THE CHILD AND THEIR FAMILY IN PRIMARY HEALTH CARE
A CRIANÇA E SUA FAMÍLIA NA ATENÇÃO PRIMÁRIA EM SAÚDE
EL NIÑO Y SU FAMILIA EN LA ATENCIÓN PRIMARIA DE SALUD

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ABSTRACT

Objective: to analyze the role of primary health care nurses in the care of children and their families. **Method:** this is a qualitative, descriptive study with fifteen nurses. Data were collected through semi-structured interviews guided by a script with the following question << What is the role of nurses in child care in primary health care? >>. For the analysis of the speeches, the technique of Content Analysis in the Categorical Analysis modality was used. **Results:** two categories emerged: Child follow-up through the Childcare consultation and Group consultations as a strategy for guiding the child and their families. **Conclusion:** the role of the nurse is analyzed by the child's biopsychosocial and family context in the identification of health problems, in the detection of risk situations and vulnerabilities, and in the guidance relevant to each case. **Descriptors:** Nursing; Nursing Consultation; Primary health Care; Child Health; Child; Family.

RESUMO

Objetivo: analisar a atuação do enfermeiro da atenção primária em saúde na assistência à criança e sua família. **Método:** trata-se de estudo qualitativo, descritivo, com quinze enfermeiros. Realizou-se a coleta de dados por meio de entrevistas semiestruturadas guiadas por um roteiro com a seguinte questão << Qual a função do enfermeiro na assistência à criança na atenção primária em saúde? >>. Utilizou-se, para a análise das falas, a técnica de Análise de Conteúdo na modalidade Análise Categorical. **Resultados:** emergiram-se duas categorias: Acompanhamento da criança por meio da consulta de Puericultura e Consultas em grupo como estratégia de orientação da criança e suas famílias. **Conclusão:** perpassa-se a atuação do enfermeiro pelo contexto biopsicossocial e familiar da criança na identificação de problemas de saúde, na detecção de situações de risco e vulnerabilidades e nas orientações pertinentes a cada caso. **Descritores:** Enfermagem; Consulta de Enfermagem; Atenção Primária à Saúde; Saúde da Criança; Criança; Família.

RESUMEN

Objetivo: analizar el papel del enfermero de atención primaria de salud en el cuidado de los niños y sus familias. **Método:** se trata de un estudio cualitativo, descriptivo con quince enfermeros. Los datos fueron recolectados a través de entrevistas semiestructuradas guiadas por un guión con la siguiente pregunta << ¿Cuál es el papel del enfermero en el cuidado infantil en la atención primaria de salud? >>. Para el análisis de los discursos, se utilizó la técnica de Análisis de Contenido en la modalidad de Análisis Categórico. Resultados: surgieron dos categorías: Seguimiento del niño a través de la consulta de Puericultura y Consultas grupales como una estrategia para guiar al niño y sus familias. **Conclusión:** el papel del enfermero está impregnado por el contexto biopsicosocial y familiar del niño en la identificación de problemas de salud, en la detección de situaciones de riesgo y vulnerabilidades, y en las orientaciones relevantes para cada caso. **Descriptores:** Enfermeira; Consulta de Enfermeira; Atención Primaria a la Salud; Salud del Niño; Niño; Familia.

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INTRODUCTION

It is known that primary care is the gateway to the population in the Unified Health System (UHS), including the care of children and their families in various health conditions. In this perspective, a set of individual, family and collective health actions involving promotion, prevention, protection, diagnosis, treatment, rehabilitation, harm reduction, palliative care and health surveillance, developed through integrated care practices and qualified management. These actions are carried out by a multiprofessional team, which includes the nurse, directing them to the population in a defined territory over which the teams assume health responsibility.¹

When it comes to the health of children, monitoring their growth and development in primary care is a priority and cross-cutting action among the actions developed by nurses in the childcare consultation. The child's first consultation should be performed within the first week of the child's life and, during the first year of life, a total of seven consultations are recommended.²

The Child Health Handbook is considered an important instrument for the systematic monitoring of child health and should be distributed in both public and private maternity hospitals. In it, the nurse makes the proper records of care, as well as the monitoring of growth and development, by recording anthropometric measures, scheduling, scheduling and monitoring of the vaccination situation and, in addition to guiding the family, can obtain extremely relevant information with guidance relevant to each age group and common childhood health problems and/or occurrences.³

