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ORIGINAL ARTICLE

PERCEPTIONS OF MOTHERS ABOUT NURSING CARE IN CHILDCARE CONSULTATION

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ABSTRACT

Objective: to understand the perception of mothers about nursing care in childcare consultation under the Family Health Strategy. **Method:** a descriptive study with a qualitative approach, based on the theoretical framework of Family-Centered Care. Semi-structured interviews were conducted with 22 mothers who attended childcare consultations from November 2017 to January 2018. The data were analyzed by thematic analysis. **Results:** after the thematic analysis of the content, it was possible to organize the discourses in four thematic categories: previous knowledge about childcare; potentialities and weaknesses in childcare consultation; professionals who performed childcare, and finally received guidance in childcare. **Final thoughts:** other health professionals performing childcare were identified, with significant differences in the care provided. The nurse stands out by performing prevention and health promotion actions. It is necessary adjustments in services so that the nurse can meet all the demand. It is hoped that the study can contribute to improve the actions practiced by the Family Health Strategy teams that have similarities to this research.

Keywords: Child health. Public health nursing. Primary health care. Family health strategy. Child care.

INTRODUCTION

Child health care has undergone major changes over the years, with distinct focuses on care, and various nomenclatures. Programs and public policies were effective in the national and global scenario, designed to qualify assistance and reduce infant mortality rates[1,2].

Even in the face of the recognition of this advance in recent years, in 2019, 3.9 million children under 11 months of age lost their lives worldwide, 2.4 million of these in the neonatal period, that is, in the first month of life[2].

Brazil recorded an important reduction in the infant mortality rate, from 47.1 deaths per thousand live births in 1990 to 13.5 in 2015[1]. However, in recent years, this decline has been slow, resulting in 12.3 infant deaths per 1,000 live births in 2019[3]. Thus, year after year, governments and managers implement strategies to accelerate the reduction of infant mortality in the country and in the Brazilian states.

One of the main programs responsible for reducing this index is the Family Health Strategy (FHS), inserted in the context of Primary Health Care (PHC), gateway to the Unified Health System (UHS). Health programs are public policies implemented by the government in order to improve the health conditions of the population[4]. In this sense, the FHS has as its principle the prevention, promotion, preservation and recovery of the health of individuals in its area of coverage in all life cycles. These principles are consistent with the National Primary Care Policy (PNAB - *Política Nacional de Atenção Básica*), and the Family-Centered Care (CCF - *Cuidado Centrado na Família*)[5,6].

The CCF is based on creating a bond with the family, valuing their opinions and knowledge, understands that the family is a fundamental part of the care process and depends on the recovery of diseases and the development of children. Moreover, this philosophy of care brings users closer to health services, promoting the

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autonomy of care by individuals and consequently the well-being of the whole family[7,8].

When the assistance provided to this population is performed in an integral way, centered on the family, contemplating all aspects and particularities regarding the child, it is possible to predict complications and perform the referrals and treatments that are necessary within the Health Care Networks (RAS - *Redes de Atenção à Saúde*), avoiding possible complications and even unnecessary hospitalizations[9].

However, in order to have the desired coverage and positive outcomes in the child's health, it is necessary that there is adherence by the parents in the follow-up of the consultations. However, there are reports in the literature that even in children with diseases already diagnosed, the rate of abandonment of health follow-up is recurrent and close to 50%. It is known that understanding the relevance of health monitoring for the mother-child dyad can contribute to adherence to maternal and child health services[10].

In this scenario, the nursing consultation in childcare is a fundamental activity for the promotion of child health, where the nurse performs actions of prevention, promotion and recovery of health in various contexts, in addition to establishing a bond with the child and the family, making it possible to know the problems, define priorities, through a systematic consultation, with history, physical examination, nursing diagnosis, prescription of care and monitoring of the child[11].

Given the above, this research aims to answer the following question: what is the perception of mothers regarding nursing care in the monitoring of child health in Primary Health Care? This study sought to understand the perception of mothers about nursing care in childcare consultation under the Family Health Strategy.

METHOD

This is a descriptive, exploratory, qualitative study that used Family-Centered Care as a theoretical reference by approaching the context of this study[12,13]. The recommendations of the Consolidated criteria for Reporting qualitative research (COREQ)[14] were used to guide the preparation and presentation of the research report.

The study was conducted in a small municipality in the southern region of the country, with an estimated population of 11,287 inhabitants in 2021, distributed homogeneously between the rural and urban areas[15]. The municipality has five Basic Health Units (BHU): two urban and three rural. The study scenario was a BHU located in the rural area, in which two teams of the Family Health Strategy work.

