

## INTEGRATIVE LITERATURE REVIEW ARTICLE

# PROFESSIONAL HEALTH PRACTICES REGARDING CHILD CARE PRÁTICAS PROFISSIONAIS DE SAÚDE DIANTE DA LINHA CUIDADO À CRIANÇA PRÁCTICAS PROFESIONALES DE SALUD DELANTE LA LÍNEA CUIDADO INFANTIL

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#### **ABSTRACT**

Objective: to identify the practices of Family Health Strategy professionals regarding the care line of comprehensive child health care. *Method:* this is a bibliographic study, integrative review type, with articles published in Portuguese, English and Spanish, between 2012 and 2017, in the LILACS, MEDLINE, BDENF and SciELO virtual library. The following Health Sciences Descriptors (DeCS) were used: child health and Family Health Strategy, using the Boolean operator AND and its respective English and Spanish terms. The results are presented in figure form. *Results:* the corpus of analysis was composed by 26 articles that met the inclusion criteria. Two categories were highlighted: "The dispersion of professional practices in relation to child health care" and "The barriers that make the practice of health professionals in child health care complex". *Conclusion:* the professionals who work in front of the integral line of child health care reconstruct practices centered on the biomedical model, with the need to overcome this modus operandi. *Descriptors:* Child; Child Health; Family Health Strategy; Nursing; Primary Health Care; Knowledge, Attitudes and Practice in Health.

#### **RESUMO**

Objetivo: identificar as práticas de profissionais da Estratégia Saúde da Família frente à linha de cuidado da atenção integral à saúde da criança. *Método*: trata-se de estudo de bibliográfico, tipo revisão integrativa, com artigos publicados em português, inglês e espanhol, entre 2012 e 2017, nas bases de dados LILACS, MEDLINE, BDENF e na biblioteca virtual SciELO. Utilizou-se os seguintes Descritores em Ciências da Saúde (DeCS): saúde da criança e Estratégia Saúde da Família, utilizando-se o operador booleano AND e seus respectivos termos em inglês e espanhol. Apresentaram-se os resultados em forma de figura. *Resultados*: compôs-se o corpus de análise por 26 artigos que atenderam aos critérios de inclusão. Evidenciaram-se duas categorias: "A dispersão de práticas profissionais frente ao cuidado à saúde da criança" e "Os entraves que tornam complexa a prática de profissionais de saúde no cuidado à saúde da criança". *Conclusão*: reconstroem-se, pelos profissionais que atuam frente à linha de cuidado integral à saúde da criança, práticas centradas no modelo biomédico, com necessidade de superação deste modus operandi. *Descritores*: Criança; Saúde da Criança; Estratégia Saúde da Família; Enfermagem; Atenção Primária à Saúde; Conhecimentos, Atitudes e Prática em Saúde.

## RESUMEN

Objetivo: identificar las prácticas de profesionales de la Estrategia Salud Familiar con respecto a la línea de cuidado de la atención integral a la salud infantil. *Método*: se trata de un estudio bibliográfico, tipo revisión integradora, con artículos publicados en portugués, inglés y español, entre 2012 y 2017, en la base de datos LILACS, MEDLINE, BDENF y en la biblioteca virtual SciELO. Se utilizaron los siguientes descriptores en Ciencias de la Salud (DeCS): Salud infantil y Estrategia de Salud Familiar, utilizando el operador booleano AND y sus respectivos términos en inglés y español. Los resultados se presentaron en forma de figura. *Resultados*: el corpus de análisis estuvo compuesto por 26 artículos que cumplieron con los criterios de inclusión. Se destacaron dos categorías: "La dispersión de las prácticas profesionales en relación con la atención de la salud infantil" y "Las barreras que hacen que la práctica de los profesionales de la salud en la atención de la salud infantil sea compleja". *Conclusión*: los profesionales que trabajan hacia la línea integral de atención de salud infantil reconstruyen prácticas centradas en el modelo biomédico, con la necesidad de superar este modus operandi. *Descriptores*: Niño; Salud del Niño; Estrategia de Salud Familiar; Enfermería; Atención Primaria a la Salud; Conocimientos, Actitudes y Práctica en Salud.