It is understood that the National Policy of Comprehensive Child Health Care (NPCCHC), within the scope of the Unified Health System (UHS), was a historic milestone in the strengthening of public policies in childhood, considering its focus on health promotion and protection of child health and breastfeeding by compromising the provision of comprehensive care from pregnancy to nine years of age, especially for people with situations of remuneration, with a view to reducing morbidity and mortality.⁴

It was found in one study that the leading causes of under-five deaths worldwide are related to prematurity, post-neonatal pneumonia and intrapartum complications, and this reality may have repercussions until 2030. It is noted that these data are important in determining the priorities in child health care policies to reduce this projection of child mortality.⁵

The nurse, as a member of the health team, needs to consider the action strategies proposed in the National Primary Care Policy, as well as the

NPCCHC and other policies in this area of knowledge, with a view to promoting child health. It is observed, however, that studies are still needed to deepen their investigations on nursing actions in consultations and the relationship with the socioeconomic and cultural context, as well as the structure of family relationships, the support of social networks, the vulnerabilities of this social group, the concept of health for the child's family and what is considered fundamental for the well-being and quality of life so that the child can grow and develop in dignified and harmonious conditions.^{1,6}

The nurse's actions should be returned, corroborating this thinking,⁶⁻⁷ for a care that involves not only general aspects, but especially the demands and specificities of the child from their family and social context. It is warned, from this perspective,⁸⁻⁹ Considering that childhood is a phase of the life cycle of individuals with great vulnerabilities, nurses should promote health care that allows a holistic look through periodic and systematically organized follow-up.

The formulation of policies based on the development of care actions jointly by the health care team in primary care point out ways for a practice based on the combination of specific knowledge in the area of child health in an effective and more resolute manner.^{2,10}

It is also possible, by monitoring the growth and development of the child performed properly and systematically, records related to anthropometric indices, and it is possible to identify children who have a higher risk of morbidity and mortality and, therefore, the choice of appropriate conducts for every stage of growth and development.³

OBJECTIVE

- To analyze the performance of primary health care nurses in the care of children and their families.

METHOD

This is a qualitative, descriptive study, conducted in two Family Clinics in the city of Rio de Janeiro (RJ), located in Program Area 3.1, being part of the Course Completion Work developed during the Family Health Nursing Residency Program (FHNRP) in agreement with the Federal University of Rio de Janeiro (UFRJ).

The participants of the study were 15 nurses from the Family Health Strategy (FHS) who develop their professional activities in these units. All nurses agreed to participate voluntarily and signed the Free and Informed Consent Form (FICT).

Data was collected from March to June 2017 through semi-structured interview guided by script with the following guiding question: "What is the

role of nurses in child care in primary health care?”.

The place for the interviews with the nurses was previously agreed, and a reserved room was chosen. With the concern of ensuring privacy and preserving the interference of possible noise, an electronic device of the type MP3 was used. Interviews were recorded at working time, according to participants' availability, at a scheduled date and time, and the average duration of each interview was approximately 25 minutes.

The criterion for closing data collection was that of theoretical saturation, that is, when no new elements of the collected data are captured and the content seized by the empirical material was sufficient to support theorization.¹¹⁻²

Participating nurses were identified with the capital letter “E” followed by the numbering corresponding to the order in which the interviews were conducted, thus ensuring anonymity.

For the analysis of qualitative data, the Content Analysis was adopted. Understand, according to Bardin,¹³ by Content Analysis, three operational steps: in the first stage, the pre-analysis, a floating reading is performed, then the constitution of the corpus and the formulation and reformulation of hypotheses; The second stage, called material exploration, highlights the registration units to proceed with the classification operation in order to reach the core of text comprehension, which allowed the identification of the categories “Accompanying the child through the childcare consultation” and “Group consultations as a strategy for guiding the child and their families”; Finally, in the treatment stage of the results obtained and interpreted, the correlations with the theoretical support of the study are established.