Participants were invited to participate in the study through personal contact and randomly selected from those assisted by the two FHS teams. The eligibility criterion established was: having to perform at least two childcare consultations during the data collection period and whose children had a maximum of six months of life. These criteria were adopted in order to know the mothers who adhered to the monitoring of the child, attending at least two consultations in the BHU. As for the age group, the choice was to characterize a period of greater attendance in childcare consultations.

The exclusion criteria were: children who also performed follow-up in another health service, since, possibly, these mothers would have a divergent perception of the childcare consultation. It is noteworthy that, although they are advised to attend the BHU in their area of coverage, some families choose to follow up the child in the private network.

New participants were invited until the moment it was observed that the objective of the study had been achieved, the information was repeating itself and at the same time no new themes were emerging[12]. All the invited mothers accepted to participate in the study and none gave up after acceptance.

Data were collected from November 2017 to January 2018, through semi-structured interviews in households. All interviews were conducted by the first author (nurse, nurse in nursing, who received training for the collection and analysis of qualitative data), which had no relationship with the participants. The nurse responsible for the Basic Health Unit acted as a facilitator, as she promoted the rapprochement between researcher and mothers.

The interviews lasted an average of 30

minutes, were previously scheduled according to the availability of the mothers and the researcher, and audio-recorded with the help of an electronic recorder, after the participant's consent. During the interviews, in which the interviewer, interviewee and sometimes the child were present, a script consisting of two parts was used: the first with questions regarding the characterization of the participants (age; marital status; education, profession, type of delivery and age of the child) and the second with questions focused on the objectives of the study. Relevant annotations were also made in the interviewer's field diary to complement future analyses.

For the data processing, the interviews were transcribed in full, preferably on the same day of its realization and archived in the Microsoft Word program. Then, the speeches were submitted to thematic content analysis, performed in three moments: pre-analysis; exploration of the material and categorization of the data. In the pre-analysis, readings and rereads of the material were performed to identify units of meaning for the construction of the categories, the themes were derived from the interviews and not previously defined[12].

In the exploration of the material, it was possible to consolidate what had been defined in the first phase. Therefore, new readings of the material were necessary and, finally, the categorization of the data was performed, where there was the inference, interpretation and construction of the study categories by the researchers.

The study was approved by the Permanent Human Research Ethics Committee of the State University of Maringá under the opinion n. 2.392.764/2017. All formal requirements contained in the regulatory standards of ethics in research involving human beings were respected. All study participants signed the Informed Consent Form in two copies. To preserve the identity of the mothers, they were identified with the letter M (mother), followed by a figure indicating the order of the interview. The children were given fictitious names.

RESULTS

The interviewed participants totaled 22 mothers, whose children were followed in the childcare of the BHU by the FHS teams. The maternal age ranged from 16 to 43 years, with an average of 27.5 years. Most were married (72.73%), had completed high school education (54.53%), wage (68.18%) and cesarean section (81.82%).

The discourses analyzed were organized into four thematic categories, namely: Previous knowledge about childcare; Potential and weaknesses in childcare consultation; Professionals who performed childcare; and, finally, Guidelines received in childcare.

Previous knowledge about childcare

The return to the BHU soon after birth is fundamental to the health of the child. The neonatal period is characterized as of great vulnerability for the newborn and complications arising from this period may arise. In addition, it is the duty of professionals working in maternity hospitals and BHU to inform about the return and follow-up in maternal and child health services. In the discourse of mothers about previous knowledge regarding childcare, it was possible to observe that most of them received guidance.

> Yes, I was indeed guided, both by the employees of the basic unit, and by the hospital (M1).

> I remember the nurse told me that after she was born I would have to take her to weigh and vaccinate (M2).

> The nurse said: as soon as the baby is born and you leave the hospital you already bring her, he spoke at the very beginning of prenatal care (M3).

Previous knowledge about childcare is also linked to the experiences of previous pregnancies, as observed in the discourses that follow.

> As I already had the "Joy" I knew I would have to weigh every month to see if she was gaining weight (M4).

> I already have another child, so I already know the procedures, weigh and measure (M5).

However, even in the face of the recognition of its relevance in children's health, some discourses have demonstrated the lack of guidance on the monitoring of childcare by

health professionals.

> No, I heard from colleagues, we know because people comment, because nobody explained anything to me (M6).

> Not that I remember, I only learned after she was born (M7).

