



PUERICULTURE CONSULTATION: PROBLEMS FOUND IN THOSE UNDER 2 YEARS OLD

CONSULTA DE PUERICULTURA: PROBLEMAS ENCONTRADOS EM MENORES DE 2 ANOS

CONSULTA DE PUERICULTURA: PROBLEMAS ENCONTRADOS MENORES DE 2 AÑOS

Fabiana Ângelo Ferreira¹, Rosideyze de Souza Cabral Freitas², Maria Carolina Salustino dos Santos³, Suélida Rafaela de Melo Silva⁴, Amanda Marinho da Silva⁵, Mirelly Kerflem da Silva Santos⁶

ABSTRACT

Objective: to identify the main problems presented in children under 2 years of age during the nursing consultation in childcare. **Method:** this is a quantitative, descriptive, retrospective study. The universe of the survey was composed of 166 medical records of children attended at the child care clinic. It was identified, of these, 84 charts of children attended from 2012 to 2016. The results were presented in figures form. **Results:** data were analyzed by descriptive statistics and of the 84 children studied, a total of 139 complaints registered by the nurse during the child care consultation. **Conclusion:** respiratory problems (40%) followed by dermatological (33%) and gastrointestinal (23%) were highlighted. It is pointed out, by the study, the need to create a protocol of consultation of childcare for nurses, strengthening the prevention and promotion to the health of the child accompanied. **Descriptors:** Child; Nurses; Male; Child Care; Pediatrics; Inquiry; Monitoring.

RESUMO

Objetivo: identificar os principais problemas apresentados nas crianças menores de 2 anos durante a consulta de enfermagem em puericultura. **Método:** trata-se de estudo quantitativo, descritivo, retrospectivo. Compôs-se o universo da pesquisa por 166 prontuários de crianças atendidas na consulta de puericultura. Identificou-se, desses, 84 prontuários de crianças atendidas de 2012 a 2016. Apresentaram-se os resultados em forma de figuras. **Resultados:** analisaram-se os dados por estatística descritiva e, das 84 crianças estudadas, houve um total de 139 queixas registradas pelo enfermeiro durante a consulta de puericultura. **Conclusão:** destacaram-se os problemas respiratórios (40%) seguidos de dermatológicos (33%) e gastrointestinais (23%). Aponta-se, pelo estudo, para a necessidade de criar um protocolo de consulta de puericultura para os enfermeiros, fortalecendo a prevenção e promoção à saúde da criança acompanhada. **Descritores:** Criança; Enfermeiro; Puericultura; Pediatria; Intervenção; Cuidado. Consulta. Acompanhamento.

RESUMEN

Objetivo: identificar los principales problemas presentados en niños menores de 2 años durante la consulta de enfermería en puericultura. **Método:** se trata de un estudio cuantitativo, descriptivo, retrospectivo. El universo de la investigación estaba compuesto por 166 registros médicos de niños atendidos en la clínica de cuidado infantil. Se identificó, de estos, 84 cuadros de niños atendidos entre 2012 y 2016. Los resultados se presentaron en forma de figuras. **Resultados:** se analizaron los datos mediante estadísticas descriptivas y de los 84 niños estudiados, hubo un total de 139 quejas registradas por el enfermero durante la consulta de puericultura. **Conclusión:** se resaltaron los problemas respiratorios (40%) seguidos de dermatológicos (33%) y gastrointestinales (23%). Se señala, según el estudio, la necesidad de crear un protocolo de consulta de puericultura para enfermeros, fortaleciendo la prevención y promoción a la salud del niño acompañado. **Descriptores:** Niño; Enfermeros Hombres; Cuidado del Niño; Pediatría; Consulta; Monitoreo.

