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MOTHER AND NURSING ACADEMIC: EXPERIENCE WITH INTESTINAL CONSTIPATION

MÃE E ACADÊMICA DE ENFERMAGEM: EXPERIÊNCIA COM A CONSTIPAÇÃO INTESTINAL

MADRE Y ACADÉMICA DE ENFERMERÍA: EXPERIENCIA CON LA CONSTIPACIÓN INTESTINAL

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ABSTRACT

Objective: to report the experience of experiencing and managing the functional intestinal constipation of a pre-school child. **Method:** it is a descriptive study, of related experience type, having the support of the outpatient service of Advanced Practice of Nursing in Uropediatrics of a teaching hospital. **Results:** it was possible, through the specialized monitoring provided by the outpatient clinic to the preschooler, to modify the dietary habits in the children's daily routine, both in the family and school life, significantly improving the intestinal constipation presented by the child. **Conclusion:** through this experience of being a mother and a nursing student, using a specialized Nursing service, a new look regarding Nursing care in attending to the health needs of children and their families was generated. It is felt, after this lived experience, the responsibility as a mother and health professional to be a multiplier of knowledge about intestinal constipation in childhood. **Descritores:** Advanced Practice Nursing; Constipation; Child Care; Nursing Care; Mother-Child Relations; Outpatient Clinics, Hospital.

RESUMO

Objetivo: relatar a experiência de vivenciar e manejar a constipação intestinal funcional de uma criança em idade pré-escolar. **Método:** trata-se de estudo descritivo, tipo relato de experiência, tendo o apoio do serviço ambulatorial de Prática Avançada de Enfermagem em Uropediatria de um hospital de ensino. **Resultados:** possibilitou-se, por meio do acompanhamento especializado que o ambulatório proporcionou à pré-escolar, modificar os hábitos alimentares no cotidiano da criança tanto no contexto de vida familiar, quanto escolar, melhorando significativamente o quadro de constipação intestinal apresentado pela criança. **Conclusão:** gerou-se, por meio dessa experiência de ser mãe e acadêmica de Enfermagem ao utilizar um serviço de Enfermagem especializado, um novo olhar com relação aos cuidados de Enfermagem no atendimento às necessidades de saúde das crianças e de suas famílias. Sente-se, após essa experiência vivida, a responsabilidade como mãe e profissional de saúde de ser multiplicadora do conhecimento sobre constipação intestinal na infância. **Descritores:** Prática Avançada de Enfermagem; Constipação Intestinal; Cuidado da Criança; Cuidados de Enfermagem; Relações Mãe-filho; Ambulatório Hospitalar.

RESUMEN

Objetivo: relatar la experiencia de vivir y manejar el estreñimiento intestinal funcional de un niño en edad preescolar. **Método:** se trata de estudio descriptivo, tipo relato de experiencia, teniendo el apoyo del servicio ambulatorio de Práctica Avanzada de Enfermería en Uropediatria de un hospital de enseñanza. **Resultados:** se posibilitó, por medio del acompañamiento especializado que el ambulatorio proporcionó a la preescolar, modificar los hábitos alimenticios en el cotidiano del niño tanto en el contexto de la vida familiar, como en la vida escolar, mejorando significativamente el cuadro de constipación intestinal presentado por el niño. **Conclusión:** se generó, a través de esa experiencia de ser madre y académica de Enfermería al utilizar un servicio de Enfermería especializado, una nueva mirada con relación a los cuidados de Enfermería en la atención a las necesidades de salud de los niños y de sus familias. Se siente, después de esa experiencia vivida, la responsabilidad como madre y profesional de salud de ser multiplicadora del conocimiento sobre constipación intestinal en la infancia. **Descritores:** Enfermería de Práctica Avanzada; Estreñimiento; Cuidado del Niño; Atención de Enfermería; Relaciones Madre-Hijo; Servicio Ambulatorio en Hospital.