Monitoring the development and growth of the child is one of the main actions performed in the childcare consultation, actions that can predict complications, enabling early interventions and favorable outcomes. In the absence of the mother-child binomial in health services, it is necessary to carry out an active search and reinforce the importance of this follow-up in the child's health.

Potential and weaknesses in childcare consultation

Concerning the perception of childcare consultation, it is notorious the importance of this activity for mothers, when they report that they need to take their children to observe health conditions and the possible need to perform some intervention.

> I think it's right to follow-up the child, the right weight, to see if they're gaining weight, if they need to do some examination, take some vaccine (M5).

> The service is nice [...] but sometimes the stipulated time doesn't match our working hours, I think it should be free, available all day (M8).

The recognition of childcare as an essential practice in the surveillance of children's health by mothers is a potential, for promoting greater adherence to the health service and bond with the professional who performs it, bringing benefits to the child-family dyad. However, difficulties arising from the times in which they are performed were also mentioned in the speeches.

> I think it's important to take her to the post, but on the days they schedule I work and I can't leave my work to go (M18).

> I can't go, I wanted to go, but I work all day (M20).

The pre-defined days and times in which childcare is performed in the unit constituted a fragility, since most of the mothers belonging to the study have paid work, making it impossible to leave their activities to attend the childcare consultation.

Professionals who performed childcare

It is known that the nursing consultation is a private activity of the nurse. In services that rely on the medical professional, care can occur alternately. Even with these guidelines, other professionals of the health team appeared in the discourses performing these services.

> It's the nursing technician who performs, no doctor and nurse (M9).

> It's the nursing technician and the Community Health Worker, I've always seen only them (M10).

Some statements emphasize the care of the FHS nurse to which they are linked.

> The nurse is the one who guides us the most, the "Smile", my first child, nobody guided, but she looks everything, takes off his clothes, so I want to continue with her (M11).

> I see the nurse, it's quite different, the nurse gives more attention, has that kind tone with the child, you see that it's a different way, the assistant doesn't have that patience and attention (M12).

> It was the nurse, only once it was the nursing technician, didn't explained anything, only measures, weighs and that's it. The nurse measures, weighs, guides, talks about vaccines, care for the navel, about breastfeed (M13).

The role of the FHS in the context of PHC is of paramount importance, as well as that of the nurse, which was evident in the statements of the mothers regarding the actions of prevention and health promotion in childcare performed by the latter. It was also possible to observe the divergence between the care provided among the other professionals who make up the team, which makes the care fragmented and below the recommended by public policies aimed at child health.

Guidelines received in childcare

The childcare consultation should go beyond anthropometric measures and punctual

orientations, as observed in the speeches of some mothers. Meeting children is an opportune time to strengthen bonds with the family, exchange experiences and strengthen trust between professional and user. The qualified listening of nurses allows them to carry out guidelines relevant to the family context in which the child is inserted. In this sense, supporting and guiding mothers regarding breastfeeding is essential to promote the health of the mother-child binomial. Lack of education and support can lead to early weaning, as in the lines of M10 and M14.

> Yes, the nurse guided me in the beginning, it's very important because if you don't know how to breastfeed, how to latch on, both mother and baby suffer, I was guided very well, thank God (M1).

> The Nursing Technician didn't say anything, I wanted to breastfeed very much, I gave twenty days of my milk to her and then the formula, but in the weighing, no one said anything (M10).

> No. I breastfed only a week then I stopped (M14).

Concerning the care of the baby, there are numerous guidelines provided at the time of childcare. However, in the speeches of the mothers, only the sunbathing was mentioned.

> It was talked about the sun, because she was yellow (M15).

Vaccination is responsible for much of the reduction of infectious diseases and consequently infant mortality. Regarding the vaccination schedule, all interviewees reported that they were instructed to take their children to vaccinate at the BHU.

> Yes, everything scheduled correctly, I'm very happy with the work that the girls are offering here in the community (M2).

> They told me to pay attention and not miss a day, not to miss any vaccine, because it's fundamental, she explains everything right (M16).

Another extremely relevant topic to be addressed in the monitoring of the child refers to the introduction of food. When not performed, or done improperly can cause long-term harm to the health of this population. The participants reported having been guided, however, M17 reported that they had to go to the pediatrician to ask questions.

> Yes, the nurse gave me a sheet of what she needed to eat, how many times a day, guided me everything (M8).

> No, for me to know if she was going to drink water, I had to take her to the pediatrician, since she only takes formula (M17).

Comprehensive care and child health surveillance are the main guidelines of programs focused on child health. In the absence of these, the care becomes poorly resolved, impacting the child's health. The speeches showed weaknesses in the communication of the team and care provided by professionals not trained, which is reflected in the assistance provided to some mothers.