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#### INTRODUCTION

The mother-child group has been a priority in Brazilian public policies since the 1980s, in particular with the Comprehensive Child Health Care Program (CCHCP)<sup>1</sup>.

In 2004, the Ministry of Health launched the Agenda for Commitments to Integral Child Health and Reduction of Child Mortality, taking on the challenge of forming a single integrated child care network. The focus of attention should include any opportunity presented, whether in the health unit, at home or in collective spaces, so that the child benefits from comprehensive care.<sup>1-2</sup>

In 2015, the National Policy for Integral Attention to Child Health (NPIACH) aimed to promote and protect children's health and breastfeeding, through the full and integrated attention and care of pregnancy at the age of nine., with special attention to early childhood.<sup>3</sup> However, child health care is under the perspective of integral care, still in the process of construction, in a paradigmatic change movement from the pathology and child-centered model to a network construction model, showing that comprehensive health care for children still presents.<sup>4</sup>

With the objective of ordering professional practices in primary care, the National Primary Care Policy (NPCP) was established in 2011, establishing the review of guidelines and standards for the organization of actions through the Family Health Strategy (FHS) and the Community Health Agents Program (CHA).<sup>5</sup> In this sense, the FHS was also responsible for the follow-up of children with rare and chronic syndromes, who were previously attended by secondary, tertiary or specialized health care services.<sup>4</sup>

The health needs of children have, due to their singularities, as multiple and complex, thus requiring information and communication among professionals in order to favor the reduction of their difficulties.<sup>6</sup>

This justifies the need to analyze the practices of integral child care in organizational and administrative relations, in the strengthening of Professional health practices regarding child care...

public policies, in the work process model, in permanent education and in the formation of human resources.

#### **OBJECTIVE**

• To identify the practices of FHS professionals regarding the integral line of child health care.

#### **METHOD**

This is a bibliographic study, like an integrative literature review that followed the steps: 1. Identification of the theme and elaboration of the research question; 2. Definition of databases (sampling) with the construction of inclusion and exclusion criteria; 3. Categorization of studies; 4. Evaluation of included studies; 5. Interpretation of the corpus of analysis and synthesis of knowledge.<sup>7</sup>

The study was guided by the following question: "What practices regarding the integral line of child health care are implemented by health professionals in the FHS?".

From November 2016 to March 2017, articles were searched in the Latin American and Caribbean Health Sciences Literature (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), (BDENF) and the open access virtual library Scientific Electronic Library Online (SciELO), as these are validated internationally. The following Health Descriptors (DeCS) were used to locate the articles: child health and Family Health Strategy, using the Boolean operator AND and its respective English and Spanish terms. Inclusion criteria were: original, complete studies, published in Portuguese, English and Spanish, between 2012 and 2017. Review studies. editorials, opinions and or comments, dissertations, theses and duplicate articles in the databases were excluded and those that did not meet the objective of this review. In the end, 511 articles were included, of which after applying the exclusion criteria, 365 remained. The sample consisted of 26 articles that met the inclusion criteria and became part of the analysis corpus (Figure 1).

The following is the flowchart of the search and selection of publications (Figure 1).

Professional health practices regarding child care...

