

NURSING CONSULTATION IN CHILDCARE IN THE PERSPECTIVE OF MOTHERS ASSISTED BY THE FAMILY HEALTH STRATEGY

CONSULTA DE ENFERMAGEM EM PUERICULTURA NA PERSPECTIVA DE MÃES ATENDIDAS PELA ESTRATÉGIA SAÚDE DA FAMÍLIA

CONSULTA DE ENFERMERÍA EN EL CUIDADO DE NIÑOS EN LA PERSPECTIVA DE LAS MADRES ASISTIDAS POR LA ESTRATEGIA DE SALUD FAMILIAR

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Objective: to analyze the mothers' understanding of the nursing consultation in childcare in the Family Health Strategy of a municipality in Paraíba. **Method:** descriptive, exploratory research, with qualitative approach, carried out with mothers of children between 0 and 2 years. Data collected by semi-structured interview and analyzed by the content analysis technique. **Results:** 13 mothers aged between 19 and 25 years participated in the study. Three thematic categories emerged: "mothers' understanding about childcare nursing consultation"; "nurses' role in guidance during childcare and importance of building bonds with mothers"; and "factors that interfere in the mothers' adherence to the childcare nursing consultation". **Conclusion:** the mothers understood that the nursing consultation in childcare provided spaces for dialogue and a humanized approach, contributing to the improvement of the child's health, but the hours of care coincided with working hours, hindering the care with the children.

Descriptors: Child Health. Nursing Consultation. Child Care. Primary Care.

Objetivo: analisar a compreensão das mães sobre a consulta de enfermagem em puericultura na Estratégia Saúde da Família de um município paraibano. *Método:* pesquisa descritiva, exploratória, com abordagem qualitativa, realizada com mães de crianças entre 0 e 2 anos. *Dados coletados por entrevista semiestruturada e analisados pela*

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técnica análise de conteúdo. Resultados: participaram do estudo 13 mães com idade entre 19 e 25 anos. Emergiram três categorias temáticas: “compreensão de mães sobre a consulta de enfermagem em puericultura”; “papel do enfermeiro nas orientações durante a puericultura e importância da construção de vínculo com as mães”; e “fatores que interferem na adesão das mães à consulta de enfermagem em puericultura”. Conclusão: as mães compreendiam que a consulta de enfermagem em puericultura proporcionava espaços de diálogos e abordagem humanizada, contribuindo para melhoria da saúde da criança, mas os horários de atendimento coincidiam com horário de trabalho, dificultando para levar as crianças.

Descritores: Saúde da Criança. Consulta de Enfermagem. Cuidado da Criança. Atenção Primária.

Objetivo: analizar la comprensión de las madres de la consulta de enfermería en el cuidado de niños en la Estrategia de Salud Familiar de un municipio de Paraíba. Método: investigación descriptiva, exploratoria, con enfoque cualitativo, realizada con madres de niños entre 0 y 2 años. Datos recogidos por entrevista semiestructurada y analizados por la técnica de análisis de contenido. Resultados: 13 madres de entre 19 y 25 años participaron en el estudio. Surgieron tres categorías temáticas: “comprensión de las madres sobre la consulta de enfermería en el cuidado de los niños”; “el papel de las enfermeras en la orientación durante el cuidado de los niños y la importancia de construir lazos con las madres”; y “factores que interfieren en el apoyo de las madres a la consulta de enfermería en el cuidado de los niños”. Conclusión: las madres entendieron que la consulta de enfermería en el cuidado de los niños proporcionaba espacios para el diálogo y un enfoque humanizado, contribuyendo a la mejora de la salud del niño, pero las horas de atención coincidían con las horas de trabajo, lo que dificultaba la toma de los niños.

Descritores: Salud Infantil. Consulta de Enfermería. Cuidado de Niños. Atención Primaria.

Introduction

Among Brazilian public policies, children's health is a theme that has been growing and gaining space in health services, because it is considered a priority in the scope of the population's care. The most recent policy focused on child health is the National Policy for Integral Child Health Care (PNAISC), which provides for actions aimed at the health of this public in the Unified Health System (UHS), aiming to strengthen and integrate the care network, reduce morbidity and mortality and favor full development⁽¹⁾.

