the child health handbook. *Rev Gaúcha Enferm.* 2015 Apr/June;36(2):97-105. Doi:

<http://dx.doi.org/10.1590/1983-1447.2015.02.48427>

15. Silva FB, Gaíva MAM. Completion of the child health Record: perception of professionals. *Cienc cuid saúde.* 2015;14(2):1027-34. Doi:

<http://dx.doi.org/10.4025/cienccuidsaude.v14i2.24268>

16. Lima LGL, Nobre CSN, Lopes ACMU, Rolim KMC, Albuquerque CM, Araújo ML. The use of the child's health handbook for healthcare follow-up. *Rev bras ciênc saúde.* 2016;20(2):167-74. Doi:

[10.4034/RBCS.2016.20.02.12](http://dx.doi.org/10.4034/RBCS.2016.20.02.12)

17. Reichert APS, Vieira DS, Santos NCCB, Albuquerque TM, Collet N, Vaz EMC. Growth and development surveillance: analysis of records in the child health handbook. *Cogitare enferm [Internet].* 2016 Oct/Dec [cited 2018 Mar 15];21(4):1-9. Available from:

[https://revistas.ufpr.br/cogitare/article/view/45256/pdf\\_en](https://revistas.ufpr.br/cogitare/article/view/45256/pdf_en)

18. Silva FB, Gaíva MAM. Challenges in the use of the personal child health record. *Rev*

*Bras Pesqui Saúde.* 2016 Apr/June; 18(2):96-103. Doi:

<https://doi.org/10.21722/rbps.v18i2.15089>

19. Caminha MFC, Silva SL, Lima MC, Azevedo PTACC, Figueira MCS, Batista Filho M. Surveillance of child development: an analysis of Brazil's situation. *Rev Paul Pediatr.* 2017 Jan/Mar;35(1):102-9. Doi:

<http://dx.doi.org/10.1590/1984-0462/2017;35;1;00009>

20. Amorim LP, Senna MIB, Soares ARS, Carneiro GTN, Ferreira EF, Vasconcelos M, et al. Assessment of the way in which entries are filled out in Child Health Records and the quality of the entries according to the type of health services received by the child. *Ciênc saúde Coletiva.* 2018;23(2):585-97. Doi:

<http://dx.doi.org/10.1590/1413-81232018232.06962016>

21. Amorim LP, Senna MIB, Gomes VE, Amaral JHLD, Vasconcelos M, Silva AGD, et al. Filling of the Child Health Record in the health care services of Belo Horizonte, Minas Gerais, Brazil. *Epidemiol Serv Saúde.* 2018;27(1):e201701116. Doi:

[10.5123/s1679-49742018000100016](http://dx.doi.org/10.5123/s1679-49742018000100016)

22. Baratieri T, Soare LG, Botti ML, Campanini AC. Nurse consultation in child care: a focus on medical records. *Rev Enferm UFSM.* 2014 Jan/Mar;4(1):206-16. Doi:

<http://dx.doi.org/10.5902/217976928553>

23. Ministério da Saúde (BR). Secretaria de Atenção à Saúde Departamento de Ações Programáticas Estratégicas Área Técnica de Saúde da Criança e Aleitamento Materno. *Caderneta da Criança: Passaporte da Cidadania [Internet].* Brasília: Ministério da Saúde; 2016 [cited 2018 Feb 10]. Available from:

<http://portal.arquivos2.saude.gov.br/images/pdf/2015/dezembro/10/ConsultaPublica.%2025.Caderneta.pdf>

24. Moreira MDS, Gaíva MAM. Monitoring of child growth and development: analysis of records of nursing consultations. *J res fundam care online.* 2013 Apr/June;5(2):3757-66. Doi:

[10.9789/2175-5361.2013v5n2p3757](http://dx.doi.org/10.9789/2175-5361.2013v5n2p3757)

25. Faria M, Nogueira TA. Evaluation of the use of children's health card in basic health units in a municipality of Minas Gerais. *Rev Bras Ciênc Saúde.* 2013;11(38):8-15. Doi:

[10.13037/rbcs.vol11n38.1944](http://dx.doi.org/10.13037/rbcs.vol11n38.1944)

26. Silva KD, Araújo MG, Sales LKO, Valença CN, Morais FRR, Morais IF. Monitoring of child growth and development according to mothers of the family health strategy. *Rev Bras Pesq Saúde [Internet].* 2014 Apr/June [cited 2018 Mar 29];16(2):67-75. Available from:

<http://periodicos.ufes.br/RBPS/article/viewFile/9288/6463>

27. Rocha ACD, Pedraza DF. Child growth monitoring in family health basic units in the municipality of Queimadas, Paraíba, Brazil. Texto contexto-enferm. 2013 Oct/Dec;22(4):1169-7. Doi:

<http://dx.doi.org/10.1590/S0104-07072013000400036>

28. Dias EG, Santos AR, Souza ELS, Araújo MML, Alves JCS, Mishima SM. Quality of life in the work of health professionals from a basic health unit. Rev Cubana Enferm [Internet]. 2016 [cited 2018 Oct 29];32(4):126-37. Available from:

<http://scielo.sld.cu/pdf/enf/v32n4/enf15416.pdf>

29. Silva LAA, Soder RM, Petry L, Oliveira IC. Permanent education in primary health care: perception of local health managers. Rev Gaúcha Enferm. 2017 Mar;38(1):e58779. Doi:

<http://dx.doi.org/10.1590/1983-1447.2017.01.58779>

30. Yakuwa MS, Andrade RD, Wernet M, Fonseca LMM, Furtado MCC, Mello DF. Nurses' knowledge in child health primary care primary. Texto contexto-enferm. 2016 Oct;25(4):e2670015. Doi:

<http://dx.doi.org/10.1590/0104-07072016002670015>

Submission: 2018/06/08

Accepted: 2018/11/18

Publishing: 2018/12/01

#### Corresponding Address

Talita Cristina Tomaz da Silva  
Rua Dionísio Rocha, 529  
Bairro Parque Araruama  
CEP: 25585-230 – São João de Meriti (RJ),  
Brazil