DISCUSSION

The results show the importance of the FHS in the communities, as well as the professional nurse, developing prevention and health promotion actions for mothers and children. Assumptions that meet the CCF, which recognizes the family as a fundamental part of the care process, valuing and respecting its beliefs and the particularities of each family unit[13].

As for the characteristics of the participants, most of them were in the appropriate age group for pregnancy, with the presence of a partner, complete high school and exercising activities outside the home environment. The most prevalent type of delivery was cesarean section, corroborating with studies conducted in the world and national scenario, where this type of delivery has been used on a large scale, even in women without risk factors for vaginal delivery[16].

In order to reduce the statistics related to maternal and infant mortality, Brazil has implemented public policies aimed at women's and children's health. In 2011, the Brazilian government established the *Rede Cegonha* (RC) program, aiming to qualify the assistance provided to this public through access, care and quality in childbirth care. Thus, OR is the main guideline of maternal and child health services in the national scenario[1].

Among the strategies of this program, in line with the FHS, are the guidelines regarding the relevance of child health monitoring in maternal and child health services and, in the absence of

this, the active search by health professionals[17]. However, some mothers reported not having been oriented in prenatal or maternity, leading to discontinuity of assistance to the baby in the neonatal period and dissatisfaction of the users.

The first years of life are associated with major changes in physical and cognitive development, child health surveillance through childcare consultation makes it possible to identify risk factors, diagnose abnormalities, intervene assertively in the treatment and carry out the necessary referrals within the levels of health care[9].

A study that analyzed the influence of the FHS on the health of children, through the number of consultations and hospitalizations, identified that children with worse socioeconomic conditions and housing with coverage of the FHS, when compared to other children living in areas without FHS coverage and with better conditions, they presented similarities regarding hospital admissions and number of consultations, highlighting the importance of this policy in the child panorama[6].

In the course of the interviews, other health professionals were identified by performing the childcare consultation, as nursing technicians and community health agents, and it is possible to observe the lack of preparation of these in performing the with fragmented and succinct information. Although the nursing consultation is a private action of the nurse, the role of this professional has been increasingly comprehensive within health services, often involving external commitments, definitions of protocols and care as a whole, aimed not only at the child, but for the whole family[18].

Even in developed countries such as Australia, the Netherlands, the United Kingdom and Canada, nurses with many work demands have been identified and this increase has been justified to increase the care and efficiency of services - often assuming tasks that are performed by medical professionals[18]. Future studies in this locality would be necessary to investigate the causes of childcare being performed by other professionals in the FHS team.

Some discourses emphasized the care they received from the nurse in a positive way, highlighting prevention and health promotion actions. Similar data were reported in a study conducted in a large city in the state of São Paulo, where nurses receive regular training, perform home visits in the expected time, prioritize intersectoral work, in which the entire team contributes to the resolution of cases and surveillance of the child's health, achieving the desired quality[19]. Such actions are consistent with the precepts of the CCF, with regard to including the health team seeking excellence in the care offered[8].

Research developed in Portugal, aiming to identify the factors that contribute to child development, found that gestational age at birth and regular consultations with the nurse in the first year of life in the presence of parents are determinant for the child's good development. The proximity of this professional to the family generates confidence, reflecting adherence to health services[20]. When anchored in respect and dignity according to the central assumptions of the CCF, the bond established between professional and family is permanent and generates positive results[7].

One of the essential tools in PHC is health education, a practice inherent to nursing work, which promotes the autonomy of individuals in performing self-care[21]. However, it is noticed in some statements that failed to address breastfeeding, a subject of extreme relevance to the health of the mother and the baby, the lack of support and guidance at the beginning of this process may lead to early weaning and damage to the health of the newborn[22].

The childcare consultation allows to address various topics of interest to families, which is often fragile and insecure regarding the care of the baby. Breastfeeding, food introduction, sunbathing and vaccination should be mentioned[9]. Nevertheless, there are other topics that deserve to be discussed and contribute to the comprehensiveness of care, such as the evaluation of mothers' breasts and nipples, baby's intestinal colic, accident prevention and oral hygiene[20, 23].

Thus, the success of nursing actions is a reflection of the good relationship between the professional and the family. The Family Health Strategy is a public policy that demands investments by managers and permanent

education for professionals, so that the work developed by the teams can be improved, since its performance has positive impacts on the health of children and the population as a whole[5]. Family-Centered Care is a care philosophy that understands the family as the focus of care and, when put into practice, brings benefits to all involved, promoting the autonomy of families in seeking to improve their living conditions and health.