Within this context, Primary Health Care (PHC), characterized as the organizing station of the system, is the gateway of the population to health services belonging to the UHS. In turn, the Family Health Strategy (FHS) has been consolidated each year as a care model that aims to serve the population of well-defined and delimited territories, with actions aimed at the care of children and their families, supporting the stages of child development⁽²⁻³⁾.

Thus, one of the instruments used to monitor children's health is the Childcare consultation, a term used to refer to a set of actions that guide the integral care of the child. This is a

periodic and systematic follow-up, in which professionals direct their attention to growth, development, vaccination coverage, guidance to mothers on accident prevention, breastfeeding, individual and environmental hygiene, favoring the identification of risks and injuries early, and timely and effective intervention⁽⁴⁻⁵⁾.

In this logic, there is need to guide mothers regarding the follow-up of the child from prenatal care, following up to ten years of age. This behavior seeks preventing and promoting the child's health and reaching adulthood free of injuries avoidable in childhood. It is important to show that this action can be performed by both the physician and the nurse linked to the services⁽⁶⁾.

According to the Ministry of Health, care for children should start early in home visits, individual care or family participation in educational groups carried out by professionals. Thus, a minimum schedule of consultations for child follow-up was established, with seven consultations recommended in the first year of the child's life, two consultations in at least the second year of life (aged 18 and 24 months) and, from this age, annual consultations, close to the month of the birthday⁽⁷⁾.

The professional needs to be attentive to the actions that should be developed during the child's nursing consultation. Therefore, it is important to promote education in dialogical health, in which there is dissemination of knowledge between the professional and the family⁽⁸⁾. Thus, it is essential to implement the systematization of nursing care, in order to follow a quality standard that includes actions such as: nursing history, physical examination, nursing diagnosis, therapeutic plan or nursing prescription, implementation of the plan and evaluation of the consultation⁽⁹⁾.

Children are considered a vulnerable group, representing a priority field for health care and attention. Therefore, it is important that the child's follow-up is carried out in a systematized and periodic manner. In this process, childcare consultation plays an indispensable role, and can be performed by both nurses and the physician⁽¹⁰⁻¹¹⁾.

However, for this care to happen effectively, it is necessary and indispensable the active participation of the mother, because she is often who takes the child to the health unit. It is recognized, therefore, that the mother is the main link between the child and the nurse professional. Without her collaboration, professionals become powerless and limited, considering that, in order to achieve healthy growth and development, it is essential that there is reciprocity of acts between those responsible for the child and professionals.

In this perspective, this study presents personal, academic, professional and social relevance, because it sought, in the empirical material produced, a better understanding of the perception of mothers involved in the research scenario about nursing consultation in childcare, allowing perceiving the uniqueness of each family/child and, thus, collaborating with the development of strategies aimed at overcoming existing weaknesses.

It is also noteworthy the contribution of this study to nursing science, by providing the elaboration of relevant aspects for the deepening of the theme and self-criticism on nursing care in the health care of children and their family group.

Considering the above, the following guide question emerged: What is the conception of mothers in relation to the childcare consultation performed by the nurse?

The aim of this study is to analyze the understanding of mothers about nursing consultation in childcare in the Family Health Strategy of a municipality of Paraíba.

Method

This is a research with a descriptive, exploratory design, with a qualitative approach, carried out in three Basic Family Health Units (BFHU) in the municipality of Matinhas, in the state of Paraíba. The sample consisted of 13 mothers of children under 2 years of age who were attending the nursing consultation in childcare in the surveyed BFHU. The inclusion criteria were: being the mother of a child under 2 years of age treated and registered in the service and living in the urban area; age equal to or greater than 18 years and having attended at least three consultations of the child with the nurse from the BFHU surveyed. Exclusion criteria were: mothers who had a period of more than 3 unattended consultations; mothers of children registered in the BFHU coverage area for less than 90 days.

For the collection of empirical material, the semi-structured interview was used, accompanied by a guide. The interviews were captured with the help of a recorder, individually, at the appropriate time for the mothers, in March 2018. At the time of data collection, in case of the interviewee's unavailability, the researcher would return at another agreed time. In order to provide comfort for the interviewee, the interview was conducted in a room in the health unit itself, preserving the participant's privacy.