^{1,2,3,4,5,6}University Center of João Pessoa / UNIPÊ. João Pessoa (PB), Brazil. ORCID: <https://orcid.org/0000-0001-5246-4403> ORCID: <https://orcid.org/0000-0001-5266-0009> ORCID: <https://orcid.org/0000-0002-9288-2017> ORCID: <https://orcid.org/0000-0002-36376937> ORCID: <https://orcid.org/0000-0003-2248-9970> ORCID: <https://orcid.org/0000-0003-4075-3982>

How to cite this article

Ferreira FÂ, Freitas RSC, Santos MCS dos, Silva SRM, Silva AM da, Santos MKS. Puericulture consultation: problems found in those under 2 years old. J Nurs UFPE on line. 2019;13:e240072 DOI: <https://doi.org/10.5205/1981-8963.2019.240072>

INTRODUCTION

It is known that Childcare is the science that encompasses the basic knowledge and techniques of Physiology, Hygiene, Nutrition, Sociology, Culture, Development and Behavior that ensure the neuropsychomotor development (NPMD) of children. It is aimed at the care provided in child care to the prevention of injuries and health promotion, contributing to a better quality of life for both the child and the family.¹

It is the role of nurses who are essential in childcare because it involves a series of steps that guide actions in order to guarantee an integral, continuous and quality assistance to the needs of the child's health and the wishes of his family. It is explained that this practice is not only about verifying anthropometric measures, since the nurse must evaluate the child in its entirety, follow the growth and development (GD), with emphasis on the orientation of care.²

Child care is one of the main procedures carried out by nurses in basic care, since during the consultation they carry out anamnesis, physical examination, evaluate the GD, nutritional status, presence of risk factors, promote breastfeeding, fills the graph of weight, height and cephalic perimeter, Child Card and chart, immunization, guidance on diseases and intercurrents, food and hygiene care.³

It is observed that, Pediatric Nursing in Brazil, from the Health Reform, through the implementation of the Community Health Agents Program (CHAP) and the Family Health Strategy (FHS), to the present day, gaining importance and space in the area of public health, in particular, in Primary Health Care (PHC). Various types of actions are developed in PHC for Nursing, in the integral care of the child's health, providing not only the necessary care, but also fostering a fostering, bonding with the parents and contributing to the prevention of diseases and promotion of child health.⁴

It should be noted that one of the instruments used in the FHS for the monitoring of children's health is the Child Care Program, which aims to follow the GD; evaluate the NPMD; guidance on the prevention of childhood accidents; encourage exclusive breastfeeding up to six months; supplementary feeding after six months; check the vaccination card; prevent the most common diseases in the first year of life, such as diarrhea and respiratory infections; identify doubts and difficulties of the mother/caregiver, trying to clarify them.⁵

It is believed that childcare is an important prevention strategy, being one of the means of actions that are developed in the health care of the child. This practice provides for a basic calendar of consultations, promoting the active

search of the defaulters in order to guarantee the quality of care provided.

It is explained that, in order to organize the follow-up of children's GD, the Ministry of Health foresees that every child must have at least seven child-care consultations during the first year of life (1st week, 1st month, 2nd month, 4th month, 6th month, 9th month and 12 months), in addition to two consultations in the second year of life (in the 18th and 24th months) and, from the second year of life, annual consultations, according to the need found, and those children who need more attention should be seen more frequently.⁶

Developmental follow-up should be done in Primary Health Care (PHC) and, in order for this process to be effective, family support is essential in partnership with the community and health professionals. It is understood that it is up to the nurse to evaluate the child, family decision making and guidance, to know the different stages of childhood development, including the cultural and social context of the child and their family.

Thus, the consultation of Nursing Puericulture in PHC should be a prepared moment, with a global and specific look at the child and his / her family, whose purpose is to allow the timely recognition of possible health problems and to carry out interventions in order to promote, protect, rehabilitate and rehabilitate children's health.

It is determined that Nursing care in child care is of fundamental importance due to vulnerability in this phase of the life cycle, with the role of Childcare to accompany the healthy child, increasing their chances of growing and developing to reach all their potential, thus reducing the incidence of diseases.⁷

The Nursing Consultation consists of the child in providing a global and individualized assistance, identifying health-disease problems, promoting and evaluating actions that contribute to the promotion, recovery and rehabilitation of children's health.

It is understood, therefore, its accomplishment in the FHS in several actions, among them: to know the child population of the area of action; follow the GD; maintaining the practice of receiving and listening to the child who seeks the service; early signs of risk of disease in children arriving at the unit, at home or in a children's institution; fully evaluate the child; check and update the Child Card at all times.