The legal and ethical precepts for conducting research involving human beings were respected, in accordance with the norms and guidelines of Resolution 466/12 of the National Health Council. The study was submitted to the Research Ethics Committee of the Anna Nery School of Nursing, under Opinion No. 2,168,692 and CAAE 69441517.6.0000.5238 and to the Ethics and Research Committee of the Rio de Janeiro Municipal Secretary of Health, which was approved by Opinion No. 2,218,106.

RESULTS

As a result, two categories emerged: Follow-up of the child through the Childcare consultation, which was structured from the speech record units of 12 nurses participating in the study (80%) and Group consultations as a strategy. orientation of the child and their families, which was represented in the speech of six nurses (40%).

It is revealed that, among the participants, two were male and 13 female, and the nurses' age is between 26 and 35 years. The length of professional activity in Primary Health Care ranged from 11 months to eight years. As for the specialization of the professionals, 14 had it in the Family Health area and one was attending it; two had specialization in obstetrics; one in intensive care; one in Mental Health and one in Occupational Health.

◆ Accompanying the child in the childcare consultation

Nursing consultations in child care are an important tool for monitoring the health of children according to nurses. Schedules are made at Family Clinics on a regular basis, according to the calendar recommended by the Ministry of Health, as evidenced in the following statements.

[...] when the baby is born, I initially attend biweekly consultations and then monthly, according to the child's calendar. (E1)
[...] you organize your work schedule in the unit where you will have scheduled return appointments as protocols direct. (E9)
Through childcare appointments, marking the birth, we make the mother-baby welcome and, after that, schedule the child's routine appointments according to the Ministry of Health's consultation calendar in the child's health notebook. (E15)

It is observed that respondents make it clear that it is necessary to consider the specifics of each family to establish the schedule of childcare consultations, considering the detection of possible clinical or social context vulnerabilities and also if the child is taken at some time, for any particularity that is out of the previous appointment.

[...] if I see that it is from a very vulnerable family, I make the first appointment, I make the 2nd appointment at 15 days, and usually I do it with children who are more vulnerable, from more vulnerable families or coming with some situation, such as mild jaundice or something after parenting. (E2)
[...] if the child goes regardless of having this schedule, should have easy access the time it arrives too. (E9)
We consult and see if there is any vulnerability in that family, not only violence, but care issues, vaccine. (E14)

Regarding the actions developed by the nurse in child care by the participants, weight, height, head circumference and waist circumference measurements were performed; nutritional status assessments and child development milestones; reflex evaluation; verification of the vaccination, as well as aspects related to behavior and interpersonal relationships within the family and in the school environment, such as providing guidance.

[...] assessing length, weight, head circumference, waist circumference, when necessary, assessing the milestones of child

development, whether it is within the appropriate age range, evaluating reflexes, observing the issue of feeding, vaccination, development school, integration with other family members, as it happens, with whom the child stays most of the time, attending daycare, school, how is the income [...] (E8)

In childcare consultations, we do the weight monitoring, growth and development monitoring and guidance. (E13)

◆ **Group consultations as a guidance strategy for children and their families**

Nurse consultations with parents and children address the main health problems that may arise in each age group, as well as the expected developmental and behavioral characteristics, as described below.

[...] the group monitoring [...] here, we have a childcare group and we divide the children by age group and then, usually, we make a group from zero to six months, another from two months to two years and another three to six years and then we put some stages of development for the group. We take advantage of the presence of parents to speak general things that we are observing in that age group. (E3)

Group consultations to advise on the importance of accompanying the child. (E4)

Some interviewees described the actions performed in group consultations, such as: general child health guidelines; verification of anthropometric measurements; addressing the signs and symptoms of major childhood diseases and guidance on vaccination. In addition, nurses are also oriented towards breastfeeding support and the introduction of complementary feeding, as shown in the following statements.