As limitations, the present study interviewed mothers who belonged to the area covered by two teams of the Family Health Strategy, which limits generalizing the results for all care provided by this public health program. However, it allowed to understand the main gaps in childcare consultation that may occur in other locations.

Finally, it is necessary to invest in the permanent education of professionals who work in Primary Care, as well as adjustments in services so that the nurse can meet all the demand in a qualified and problem-solving way. The Family Health Strategy has advanced in the coverage of the population served, however, the challenge ahead is the quality of care performed by this program, so that it is anchored in the principles and guidelines of public policies aimed at children's health, based on the precepts of Family-Centered Care.

FINAL THOUGHTS

The study showed that some mothers felt embraced and supported in relation to the care provided to their children, while others noticed flaws in communication and care in the childcare consultation. Most of the mothers dissatisfied with the care were attended by other professionals and not by nurses, thus highlighting the role of this professional and his contributions in the field of child health.

It also showed that variations in the quality of care offered by the Family Health Strategy teams in childcare consultations were performed by professional categories that do not have legal support to perform this function.

The study is expected to contribute to improve the actions practiced by the Family Health Strategy teams that have similar strengths and weaknesses to the study. As for the applicability of the results found in clinical practice, the care performed based on respect for families and anchored in the principles and guidelines for child care should be propagated. The identified failures need changes to make the service more effective, solving and with the expected quality.

PERCEPÇÕES DE MÃES SOBRE O ATENDIMENTO DE ENFERMAGEM NA CONSULTA DE PUERICULTURA

RESUMO

Objetivo: compreender a percepção das mães sobre o atendimento de enfermagem na consulta de puericultura no âmbito da Estratégia Saúde da Família. **Método:** estudo descritivo com abordagem qualitativa, fundamentado no referencial teórico do Cuidado Centrado na Família. Foram realizadas entrevistas semiestruturadas com 22 mães que frequentavam as consultas de puericultura no período de novembro de 2017 a janeiro de 2018. Os dados foram analisados por análise temática. **Resultados:** após a análise temática do conteúdo, foi possível organizar os discursos em quatro categorias temáticas: conhecimento prévio sobre a puericultura; potencialidades e fragilidades na consulta de puericultura; profissionais que realizaram a puericultura, e por fim orientações recebidas na puericultura. **Considerações finais:** foram identificados outros profissionais de saúde realizando a puericultura, com diferenças significativas na assistência prestada. O enfermeiro se destaca realizando ações de prevenção e promoção à saúde. Faz-se necessário adequações nos serviços para que o enfermeiro possa atender toda a demanda. Espera-se que o estudo possa contribuir no sentido de aperfeiçoar as ações praticadas pelas equipes da Estratégia Saúde da Família que apresentam semelhanças a presente pesquisa.

Palavras-chave: Saúde da criança. Enfermagem em saúde pública. Atenção primária à saúde. Estratégia saúde da família. Cuidado da criança.

PERCEPCIONES DE MADRES SOBRE LA ATENCIÓN DE ENFERMERÍA EN LA CONSULTA DE PUERICULTURA

RESUMEN

Objetivo: comprender la percepción de las madres sobre la atención de enfermería en la consulta de puericultura en el ámbito de la Estrategia Salud de la Familia. **Método**: estudio descriptivo con abordaje cualitativo, fundamentado en el referencial teórico del Cuidado Centrado en la Familia. Se realizaron entrevistas semiestructuradas con 22 madres que frecuentaban las consultas de puericultura en el período de noviembre de 2017 a enero de 2018. Los datos fueron analizados por análisis temático. **Resultados**: tras el análisis temático del contenido, fue posible organizar los discursos en cuatro categorías temáticas: conocimiento previo sobre la puericultura; potencialidades y fragilidades en la consulta de puericultura; profesionales que realizaron la puericultura y, finalmente, las orientaciones recibidas en la puericultura. **Consideraciones finales**: fueron identificados a otros profesionales de la salud que realizan el cuidado a niños, con diferencias significativas en la asistencia prestada. El enfermero se destaca realizando acciones de prevención y promoción a la salud. Se hacen necesarias adecuaciones en los servicios para que el enfermero pueda atender toda la demanda. Se espera que el estudio pueda contribuir en el sentido de perfeccionar las acciones practicadas por los equipos de la Estrategia Salud de la Familia que presentan similitudes a la presente investigación.

Palabras clave: Salud del niño. Enfermería en salud pública. Atención primaria de salud. Estrategia salud de la familia. Cuidado al niño.

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