It is added that the Nursing consultation, besides performing actions, such as physical examination, anthropometric measures, evaluation of its GD and the vaccination card, also accompanies the child from the gestation, seeking to direct the family so that it can deal, in a way satisfactory with their problems. It is believed that the Childcare goes beyond the

intercurrences, it realizes an integral care to the health of the children and to the family, considering the educative question and precociously preventing the aggravations to the health.

It is considered that the daily life is full of repetitive and routine actions that need attention in the execution and in the registers. It is added that, although repetitive, it is also unpredictable, because, every day, new situations arise that demand new forms of solutions, which requires, from the professional, knowledge and attention, always looking for innovative solutions. Nursing is routinely given the opportunity to interact with the mother and / or family, where it can be guided on issues related to children's health.⁸

It is clear that, during childcare consultations, it is common for children to present problems related to breastfeeding, scabies, malnutrition, pediculosis, among many others, and among many factors, many of them are caused by the mother and family.

Programs were created as a way of assisting nurses in the development of child care, by the Ministry of Health, such as the Integrated Management of Childhood Illness (IMCI), introducing health promotion / prevention measures in routine care to diagnose, early, the pathologies and contributing to the reduction of morbidity and mortality associated to the main causes of diseases in childhood.¹¹

This research was carried out at the Family Health Unit (FHU) Alto Santa Terezinha, in the city of Camutanga - PE, with the following question: "What are the main complaints found in the consultations care for children under two years of age? " The objective of this work was to identify the main problems presented in children under two years of age during the Puericulture Nursing visit.

OBJECTIVE

- To identify the main problems presented in children under two years of age during the child care nursing visit.

METHOD

It is a quantitative, descriptive, retrospective study. For the collection of data, a script was prepared containing information about the child's follow-up at the FHU. At the first moment, the child care records were identified and, at the second moment, the inclusion criteria were identified: records of children attended by nurses at the child care clinic during the period from 2012 to 2016, completed correctly and who had any complaints registered by the nurse. Records were filled out with illegible or incomplete data. The presence of this sample was confirmed, the

search for data and the completion of the script, and, after this process, the information obtained was inserted into a data table.

This study was developed at FHU Alto Santa Terezinha, in territory XII, in the city of Camutanga - PE. The FHU was inaugurated on October 27, 2001, where a Family Health Team (FHT) operates. The team was composed of a nurse, a doctor, a dentist, a nursing technician and a dental hygiene technician, as well as six community health agents (CHA), according to the number of families enrolled in FHU. The professionals of this team are responsible for 3,692 inhabitants residing in six micro areas, being an area without coverage by CHA.

The universe of the survey was composed of 166 medical records of children attended at the child care clinic. It was identified, from these, a sample of 84 charts of children under two years old attended during the Nursing in Child Care consultation in the period from 2012 to 2016.

The data was structured for interpretation in a table in the Microsoft Excel worksheet (Windows 2010). Double typing and data validation were performed to identify possible errors. The data were analyzed by descriptive statistics, which are presented in tables and graphs, and then discussed based on available literature on the subject.

They met the recommendations of the research with human beings, submitting the project to the Ethics and Research Committee (REC) of UNIPÊ. The study was based on the recommendations required by Resolution 466/2012 of the National Health Council of the Ministry of Health. As a research with secondary data (medical records), the use of the Term of Free Consent was Clarified, and the release of the same was given by REC through CAAE 69655817.8.0000.5176.

RESULTS

It is revealed that, of the 84 children studied, there were a total of 139 complaints registered by the nurse during the puericulture consultation, indicating that some of them presented health problems more than once during the first two years of life.

It was possible, through the data of the analysis of the health problems presented in the children in the consultation of Nursing in Puericulture, the construction of five tables that will be shown next.

Breathing problems	56	40%
Dermatological Problems	46	33%
Gastrointestinal problems	32	23%
Hematologic problems	4	3%
Cardiac Problems	1	1%

Figure 1. Clinical findings identified in Nursing consultations. Camutanga (PE), Brazil, 2017.