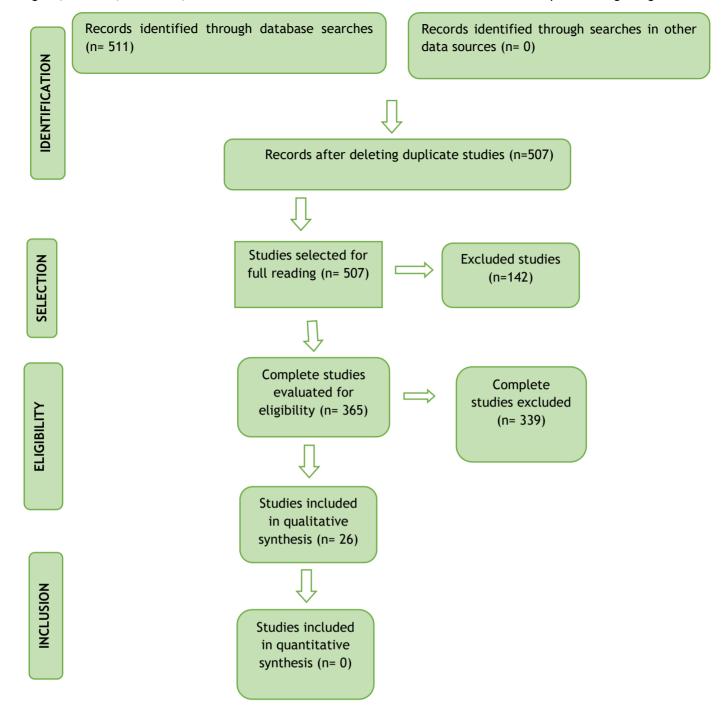


Figure 1. Flowchart of study selection. Niterói (RJ), Brazil, 2017.

The apprehension of the data was constituted in the elaboration of a synoptic table, in the Excel® program, version 2007, containing the variables: database, journal, title, author / year, method, objective, results and level of evidence. The analysis was performed using simple frequency calculations and grouped the practices of health professionals described in the articles by similarity, generating two categories. For the presentation of the level of evidence of the studies, the Evidence Hierarchy Evaluation System was used.<sup>8</sup>

## **RESULTS**

The 26 articles in the sample were found in Portuguese and most were indexed in the LILACS database, with 15 (58%), followed by BDENF, with six (23%), SCIELO, with three (11%). and MEDLINE, with two (8%). The following representations by Brazilian regions were found: Northeast (13 = 50%); Southeast (9 = 35%); South (3 = 11%) and Midwest (1 = 4%).

Regarding the year of publication of the studies, the prevalence of 2013, with 12 articles (46%), is highlighted, and the year 2017, even being in the period established for the search, showed no publications.

It was shown, by the analysis regarding the objectives, that prevailed: evaluate (five studies), analyze (five studies), understand (four studies) and know (three studies); followed by characterizing (two studies), identifying (two studies), verifying (two studies), reporting (one study), describing (one study), comparing (one study), with the indication of the presence of qualitative and quantitative studies.

Regarding the method, qualitative studies predominated (17 = 65%), and the others were quantitative (9 = 35%); Regarding participants, 16 studies (61%) were conducted with health professionals. <sup>11-6,20-1,24,26-31,34</sup> In addition, studies E6 and E8 (8%) interviewed both health professionals and managers, specifically, E8 interviewed mothers, health professionals and managers; The E23 interviewed both mothers and health

Professional health practices regarding child care...

George PS, Daher DV, Cursino EG, et al.

professionals, and the other participants were: family members (9 = 35%),  $^{9\cdot10,16\cdot8,22\cdot3,31\cdot3}$  four of them mothers (15%);  $^{16,22,31,33}$  caregiver in E11 (4%), and E17 and E24 listed children through electronic medical records (8%). As for the levels of evidence, all the articles analyzed at the level of evidence 6 were classified (100%).

The following is the characterization of the studies that were part of the analysis for the construction of the integrative review (Figure 2).

Professional health practices regarding child care...