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INTRODUCTION

Functional intestinal constipation (FIC) is defined as the difficulty or delay in defecation manifested by elimination of dry stools, the need for a lot of effort to evacuate, and evacuation frequency of less than three times a week.¹ The following additional symptoms are generally associated with FIC: irritability, decreased appetite and early satiety, and usually disappear soon after the elimination of large amounts of feces.² It is known that FIC is a disease with a definite diagnosis and treatment, with a significant impact on the emotional and physical dimensions, being very frequent in children, corresponding to about 3% of the visits in general pediatric clinics and 25% of consultations with gastroenterologists pediatric.³

It is based, for the diagnosis of FIC, in the Criteria of Rome IV (2016),⁴ of which FIC is characterized as the presence of at least two of the following criteria, once a week, in the month prior to diagnosis:

- Two or fewer toilet bowel movements per week in children with development equal to or greater than expected at four years of age;
- At least one episode of fecal incontinence per week;
- Fecal retention;
- Pain when evacuating or hard stools;
- Presence of palpable faecal mass in the rectum;
- Reporting of large-sized feces capable of clogging the toilet.

It is known that, in the majority of children suffering from FIC, this has a functional origin and certainly began in the weaning period, with the introduction of solid food, often low in fiber and with little water intake.¹ It is verified that there is no predominance of sex, however, half of the cases of FIC in children have their onset in the first year of life and, generally, the diagnosis occurs late, being only confirmed in school age.³ There is also a variation in the manifestation of FIC symptoms over time and depending on the child's age.⁵

Thus, the relevance of the early identification and diagnosis of FIC symptoms is evidenced in order to avoid delays both at the beginning of treatment and in the occurrence of complications resulting from late management of FIC, such as decreased quality of life of the child and costs for the family and health system.³

It is important to emphasize the role of the nurse in the early identification of signs and

symptoms of FIC, in particular, as one of the main professionals who have health care, care and education as their objective. It is added that, in addition, the nurse has a privileged position in terms of educational practices of health.⁶

In the National Curricular Guidelines for Undergraduate Nursing Courses, the nurse is mentioned as an educator capable of planning, scheduling and participating in the programs of training and continuous qualification of Nursing and health workers, planning and implementing education and training programs. health, considering the specificity of social groups and different life processes, health, work and illness.⁷ It becomes, moreover, the specificities and relational skills of nurses who are specialists in child health, who are able to work in partnership with the child and significant family/person, in any context in which they are found.⁸ In this way, the strategic position of the pediatric nurse in the management of childhood FIC can be perceived, especially when such a nurse is able to provide specialized care to the child.⁹

It is therefore intended by this article to report the experience of experiencing and managing the FIC in a child of pre-school age in the context of an outpatient specialized nursing service.

OBJECTIVE

- To report the experience of experiencing and managing the functional intestinal constipation of a pre-school child.

METHOD

This is a qualitative, descriptive, experience-type study about being a mother and a nursing student living in the care of children with FIC and on the support of the outpatient service of Advanced Nursing Practice in Uropediatrics, linked to a hospital in the center-west region during the year 2017.

The study focused on the ethical precepts in the description of the experience of being a nursing mother and academic in the context in question. Therefore, the need to submit the project to an Ethics Committee for Research in Human Beings was dispensed.

RESULTS

The report of this experience begins based on the life of being the mother of a preschool child who began to suffer every time she went to the bathroom to evacuate and even when she felt like it, she refused to use the toilet.

It is reported that this situation always generated sadness, crying, pain and isolation of the child, because every time she could not evacuate, she always said she wanted to sleep.

In the course of time, the mother's anguish over the situation, which tried to soften the child's suffering in various ways, explained that she should go to the bathroom, because all the people went, "that the belly was not place to keep poop for a long time, "that she would feel better and happier if she went to the bathroom to evacuate. The child was also encouraged to eat more fruits and vegetables rich in fiber, such as orange and green leaves, and to drink more water. However, nothing solved, only increased the stress of her and the whole family.