In relation to the clinical findings identified by nurses in the child care clinic, respiratory problems were observed, followed by dermatological and gastrointestinal problems, and

no reports of infectious-contagious diseases and neurological disorders were found in the Nursing records.

Common cold	27	48%
Productive coughing	22	39%
Ear ache	3	5%
Respiratory allergy	2	4%
Dyspnea	1	2%
Asthma	1	2%

Figure 2. Respiratory problems presented in children. Camutanga (PE), Brazil, 2017.

It is reported that the predominance among the respiratory problems found was of the common cold, which shows, before the graph, in an

exploratory way, how common is the cold illness among children under two years accompanied by child care.

Contact dermatitis	11	24%
Spots on the skin	10	22%
Skin Ulcers	7	15%
Exanthema	6	13%
Scabies	5	11%
Diaper Dermatitis	3	7%
Itching	2	4%
Oral Candidiasis	1	2%
Inflammation on the Penis	1	2%

Figure 3. Dermatological problems presented in children. Camutanga (PE), Brazil, 2017.

Among the dermatological problems, it was evidenced that contact dermatitis had a higher index in the children attended in childcare.

Diarrhea	12	38%
Lack of appetite	16	19%
Constipation	5	16%
Cramps	3	9%
Vermínoses	2	6%
Malnutrition	2	6%
Gastroesophageal Reflux	1	3%
Green Feces	1	3%

Figure 4. Gastrointestinal problems presented in children. Camutanga (PE), Brazil, 2017.

It is reported, in relation to the gastrointestinal problems presented in children, that prevailed diarrhea.

Prescribed medication	65	47%
Orientations for the home	23	11%
Orientation + Prescription	15	16%
Reffered to a doctor	14	10%
Prescription+ Request for exams	6	4%
Cross-sectoral routing	6	4%
No conduct	6	4%
Reffered to urgency	4	3%

Figure 5. Nursing interventions in the face of the clinical findings identified in the consultations. Camutanga (PE), Brazil, 2017.

It was evidenced, with respect to the Nursing intervention in front of the clinical findings identified in the consultations, that there was prevalence in the prescription of medications.

DISCUSSION

In a study whose objective was to investigate the approaches taken by nurses to perform the child care at the FHU Campina Grande-PB, infant feeding is one of the factors that lead to the illness of the child, registering that, of the total professionals who were part of the study, only one nurse mentioned the importance of the evaluation of infant feeding as a criterion point to be investigated in the care practice.⁹

It is stated that the majority of the children attending the FHU are in the first year of life, and a large number of pathologies are also identified that are avoidable.⁸ It is stated that in the nursery consultations performed by nurses in children up to two years, the main problems are related to respiratory and digestive tract and skin, in addition to general and non-specific complaints.¹⁰

It was identified in a study that, among the clinical findings found in children aged zero to two years attending the child care clinic, the highest index is related to the respiratory system, followed by atopy and diseases of the gastrointestinal system.¹¹

The most significant risk factors for respiratory diseases in children include early weaning of EBF, poor mothering, low socioeconomic status, smoking, family agglomeration, presence of domestic animals, inadequate roofing, and insufficient ventilation.¹²

The common cold is characterized by manifestations such as coryza, sneezing, nasal congestion, which may evolve with poorly productive cough and fever. It is reported that it is one of the main complaints of mothers in child health consultations, which usually presents between six and eight colds per year in the first five years of life, and up to 15% of children have around 12 episodes per year. It is inferred that of the clinical findings registered by the nurse regarding the respiratory system, airway infections or the common cold were the most frequent problems.¹³

There is another point to be discussed, namely contact dermatitis (CD), a cutaneous condition

characterized by eczema-like lesions, ie, erythema, vesicles, peeling, exudation, papules and lichenification, which may occur alone or simultaneously , and although CD is often associated with allergic etiology, approximately 80% of them are caused by irritants.¹⁴

It is possible for nurses working in FHS to make important contributions regarding dermatological morbidities, especially through the Nursing consultation, and in situations involving CD, it should have an important participation in the investigation of the possible causes, besides of guiding skin protection against additional lesions.¹⁵

Another relevant topic is diarrhea, which is characterized by one of the main problems affecting young children, especially those in the first year of life, and may cause hemodynamic changes in the electrolyte balance, being one of the main causes of morbidity and infant mortality in developing countries, and among the complaints of the gastrointestinal tract presented in children, diarrhea appears with the highest index, followed by vomiting and abdominal pain.