Title/Author/Year	Databases/Region	Objective	Type of study	Level of evidence
E1 Evaluation of child care in the FHS Silva SB, Fracolli LA, 2016 <sup>9</sup>	LILACS/Southeast	Evaluate care for children under two years of age provided in the FHS.	Quantitative	6
E2 Child health care according to their families: comparison between PHC models Oliveira VBCA, Veríssimo MLR, 2015 <sup>10</sup>	SCIELO/South	To compare the PHC care model with the FHS units regarding the presence and extension of PHC attributes in the care of children.	Quantitative	6
E3 Child Health Surveillance: nurses' perspective Yakuwa MS, Sartori MCS, Mello DF, Duarte MTC, Tonete VLP, 2015 <sup>11</sup>	LILACS/ Southeast	To analyze nurses' conceptions about Child Health Surveillance (CHS) in FHU.	Qualitative	6
E4 Children's hearing health: practice of FHS nurses Azevedo SB, Leal LP, Lima MLLT, Griz SMS, 2014 <sup>12</sup>	SCIELO/ Northeast	Evaluate the practice of FHS nurses in child hearing health care.	Qualitative	6
E5 Child Health Handbook: experiences of PHC professionals Andrade GN, Rezende TMRL, Madeira AMF, 2014 <sup>13</sup>	MEDLINE/ Southeast	Understand the experiences lived by PHC health professionals with the Child Health Handbook in child health care.	Qualitative	6
E6 Avoidable child mortality and barriers to access primary care in Recife, Brazil Vanderlei LCM, Navarrete MLV, 2013 <sup>14</sup>	LILACS/ Northeast	To analyze the factors influencing preventable child mortality from the perspective of the actors involved.	Qualitative	6
E7 Monitoring of families of children with chronic disease: perception of the Family Health team Sousa EFR, Costa EAO, Dupas G, Wernet M, 2013 <sup>15</sup>	LILACS/ Southeast	Characterize how the FHS team perceives its dynamics of monitoring families that live with the chronic illness of the child.	Qualitative	6
E8 Qualifying child care in Primary Health Care. Sousa FGM, Erdmann AL, 2012 <sup>16</sup>	BDENF/ Northeast	Understand care and child care in PHC, based on Grounded Theory	Qualitative	6
E9 Perceptions of family members of children about childcare consultation at the FHS Malaquias TSM, Gaíva MAM, Higarashi IH, 2015 <sup>17</sup>	MEDLINE/South	Know the perceptions of family members of children about childcare consultation in the context of child health care.	Qualitative	6
E10 Chronic Child Disease: Family Needs and the Relationship with the FHS Costa EAO, Dupas G, Sousa EFR, Wernet M, 2013 <sup>18</sup>	LILACS/ Southeast	Know the family's perception about the relationship with the Family Health Unit (FHU) in their experience with the chronic disease of the child.	Qualitative	6
E11 Longitudinality of child care in the FHS Vaz EMC, Magalhães RKBPM, Toso BRGO, Reichert APS Collet N, 2015 <sup>19</sup>	LILACS/ Northeast	To evaluate the longitudinality attribute in child care in the FHS.	Quantitative	6

Professional health practices regarding child care...

George PS, Daher DV, Cursino EG, et al.

E 12 Comprehensiveness of Actions between Professionals and Services: Prerogative of the Right to Child Health Andrade RD, Santos JS, Pina JC, Furtado MCC, Mello DF, 2013 <sup>20</sup>	LILACS/ Southeast	Analyze nurses' narratives about the comprehensiveness of actions aimed at children and their families.	Qualitative	6
E13 Social Network to Support Child Development According to the Family Health Team Dezoti AP, Alexandre AMC, Tallmann VAB, Maftum MA, Mazza VA, 2013 <sup>21</sup>	LILACS/South	Identify social support networks for families to promote child development from the perspective of the FHS team.	Qualitative	6
E14 Nursing Childcare and Health Education: Perception of Mothers in the FHS Vasconcelos SVM, Frota MA, Martins MC, Machado MMT, 2012 <sup>22</sup>	LILACS/ Northeast	Describe the experience of mothers about the care provided to their children, as well as their perception regarding childcare consultation.	Qualitative	6
E15 Evaluation of the completeness attribute in child health care Diniz SGM, Damasceno, SS, Coutinho SED, Toso BRGO, Collet N, 2016 <sup>23</sup>	LILACS/ Southeast	To assess the presence and extent of the comprehensiveness attribute in child health care in the context of the Family Health Strategy.	Quantitative	6
E16 Care for Children Under One Year: Perspective of Nurses' Performance in Childcare Benicio AL, Santana MDR, Bezerra IMP, 2016 <sup>24</sup>	BDENF/ Northeast	Know the perception and performance of nurses before the Childcare consultation in the FHS.	Qualitative	6
E17 Diarrhea in Children Under Five at FHU Rodrigues JR, Strinta L, Botelho GCS, Ormonde Junior JC, Barros LC, 2014 <sup>25</sup>	BDENF/Midwest	Characterize medical records and notifications of EVS, sociodemographic and environmental aspects in children under five with FHS diarrhea.	Quantitative	6
E18 Pediatric Nursing Consultation from FHS Nurses Perspective Gasparino RF, Simonetti JP, Tonete VLP, 2013 <sup>26</sup>	BDENF/ Southeast	To analyze nurses' conceptions and experiences about Pediatric NC and its systematization in the context of the FHS.	Qualitative	6
E19 Childcare Consultation Held by the Nurse at the FHS Oliveira FFS, Oliveira ASS, Lima LHO, Marques MB, Felipe GF, Sena I, 2013 <sup>27</sup>	BDENF/ Northeast	Identify the actions implemented by the nurse during the childcare consultations at FHU.	Quantitative	6
E20 Childcare and Nursing Care: Perceptions of FHS Nurses Lima SCD, Jesus ACP, Gubert FA, 2013 <sup>28</sup>	BDENF/ Northeast	Understand the perception of the FHS nurse about Childcare, describing the actions implemented during the nursing consultation.	Qualitative	6
E21 Quality of Child Health Care in the FHS Sales MLH, Ponnet L, Campo SCEA, Dermarzo MMP,	LILACS/ Northeast	Verify the quality of child health care by FHS teams in the capital of Northeast Brazil.	Quantitative	6