It is noteworthy that for about ten months the child had stopped being breastfed and that, during this same period, she used drugs to treat bronchitis and asthma attacks, mainly anticholinergics.

In relation to the daily intake of fluids by the child, we did not have much governability, since the child spent all day in an Infant Education Institution (IEI), and the mother had no way of interfering with the routine of the school. For example, even when talking to the responsible teachers, the mother realized that there was no commitment on the part of the IEI when it came to encouraging and monitoring fluid intake.

It should be noted that the child spent a whole week without evacuating, and their feces were thick (calibrous) and very dry, almost always bleeding and exerting a great deal of effort at the time of expulsion, as it was also very common to clog the toilet. It complements itself by saying that it did not matter what was said or done, because the desired answer was not reached, making everything very complicated and desperate for the mother, especially for recognizing the seriousness of the situation, precisely because she was a nursing student.

However, this situation was tempered when the nursing student and mother had contact with a nursing teacher, researcher and specialist in the management of children with urinary and intestinal symptoms. The family was invited to meet and attend the Uropediatria Advanced Nursing Practice clinic, linked to a teaching hospital in the Mid-West region of Brazil¹⁰. In this outpatient service, specialized and excellent nursing care is provided to children with urinary and intestinal dysfunctions, including FIC.

It was found in this outpatient follow-up that the amount of fluids preschooler was low (<500ml / day), a fact that was proven by completing an instrument called the Elimination Diary. Annotations should be made during the two days of the weekend, with all the infant's fluid intakes recorded, as well as the amount of urine eliminated during each trip to the toilet, and the timetable of each urination, as well as intestinal elimination and the consistency of these stools. For this purpose, the Bristol Faecal Consistency Scale (BFCS)¹¹ is presented at the end of this elimination diary, which aims to identify the stool type in a sequence of numbers and their consistency.

Other educational interventions were carried out during the follow-up period in the outpatient clinic. Among them are the use of a stool to support the child's feet when he or she is seated in the toilet, making sure that the feet are supported on a surface, as this position will facilitate the posture and consequently the relaxation of the pelvic floor at the time of urination and/or evacuation,³ in addition to modifying the child's diet by inserting some laxatives, rich in fiber, in order to help stimulate intestinal transit and the inclusion of physical activity on a regular basis.¹²

The life of the child and of his mother / family was completely changed with this information. During the six months of follow-up in the referred service, it was noticed that there was a significant improvement, however, there was still a dissatisfaction of the mother, since IEI did not work together with the child's family regarding the follow-up of the guidelines for changing lifestyles.

In bringing up such a question of IEI's difficulty in adhering to follow-up guidelines for FIC management, during one of the return visits, the outpatient team provided a letter, to be delivered to the IEI, in which it mentioned that the child was followed up at the Uropediatria Advanced Nursing Practice clinic, requiring the support of the IEI in complying with the child's therapeutic plan. This document was forwarded to IEI and immediate feedback was obtained so that the teachers, aware of the problem of the child, were willing to help in a more effective way.

It is also necessary to emphasize the philosophy of care adopted in this outpatient clinic of Advanced Practice of Nursing in Uropediatrics, which starts from the reception through a child and family-centered approach. Nursing consultation was not only with the parents / guardians, but also with the child and, of course, such care approach influenced

the child's role and consequently the child's adherence to therapeutic management. It is thus stated that the child has learned how to manage his intestinal problem and, according to the maternal perspective, it is estimated that the problem has been solved in 75%, based on the adoption of all the guidelines that were spent in the outpatient clinic. After all this process, the amount of toilet visits to the toilet to be evacuated was estimated three to four times a week, improving the appearance and the fecal consistency, according to BFCS.