The empirical material analysis occurred through the content analysis technique of the thematic category type⁽¹²⁾. For this, the following steps were covered: pre-analysis, which consisted of the organization of the material and floating reading, to enable exhaustive contact with the material produced; material exploration,

to understand the intersections and indications related to speech, transformation of data into thematic categories; interpretation of the results.

After the analysis, three thematic categories emerged, namely: Mothers' understanding about childcare nursing consultation; Nurses' role in guidance during childcare and importance of building bonds with mothers; and Factors that interfere in the mothers' adherence to the childcare nursing consultation with children under 2 years of age.

In order to maintain anonymity, the interviewees were identified by the letter M followed by a numeral indicative of the order of the interviews: M1, M2, M3, M4... M13.

Given the ethical assumptions contained in Resolution n. 466 of 2012 of the National Health Council, which governs the legal ethical aspects of researches involving human beings⁽¹³⁾, after requesting the authorization of the Municipal Health Bureau, the research project was forwarded to the ethics committee at the Center for Development and Higher Education (CESED), in the city of Campina Grande (PB), for due consideration and approval. Approval occurred on February 8, 2018, by Opinion n. 82275518.7.0000.5175.

Results

This empirical investigation had the participation of 13 mothers of children followed-up and registered in the childcare program of the surveyed services. The mothers' age ranged from 19 to 25 years (7), 25 and 31 years (3) and greater than 31 years (3). The results reinforced the importance of the bond relationship between mothers and nurses, the effectiveness of childcare nursing consultation, the search for better quality and guidelines for child health.

Category 1 – Mothers' understanding about childcare nursing consultation

Knowing the mothers' perception of the work developed in the care and surveillance of the

child's health allows professionals to improve their practices and/or modify them according to the needs identified. It is important that families know the main objective of the health actions developed and when they involve children, mothers and/or caregivers. This knowledge plays a substantial role in ensuring the continuity of this relationship.

As observed below, when asked, the interviewees recognized the importance of childcare consultation in monitoring the growth and development of their children:

[...] I think it is good, because we get to know how the child is, to keep track of her size, the development, if it is normal. It is good, it is great! I see her weight, if she is developing normal, that is why it is good [...] (M1).

It is very good the benefit for him. She examines him all, takes his clothes off. (M2).

[...] the right thing is follow-up, I guess. Sometimes there might be something we do not know, and bringing to let her find out [...] (M7).

To make his follow-up, his growth, development, these things are important. (M10).

The benefit is the follow-up[...]. If the child is not developing well, we will know through it [...] (M8).

Other mothers reported that the childcare consultation also allowed the early detection of possible pathological changes that the children could have, as evidenced in the statements:

It is good, I think it is good[...] to examine her, to see if she is okay, to see what she is feeling something. (M3).

I come every month. I know if she has something or not, so I like coming. Because if she [the child] has something, she [the nurse] sees it, I feel calm. (M5).

It is important, because sometimes he is in trouble and I do not know. We bring him and sometimes they prescribe tests [...] to undergo. (M12).

Because if she has a problem, just find out. If you have a disease, they find out. (M2).

Because whenever we come, we avoid some problem or I can find out about it. If I did not come, I would not know about his problem. (M9).

Category 2 – Nurses' role in guidance during childcare and importance of building bonds with mothers

This category expresses the mothers' perception about the nurses' work in the childcare

consultation. It also reveals the relationship of bond with the professional, a relevant factor for comprehensive care in the follow-up of the child.

The statements below indicate that they were safe with the consultations that the nurses developed and reported that they received guidance whenever necessary:

She explains it right, answers our doubts, does prevention. (M2).

Because there are many thing we do not understand. And we get here, she answers all my doubts. So I like her, you know! I think it is very important, because [...] she is always asking something, giving information. So, I think it is a benefit for us, we get informed. (M4).

I come because of my other girl's complication. She took care of her, helped me give birth to her, because she is the reason I went there [to the hospital] [...] She examined, guided me, and I went. If I had not gone, she would not be with me today [...] I would like to thank God first and then the nurse. (M5).

Yes. Because we always learn more with her [...] I always ask questions. Clarifying is always good [...] (M9).