Professional health practices regarding child care...

George PS, Daher DV, Cursino EG, et al.

Miranda CT, 2013 <sup>29</sup>						
E22 Childcare as a Moment for Defending the Right to Child Health Andrade RD, Santos JS, Pina JC, Silva MAI, Mello DF, 2013 <sup>30</sup>	LILACS/ Southeast	To analyze nurses' narratives about child care in childcare practice in the light of care and the defense of the right to health.	Qualitative	6		
E23 Child Growth Surveillance: PHC Nurses Knowledge and Practice Reicher TAPS, Almeida AB, Souza LC, Silva MEA, Collet N, 2012 <sup>31</sup>	SCIELO/ Northeast	Verify the knowledge and practice of FHS nurses regarding the surveillance of infant growth in childcare consultations and maternal information.	Quantitative	6		
E 24 The use of PHC services by children in a northeastern Brazilian state Cunha CLF, Silva RA, Gama MEA, Costa GRC, Costa ASV, Tonia SR, 2013 <sup>32</sup>	LILACS/ Northeast	To evaluate the use of some PC services by the child population in the state of Maranhão, comparing the evolution of the indicators in the last ten years.	Quantitative	6		
E25 Implementation of childcare and Challenges of Care in the FHS in a city of Ceará State Soares DG, Pinheiro MCX, Queiroz DM, Soares DG, 2016 <sup>33</sup>	LILACS/ Northeast	Report the experience of the implementation of child care and the challenges of care in the FHS in a municipality of Ceará State.	Qualitative	6		
E26 Access to health services for children with disabilities in PHC Rosário SSD, Fernandes APNL, Batista FWB, Monteiro AI, 2013 <sup>34</sup>	LILACS/ Northeast	Understand how accessibility of children with disabilities to PHC occurs from the perspective of FHS professionals.	Qualitative	6		
Figure 2. Characterization of studies according to title, author, year, databases, region of origin, objective, type of study and level of evidence. Niterói-RJ, Brazil, 2017						

#### DISCUSSION

Two analytical categories were generated after the analysis of three evaluators with expertise in the subject and thorough reading of the researcher: "The dispersion of professional practices in relation to child health care" and "The barriers that make the practice of health professionals in the workplace complex child health care".

In the category "The dispersion of professional practices in relation to child health care", the Childcare consultation was the most mentioned practice in the studies, being analyzed and described as a significant meeting place for health professionals, mothers and the children. However, this space is undervalued and underutilized by health professionals, with the generation of important knowledge gaps for mothers. This is due to the reduced mastery of content related to child growth and development and care from the perspective of integrality by professionals working in the FHS, as well as the relevance of the mother's participation in child care. 17, 22, 24, 26-8, 30-3

It was also evidenced a diversity of specific activities performed by the FHS professionals in their encounter with the child: surveillance actions, different evaluations of care; studies on the monitoring of chronic diseases; child mortality; professional relationship and family.