It was verified, however, that in a few weeks, when the mother was a little absent due to changes in the routine of life or for personal reasons, the child regressed in the clinical picture, presenting a pattern of evacuation of two to three times in the week and such behavior still worried the mother. A tactic was then added when the child learned to draw stars: a mural was created (validated by a pedagogue), which should be used as a positive reinforcement strategy to encourage the use of the toilet to evacuate.

The mother was then given a panel with a calendar of the month in order to display the stars on the days when the child had a bowel movement. Thus, an award was given to each little star in order to congratulate for the behavior and, as time passed, the child acquired the regular intestinal habit and then the prizes were reduced, from daily prizes to weekly ones fortnightly, half-yearly, until the incentive.

It was observed after seven months in which the family implemented all the mentioned interventions, that the child started to evacuate practically every day, without associated pain and with adequate consistency.

DISCUSSION

This experience report is based on the experience of being the mother of a pre-school child, and after weaning, such child had a significant difficulty to evacuate, being later diagnosed as a case of FIC. Note the refusal to use the toilet as a common behavior in children with FIC where painful evacuation, with hardened stools and voluntary fecal retention, triggers the onset of constipation.⁴ FIC correlates with the transition from weaning to the introduction of solid foods and also associated with the use of some medications, such as: anticholinergics (decongestants), antacids (composed of calcium and aluminum), antidepressants (phenothiazines), among others.⁵ Thus, it is evident the relevance of early detection and

management of FIC in a timely manner, especially in situations of risk for the development of FIC as weaning and during the use of medications used in the management of diseases prevalent in childhood, especially respiratory diseases.

A valuable tool in the detection and evaluation of intestinal disorders is the BFCS.¹¹ This scale evaluates the fecal content in a descriptive way using a graphical representation of the seven types of feces according to their shape and consistency.¹¹ This instrument has been used as an educational strategy when working with families and children affected by FIC symptoms. In the context of the experience, the BFCS was attached to the elimination diary filled out by the family and it was through this instrument that the mother and academic nurse learned to identify the fecal patterns characteristic of FIC in the daughter.

Thus, the nurses' strategic and privileged position regarding the diagnosis and management of FIC in childhood is perceived. As a nursing student, we had the opportunity to meet and attend an outpatient nursing service, specialized in the diagnosis and management of children with urinary and intestinal symptoms. Such service can be considered as one of the only ones in Brazil to provide excellent nursing care, based on the assumptions of the Advanced Nursing Practice model¹⁰. As a protocol of care in said service, the routine of periodic consultations is followed, accompanying the progress, minimization or even remission of urinary and / or intestinal symptoms presented by the pediatric patient. The attendance with a team of students linked to the project of extension and nurses preceptors is carried out, having, as coordination, a teacher linked to the Nursing Department of a public university of the Federal District. More information about the service can be obtained from Souza et al.¹⁰

In the literature, the importance of guidance to those responsible for the child affected by FIC in regard to changing eating habits is verified, aiming at adequate water intake and high fiber foods.¹²⁻¹³ It is added that the increase in fiber supply is the first recommendation, either by increasing consumption of fruits, vegetables and whole grains or by the use of commercial fiber supplements (20-25 g/day) when necessary.¹² In addition to the modification in the child's diet it is also recommended to practice physical activity on a regular basis.¹²

Another highly relevant educational intervention is the re-education of the child in

the routine use of the toilet after eating one of the meals (such as breakfast, lunch or dinner), in which the child is asked to leave the child for about five to ten minutes sitting in the toilet, allowing the action of the gastrocolic reflex, always looking for the same times to create an "intestinal routine". It is recommended, last but also very important, to always talk with the child about the progress made with each evacuation.¹²

The relevance of intersectoral interventions in the health and education spheres for FIC management during childhood, especially the partnership between IEI and the family, is also highlighted as a dynamic process that requires active participation and agreement among all actors to achieve common goals.⁸ It is therefore reinforced that in the teaching / learning process, the relationship between the educator and the learner must be shared, one learning with the other, relying on dialogue and reflection, for the solution of everyday problems.¹⁴ During the experience described here, the unique role of the outpatient service letter in which it solicits the support of the IEI educators to encourage and monitor intestinal elimination and water intake of the child.