Absolutely! I think she is well prepared. I always ask questions. (M10).

As can be seen, the mothers revealed to have a good relationship with the professional. This fact is essential for good access to childcare consultations:

Yes, she is a great person! She is well prepared, she is very open-minded. (M1).

[...] she is very attentive. She is affectionate with the kids, she is a really good person. (M2).

I like that. I find her very attentive, calm [...] very careful, prepared. There are things we do not even talk about, we do not even remember, and she asks. I like her! (M4).

I really liked her. Every job is well prepared [...] I have nothing to complain about. (M5).

[...] she takes care of the children and is always following up [...] She is helpful, observes well the growth, the evolution, she talks [...] I like her. (M11).

Other users mentioned the relationship of bond they built with the professional, a factor that has a considerable influence on adherence to childcare:

I am a real friend. She has been here for a long time. We even create a friendship. (M1).

I even talk [...] I open up to her, I have known her for a short time, I talk to her, I open up to her, I do not feel ashamed anymore. (M3).

When I want to know something, I talk to her. (M10).

Category 3 – Factors that interfere in the mothers' adherence to the childcare nursing consultation with children under 2 years of age

The difficulties that often prevent mothers from accompanying their children in the service are work and consultation hours. There is always an obstacle, which makes it impossible, at some point, for the mother to take the child to perform the follow-up. This fact ends up impairing the progress of the care programmed for the development phase of the infant, as evidenced in the present study.

The parents were clearly satisfied with the consultations of nursing childcare, but some factors still remained impairing this periodic and continuous access for the monitoring and development of the child in the service, as evidenced below:

As a housekeeper, it is hard for me to bring him. (M4).

[...] it is more the time I have, for coming to the consultation, which I do not have. (M11).

I have a lot to do at home. It is very difficult, because I have to do house chores, I have a boy to take care of [...] (M3).

Another complaint identified in the interview was in relation to the time of the consultations, which occurred in the afternoon shift:

Only the appointment schedule [...] because it is one hour in the afternoon. (M2).

This time is bad because it is too hot. (M11).

At this time, I have so much to do! My husband comes home and wants everything ready [...] I live far away, there is the sun [...] (M8).

Discussion

The childcare consultation aims and has the priority to promote and recover the health and well-being of the child, in order to ensure favorable growth and development in the physical, emotional and social aspects. For the proper promotion, the childcare consultation must be based on integrality. The health professional should analyze and encompass the child in the family and social environment, besides looking

at the bonds with the socioeconomic, historical, political and educational context⁽¹⁴⁾.

Thus, the childcare consultation constitutes an important strategy for the promotion of child health, but its effective execution requires the family's engagement, especially the mother's, who, in general, is the main responsible for the home. The assistance model developed in the FHS enables this integration between the family and the team, making communication and exchange of experiences feasible. Therefore, it is important that the population value and recognize the actions developed in the consultations⁽¹¹⁾.

The statements unveiled that the interviewees understood the importance of childcare for their children, when they referred to development, growth rate according to age and care of nurses when they removed clothes to examine. The professional often visualized the child's frailty and early detected the source of a problem that could worsen.

The benefits of childcare are diverse and may be related to consultations and guidelines or other demands that arise. The search for improvements to the child's health makes mothers realize the importance and develop a more holistic look. The physical examination, an important moment for the planning of nursing care, seeks to analyze the client through signs and symptoms, looking for imbalances that may suggest doubts in the health and disease process⁽⁶⁾.

In the childcare consultation, nurses invest time in health promotion and disease prevention actions, positively influencing child health. However, the professional should not be limited to the physical examination of the child; it is important that there is communication with qualified listening, humanized embracement and the provision of adequate guidance for the phase in which the child is⁽¹⁴⁾.

Nursing practices, during the childcare consultation, should be based on consistent references, in order to offer comprehensive care, including the entire family and social context. The health professional must commit to providing assistance to the healthy child or presenting some illness. In this perspective, childcare should favor

health promotion strategies, in the waiting room and during the consultation, also enabling the follow-up of the mother-child binomial, so that there is exchange of experiences, overcoming difficulties and creating bonds with the assisted families⁽⁸⁾.