The follow-up for each child should be flexible and appropriate in the childcare consultation. The nursing consultation (NC) and home visit (HV) include nursing interventions monitoring and promoting the child's growth and development; supervision of immunization status; stimulation of breastfeeding and healthy eating; early detection; prevention and treatment of prevalent diseases, especially respiratory infections and other infectious diseases and, above all, the strengthening and expansion of family competences for child care.<sup>35</sup>

The health education strategies developed in the consultations are pointed out as a guarantee of the expansion of knowledge by mothers and family members regarding child care, which will provide adequate growth and child development, reducing diseases and their diseases, stimulating the socialization and adaptation of children and integrating them into the social environment.<sup>24</sup>

Longitudinality, also seen as potentiality in the practice of health professionals in child care, is the monitoring over time, which implies a therapeutic relationship characterized by the responsibility of the health professional and the trust of the users. 9,17,19

The importance of longitudinality of care for the prevention of hospitalizations of children, such as pneumonia, the continuity of care, mutual trust service / user and the user's connection with health professionals have been demonstrated.<sup>36</sup>

Thus, by recognizing the links with families and the community, the attribute of longitudinality contributes to improving the health care of children in an integrative perspective.

It is known that the practices of professionals in child care in the FHS have brought some improvements to comprehensive care. However, barriers related to the operationalization of this practice were described and categorized as "The barriers that make the practice of health professionals in the health care of children complex". Some examples of these obstacles are pointed out: the access, the non-integrality of care, the lack of scientific knowledge of professionals for the management of child care and the lack of training or permanent education actions.

Primary Care is recommended as the gateway to UHS; Even so, there are obstacles related to the child's access and care, which are generated by the deficit of professionals, the precarious physical structure, excessive number of registered families, full access of the user, family and community. Accessibility also presents difficulties when dealing with children with special needs, negatively affecting the quality of care and impairing the development of their potential. 9,10,14,29,34

The guarantee of access to health services is still a constant challenge to the Brazilian health system. Due to the slowness in obtaining resoluteness and the imposition of organizational barriers to the care provided by families, emergency care services to solve the children's health problem are sought.<sup>37</sup>

Even with the proposal to change the paradigm of the curative medical model, there is a gap in the scope of comprehensive health care due to the lack of articulation between services, lack of professional qualification, multiple tasks and lack of time, fragility in health care support network and disability in child health surveillance. 11,15,18,20-1,23,25,38-9

The FHS should be the preferred gateway for children and their families in the health system for all their needs and problems, and should be strategic in structuring actions. However, it is noteworthy that it is not uncommon to refer users, such as children and adolescents with HIV, to specialists, even though there is potential for Primary Health Care services for their assistance. It is added, however, that the importance of specific disease interventions is not denied, but the need to focus on horizontal and vertical equity is admitted, thus revitalizing the principles of Alma Ata Primary Health Care.

From the perspective of child health surveillance, data from the Child Health Record

(CHR) allow the identification of health problems, the classification of disease risks and the establishment of action priorities in search of effective results for comprehensive child care.<sup>42</sup> It is cautioned that, despite this, there is still limited knowledge about the correct completion of the CHR in childcare consultations, <sup>13,31</sup> because most professionals do not use the instrument effectively, illustratively and educationally with family members, which leads to their disinterest in the booklet.

Due to the incompleteness of data filling in the CHR, it is pointed out that it is difficult to evaluate significant events for the child's health, since there are no foundations for the parameters of its evolution. This can compromise the quality of comprehensive child health care and the achievement of the objective of monitoring child growth and development.<sup>13</sup>

Therefore, it is necessary, in view of the specific demands, a reorientation of the professional practices performed in the FHS, such as the child health care network, on the work environment and, especially, on the relationships established between health professionals and the family population enrolled in these services, resignifying care and investing in the provision of comprehensive, universal and quality care.

#### CONCLUSION

It is understood that child care in care lines has the accompaniment of growth and development as a structuring axis, based on health promotion, prevention, early diagnosis and recovery of health problems. This presupposes a global view of the life of the child and an integral view of the care network to provide resolute responses to the health needs of the child population.

In this study, the professional practices that are effective in the FHS were analyzed, showing that they still reinforce a care model centered on the biomedical paradigm, to the detriment of health promotion and rehabilitation practices.

Therefore, the contributions of this review are anchored in the fact that FHS health professionals involved in comprehensive child care should reconsider their modus operandi, surpassing the current model and reconstructing their practice to a broader model of health that should can effect the child care line in all its axes.

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