[...] we choose a theme in general and then we make an assessment of children with anthropometric measurements, vaccination cards, see if there are any complaints to be answered in the group [...] and what you can't be solved in the group we already schedule for the office, understand? (E3)

[...] there is also the issue of groups that we have been trying to do here in the unit [...] makes an initial speech and then ends up evaluating everybody's book, weighs and measures. (E5)

[...] Childcare group with general guidelines on common things in childhood such as worms, diarrhea, importance of filtered water [...]. And all the prevalent diseases in childhood. (E11)

I carry out actions through groups on introducing complementary feeding and also encouraging and supporting breastfeeding. (E6)

Has the collective consultation that are made some complementary feeding guidelines for the family and the child. (E5)

DISCUSSION

It can be inferred from the statements of the deponents that the schedules for the assessment of child health are carried out according to the Ministry of Health calendar,² which highlights that monitoring and evaluation of growth and follow-up of the child development are recommended from

birth using World Health Organization (WHO). According to the Ministry of Health, seven routine appointments are recommended in the first year of life (in the first week, in the first month, in the second month, in the fourth month, in the sixth month, in the 9th and in the 12th month), in two visits in the second year of life. (on the 18th and 24th month) and, from the 2nd year of life, consultations can be held once a year, close to the month of the birthday.

It was also reported by the nurses participating in the research that the consultation is scheduled soon after birth, where the subsequent consultation is already scheduled to continue the care of this child and his family. The first two years of life¹⁴ can be considered as a critical period for this monitoring and evaluation of the child's growth parameters, as it develops its expected potentials for the age group.

Through the consultation of Nursing in Childcare, the nurse provides health care whose priority is the well-being of the child, depending on the living conditions of his family, so that he becomes a healthy adult. and with possibilities to reach your quality of life.¹⁵

It was also highlighted by some interviewees that the preparation to deal with the specific situations of each family should also permeate the daily life of those who work with childcare consultations. One should think, when it comes to child growth and development,² in the integration of health actions, considering the health needs and the demands of the child and family in different dimensions, whether biological or sociocultural.

However, it should be remembered that attributes such as the nurse's preparation, competence, knowledge and technical ability are decisive in detecting at-risk children, which implies more frequent follow-up planning.¹⁶

Nursing is a profession focused on social practice in the care of human beings, the environmental conditions in which children and their families live and how they can influence their health situation. Thus, the nurse should seek, together with the family, the implementation of actions that are viable and that can minimize health problems related to this environment.^{5,8,14}

It is recommended that nursing actions should not be based on idealized conceptions based on what is expected from the child's health, but should have a direction and a line of reasoning that take into account the information of the child's life context. family.^{6,7} It is also noted in the participants' statements that professionals have in mind that the circumstances that lead the child to the health service may be different, therefore, they deserve attention based on the needs presented at the time of the consultation.

It is sought, by approaching the family, the knowledge of their reality and dialogue to identify vulnerabilities, setting up a safer way for health professionals to have subsidies for planning their care.^{2,5-6,9}

In this perspective, it is added that home visits developed in primary health care play an important role in the care offered to children and families, as they are a way of expanding child health practices and, consequently, achieving better results for children and their health.¹⁷

It is essential, in the context of primary health care, that nurses develop skills focused on care aimed at the well-being of this public. From this perspective, their actions should be based on the epidemiological and social context in order to ensure health promotion, prevention and recovery.^{8,14}

The place of registration of child health data and the conduct of health actions should also be supported in the Child Health Handbook, as it is the document that contains essential information about the child and should preferably be given to their families, still in the maternity ward.^{2,16} In addition to child identification data, children and parents' rights are presented, as well as obstetric and neonatal history, guidance on breastfeeding and healthy complementary feeding, characteristics by age group of the growth and development, as well as guidelines on oral, hearing and eye health, and in the booklet, there is also a space for monitoring the vaccination calendar and record of clinical complications.^{6-7,16}

It was observed that nurses also listed a series of systematized actions developed by them in the context of primary health care related to regular monitoring that allows projection on growth curves.

Regarding the recording of anthropometric data in the graphs of weight, height and head circumference, observation and monitoring of neuropsychomotor development, the nurse should have, as a parameter, the standardized table of child development, according to the child's age.^{2-3,16}

The periodic verification of anthropometric measures implies the early identification of changes and, therefore, the development of more resolute and effective action plans to ensure the child's quality of life and health.¹⁶

The nurse must make the correct and complete record of the health information of the child in his or her book, because it is configured in the script and passport so that health professionals have subsidies to follow up the child, in all their line of care through establishing dialogue with the family about the notes made and, in addition, is also a basic requirement for surveillance, promotion of child health and a guide to the choice of topics related to health education.^{2,16}

It is also noted that the deponents underlined the importance of guidance to families when conducting both family and group consultations, which provides the implementation of health education in childcare.