It is detailed about the interventions that can be performed in face of the problems exposed in the health of the child less than two years old, that the prescription of medicines by the nurses in the FHS is a reality and necessity in their activities, bringing autonomy and professional valorization, being necessary knowledge and safety to carry out this practice, so as not to pose risks to the health of the clientele. ¹⁶

The actions are exclusively curative for the children who are attended by the nurse in childcare, with some disease or complaint, and whose adopted behaviors, after a rapid anamnesis, are the prescription of medication and home referral with return guidance if the child does not improve, thus evidencing exclusively healing actions.¹⁷

CONCLUSION

The health problems that most affect children under two years of age were identified. It was also observed, according to the records found in the medical records, that, in the space destined to the consultation of childcare, the annotations often did not exist, and those existing were incomplete and devoid of details, describing only the main problem without reporting aspects such as physical

Ferreira FÂ, Freitas RSC, Santos MCS dos, *et al.*

examination, child's habits, social context of the family, showing disinterest for the possible initial causes of said problem and focusing only on the complaint presented by the person in charge of the child.

It is understood that this reality found in the medical records is worrying, since it can lead nurses to disregard important data for the identification of the health-disease process of children and their families, information that are relevant points for choosing the best therapeutic course.

Therefore, the results of the research, compared to Nursing interventions, had a higher index of medication prescriptions, indicating that the practice was focused more on curative actions than on health promotion, being more adequate to prescription of medications along with guidelines related to health education, since it may be that the nurse, besides having prescribed medications, has oriented educational actions, but not proven by the fact that they are not registered.

In view of the above, it is suggested the need to create a protocol for childcare consultation for nurses, as well as a new model of the childcare form with more information to be filled and easy to apply, since there is a large demand of children, guaranteeing, therefore, a humanized and quality assistance for the children attended in the consultations of childcare.

REFERENCES

1. Yoong SL, Finch M, Nathan N, Wiggers J, Lecathelinais C, Jone J, et al. A longitudinal study assessing childcare services' adoption of obesity prevention policies and practices. *J Paediatr Child Health*. 2016 July;52(7):765-70. DOI: <https://doi.org/10.1111/jpc.13252>
2. Figueiredo SF, Mattar MJG, Abrão ACFV. Baby-friendly hospital: prevalence of exclusive breastfeeding at six months and intervening factors. *Rev esc enferm USP*. 2013 Dec;47(6):1291-7. DOI: <http://dx.doi.org/10.1590/S0080-623420130000600006>
3. Leal FKS. Perfil diagnóstico de lactentes em consultas de puericultura [dissertation] [Internet]. Acarápé:Universidade da Integração Internacional da Lusofonia Afro-brasileira; 2016 [cited 2018 Sept 10]. Available from: <http://repositorio.unilab.edu.br:8080/jspui/bitstream/123456789/573/1/Francisca%20Kessiana%20Freitas%20Leal.pdf>
4. 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 Aug 10]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/saude_crianca_crescimento_desenvolvimento.pdf

Puericulture consultation: problems found in...