Another differential aspect lies in the approach to child and family care that supports the child's role in the therapeutic planning and management of the FIC. These differential characteristics of Nursing care are also mentioned in a study carried out in the outpatient clinic of the Hospital das Clínicas of the Federal University of Pernambuco, where the Nursing actions in the outpatient clinic caused feelings of joy, satisfaction, gratitude, empowerment.¹⁴

It is noticed, in front of this report, that the process of caring in the pediatric context requires, from the nurse, the development of different capacities to respond competently to the uniqueness of the act of caring for the child in partnership with parents and school. Thus, the effectiveness of the Nursing interventions developed in the Uropediatric Advanced Nursing Practice service was maximized, given the partnership established with the mother, which supported the integral development of the child and her family, and also enabled the for the development of self-care.⁸ It is emphasized that all the guidelines learned, when attending the Advanced Nursing Practice in Uropediatrics service, were included in the daily life routine of the child and also associated with positive reinforcement, as an effective procedure in modifying or adopting new behaviors.¹⁵

It was generated, through this positive experience of being a mother and nursing student when using a specialized nursing service, the reflection on the relevance of considering the student as an interactive and active subject in the process of knowledge construction, therefore, the teacher has a role of great relevance in the teaching-learning process, since it presents itself as the most experienced and with more systematized knowledge than the student.¹⁶ It refers, in this context, to all the teachers who supported the successful trajectory of the management of the child's FIC framework, such as the Nursing teacher coordinating the outpatient clinic and the IEI teachers. It is also worth noting the privileged position of being a nursing mother and academic, which made possible a singular look at the child affected by FIC and learning to act as a future professional.

It is observed, in the literature reviewed, that children affected by FIC have a late diagnosis, although the symptoms are usually present from the first year of life due to food change, with the introduction of solid foods and associated with a low intake of liquids. It reinforces, therefore, the relevance of adopting healthy eating practices, since these children are directly affected by the living habits of their parents and caregivers.

A shortcoming observed in this report refers to the lack of knowledge of the suggestive signs regarding the presence of FIC and simple strategies for the management of such condition during childhood. For this reason, health promotion actions, especially in IEI's, are needed for children, but also for all educators, be they teachers or parents / guardians of these children. It is suggested, in this context, the nurse's role through health education activities with themes related to the FIC, for example, through the identification of warning signs and suggestive of the presence of FIC, in addition to the dissemination of practices and healthy lifestyles, especially in terms of consumption of high-fiber foods and adequate water intake.

CONCLUSION

It is observed, in the literature reviewed, that children affected by FIC have a late diagnosis, although symptoms are usually present from the first year of life due to food change, with the introduction of solid foods and associated with a low intake of liquids. Therefore, the relevance of creating healthy eating practices is reinforced, since these children are directly affected by the living

habits of their parents and caregivers and sometimes do not have healthy eating habits.

For this reason, health promotion actions, especially in IEI's, are needed for children, but also for all educators, be they teachers or parents / guardians of these children. In this context, the nurse's role can be given through health education activities related to FIC, such as the main signs and symptoms of FIC, in addition to healthy living practices and habits.

In addition, with the assistance of Excellence Nursing provided at the Uropediatria Advanced Practice Nursing clinic, a new look was given to the mother regarding Nursing care not only because it is a service with evidence-based practice, but above all because of the human and sensitive quality in meeting the needs of children and their families. With this lived experience, one feels the responsibility as a mother and health professional to be a multiplier of this knowledge in relation to childhood FIC.

In this experience report, the importance of specialized nursing work in the context of the Advanced Practice of Nursing in Uropediatrics, carried out by the nurse / teacher and her team of extension students, is demonstrated for the life of the child with FIC and her mother as a mother and academic nursing.

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