Health education is characterized by being an action centered on children and their families from the physical and social environment in which they are immersed. In addition, it should seek an expanded look at the health / disease process, focusing on health promotion and disease prevention, strengthening bonds and stimulating family autonomy in child care.¹⁶ It has thus been a widely used tool to provide appropriate guidance and thereby promote the quality of life of the child population.⁹

It is understood that health professionals, especially nurses, who assist the child in primary care, have the possibility to evaluate the individual as a whole, considering the values, beliefs, and family way of life, to direct their care approach and to align their health education practices in line with the cultural aspects involved.^{8,14}

It is noteworthy that, when developing health actions, it becomes possible to value a unique moment of interaction with the family in which the sharing of knowledge and experiences in relation to a particular practice of child care is worked. Doubts can also be resolved / solved and information assimilated gains a potential for dissemination not only within the family space, but also in the community where the family establishes its social relations with other people.¹⁸

In group consultations, according to participants' reports, families are clarified regarding the most frequent health problems that affect children according to age and also the expected behavioral traits according to developmental milestones.

It was demonstrated, corroborating the practice of nurses in child health care, by a study that, in Nursing daily life, interaction occurs through conversations, orientations and educational practices, where an opportune moment is built to relate to the mother and / or family about child health issues.¹⁹

It is essential, with regard to breastfeeding guidelines, that nurses reinforce the importance of breast milk up to six months of life, considering that it reflects on health benefits and reduced risk for morbidity.^{2,20} Therefore, it is believed that guidance on free demand and not prescribing unnecessary supplementation with other milks are extremely important aspects in breastfeeding support.²

It must be considered that the practice of breastfeeding goes beyond biological limits, because it permeates the socio-cultural and emotional particularities of the breastfeeding

woman. Therefore, it is necessary to consider the postpartum period in order to offer adequate support to women, seeking strategies for recognizing the space she occupies and valuing her as protagonist of this action and owner of her body.^{3-4,7}

In addition, although one of the nurses emphasized in his speech the importance of encouraging and supporting breastfeeding, it is still necessary to pay attention to this issue in order to promote proper and healthy eating. It is revealed, according to a study²¹ carried out in Minas Gerais on the completion of the Child Health Handbook, that the type of food at discharge from maternity was one of the least filled, which undermines child health surveillance and communication between health professionals.

It is noteworthy, when it comes to operationalizing the sustainable development goals (SDGs), that it is recommended that attention to child development and survival should be given greater emphasis on intersectoral action in the actions proposed by the government. This is expected to have a positive impact on the care offered to children and their families, with a holistic approach to boosting human health gains.²²

Thus, the child population can be considered as a public that has its singularities and vulnerabilities that deserve a special look from primary health care professionals to offer comprehensive care to the needs of the child and his family, valuing the fulfillment of the commitments pointed out in agenda of this clientele²³⁻⁵. Thus, it is observed that there is consensus that the actions of nurses should be permeated by reflections on the possibilities of expanding their horizons in order to allow transformations and improvement through innovative practices aimed at health promotion.^{8,15,18-9}

CONCLUSION

It was possible, by the study, to verify that the nurse who works in primary health care develops Nursing Nursing consultations based on the recommendations of the Ministry of Health to perform a mapping of the child's health situation. Thus, Nursing actions permeate the child's biopsychosocial and family context in order to identify possible problems, as well as the detection of risk situations and vulnerabilities, thus drawing pertinent orientations from the reality presented in each case.

The evaluation includes not only the monitoring and recording of anthropometric parameters, but also the vaccination status, breastfeeding and complementary feeding, sociocultural issues and the dynamics of family relationships that may impact the health of the child and their family.

In the group consultations, important themes that emerge from the care practice and common aspects of the client's epidemiological profile are discussed. However, it is noticed that, in practice, there is always the challenge of maintaining the link between the health professional and the families so that the return to the Health Unit is periodic in order to continue monitoring the child's health.

A limitation is the fact that data collection was performed in two family clinics in the same program area in the city of Rio de Janeiro, only with the speech of the participating nurses.

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The child and their family in primary...

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