5. Gonçalves APRF, Jorge RV, Ribas C, Silva GAO, Sehnem RC. Acompanhamento da criança através da puericulcuta com abordagem multiprofissional em uma unidade básica de saúde de Apucarana-PR. In: I Simpósio de Atenção Integral à Saúde da Criança e do Adolescente. 2017. Anais do I Simpósio de Atenção Integral à Saúde da Criança e do Adolescente [Internet]. Londrina:UEL; 2017 [cited 2018 Aug 10]. Available from: <http://anais.uel.br/portal/index.php/saisca/articloe/view/182>
6. Almeida ER, Moutinho CB, Carvalho SAS, Araújo MRN. Report about the construction of a nursing protocol in child care in primary care. *J Nurs UFPE on line*. 2016 Feb;10(2):683-91. DOI: [10.5205/reuol.8557-74661-1-SM1002201640](https://doi.org/10.5205/reuol.8557-74661-1-SM1002201640).
7. Carneiro GVS, Moraes LMC, Costa LFA, Moura THM, Javorski M, Leal Ip. Growth of infants assisted in nursing appointments in childcare. *Rev Gaúcha Enferm*. 2015 Jan/Mar;36(1):35-42. DOI: <http://dx.doi.org/10.1590/1983-1447.2015.01.45703>
8. Lima NKF. Efetivação do programa de puericultura na ESF-PSF II no município de Arara-PB [dissertation] [Internet]. Florianópolis:Universidade Federal de Santa Catarina; 2017 [cited 2018 Aug 10]. Available from: https://repositorio.ufsc.br/bitstream/handle/123456789/172987/NADJA%20KARLA%20FERNANDES%20ODE%20LIMA_Materno_tcc.pdf?sequence=1&isAllowed=y
9. Gauterio DP, Irala DA, Cezar-VAZ MR. Childcare in Nursing: profile and main problems found in children less than one year. *Rev Bras Enferm*. 2012 May/June;65(3):508-13. DOI: <http://dx.doi.org/10.1590/S0034-71672012000300017>
10. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Departamento de Ações Programáticas e Estratégicas. Manual AIDPI Neonatal: quadro de procedimentos [Internet]. Brasília:Ministério da Saúde; 2014 [cited 2018 Aug 10]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/maual_aidpi_neonatal_quadro_procedimentos.pdf
11. Rocha MJL, Caldeira AP. Reported morbidity for children assisted by Family Health Teams in the northeast region of Minas Gerais, Brazil. *Rev APS*. 2016 July/Sept;19(3):446-56. DOI: <http://ojs2.ufjf.emnuvens.com.br/aps/article/view/15556/8162>
12. Cerri A. O processo saúde-doença dos usuários inscritos no programa de puericultura: um olhar sobre o aleitamento materno [dissertation] [Internet]. Curitiba:Universidade Federal do Paraná; 2012 [cited 2018 Aug 02]. Available from: <https://acervodigital.ufpr.br/bitstream/handle/1884/39237/R%20-%20E%20-%20ANDREIA%20CERRI.pdf?sequence=1&isAllowed=y>

13. Nascimento ES, Porto E, Brandão GCG. Risk factors associated with respiratory diseases in children. J Nurs UFPE on line. 2015 July;9(Suppl 6):8679-87. DOI: <https://doi.org/10.5205/1981-8963-v9i6a10645p8679-8687-2015>
14. Universidade Federal do Maranhão. PROVAB Enfermeiro:A saúde da criança e a saúde da família doenças prevalentes na infância [Internet]. São Luiz:Universidade Federal do Maranhão/UMA-SUS;2014 [cited 2018 June 15]. Available from: <https://ares.unasus.gov.br/acervo/bitstream/handle/ARES/2095/Unidade%20%20-%20enfermagem.pdf?sequence=1&isAllowed=y>
15. Duarte I, Figueiredo M. Contact dermatitis in children. Pediatr Mod. 2014 Nov;50(11):484:90. Available from: https://www.researchgate.net/publication/312021458_Dermatite_de_contato_na_infancia
16. Vasconcelos RB, Araújo JL. The prescription of medicines by the nurses in the family health strategy. Cogitare Enferm. 2013 Oct/Dec;18(4):743-50. DOI: <http://dx.doi.org/10.5380/ce.v18i4.34931>
17. Stalberg A, Sandberg A, Söderbäck M. Child-centred Care-Health Professionals' Perceptions of What Aspects are Meaningful When Using Interactive Technology as a Facilitator in Healthcare Situations. J Pediatr Nurs. 2018 July;596(18)30168-4. DOI: [10.1016/j.pedn.2018.07.006](https://doi.org/10.1016/j.pedn.2018.07.006)

Submission: 2018/03/10

Accepted: 2019/06/18

Publishing: 2019/08/10

Corresponding author

Fabiana Ângelo Ferreira

Email: fabiana.ferreira@unipe.com



This work is licensed under a [Creative Commons Attribution-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-sa/4.0/). All material under this licence can be freely used, as long as is credited the author.