There is also the possibility of conducting the consultation collectively, focusing on health promotion and the involvement of mothers with the team and also between them. A study conducted with the objective of describing mothers' perception of the collective follow-up of child growth and development showed positive results. Mothers revealed greater participation in consultations, autonomy, greater bond with the team and exchange of experiences with other mothers⁽¹⁵⁾.

Another point to be discussed is about the idealization of connection between nurse-child-caregiver, which is primordial and relevant. Bonding and receptivity are interdependent in the care process, as they are items of union between the professional and the user during work. In addition, qualified embracement and listening have repercussions on the search for mothers for nursing consultations for their children, even if they are healthy⁽¹⁶⁾.

The participants of this study reinforced that the professional's orientations enabled a relationship of trust and the establishment of essential bonds for the work process that he/she develops in the FHS. It is understood, therefore, that the consultation performed effectively makes the care longitudinality so desired in the public health policies of the UHS much more feasible.

The surveillance of the child's health by nurses contributes positively to reducing vulnerabilities throughout the family context, as it facilitates the sharing of information, strengthens the relations between the child's health and rights, and promotes attention to the specific conditions of each family and the assisted child. Thus, it is understood that nurses' practice in monitoring the child's health has represented a valuable and collaborative tool in health surveillance⁽¹⁷⁾.

However, although child health surveillance is one of the pillars of primary care, authors

reveal that it is still an unconsolidated practice in childcare consultations in some municipalities surveyed, presenting relevant flaws in the work process. Therefore, it is important to highlight that, in order to overcome these problems, there is need for the active participation of managers and professionals in the reorganization of services, based on the UHS guidelines⁽¹⁸⁾.

The professional that demonstrates commitment in the work environment seeks to establish a relationship of trust with the user under his/her responsibility. There is need for a continuous search for improvements that allow qualified listening during consultations performed. In addition, it is important to rescue, at this moment, possible problems that may arise in the family environment, seeking to establish a more open, dialogued and healthy relationship⁽¹⁹⁾.

Some authors address some factors related to nurses' work, such as the predominance of the biomedical care model added to the ambience, supplies, devices, workload and fragmentation of the team's care practices. These are still challenges for comprehensive care for the child's health. In this context, it is important that the nursing professional identifies such limitations and discusses with the team and management the means to overcome them⁽¹⁹⁻²⁰⁾.

The bond, the link and the dialogue of mothers with nurses are of great importance in the nursing consultation in childcare. Many mothers presented and mentioned creating a link, security and even lost the fear that often prevented them from asking questions about some difficulty that might arise. Embracement is paramount because it develops healthy and positive relationships between the user and the professional⁽¹⁶⁾.

The receptivity, posture and practice in care actions improve the construction of a relationship of trust, agreement of users with teams and services. Furthermore, professional support to the binomial is revealed to be of total relevance at this stage of life. The objective of embracement in the health area in Brazil has been exposed in the official documents of the Ministry of Health and in scientific findings, gaining prominence

along with discussions on access, humanization, listening and fullness of health care. Embracement is considered as a space to listen to the user's health needs, promoting humanized care and better problem-solving⁽¹⁴⁾.

In care actions, nurses aim to meet the needs and clarify the doubts of mothers. Thus, it is necessary to maintain an open dialogue, an attentive and qualified listening, providing the creation of bonding, facilitating the monitoring of the infant's health. The mother plays a fundamental role and can contribute to the efficient development of the health team's work⁽¹⁸⁾.

User-centered dedication is the one in which the health team believes in its biological, social and emotional dimensions and provides the problem-solving capacity of its health problems. For the mother who takes a child to the consultation, a pleasant connection with the nurse is associated with the concept of care referenced in the user's reality, in his/her human multidimensionality and in the positive production of the expected and indispensable results⁽¹⁶⁾.

Considering the results obtained in category 3, it was evident that the mothers' lack of time is a factor that interferes in the continuity of the child's horizontal follow-up, because it breaks the follow-up of the consultations, and may even impair the control of the vaccination schedule, the early prevention of the onset of some disease, the identification of children at risk of morbidity and mortality, through early signaling of malnutrition and/or obesity, in addition to other interventions.

One of the obstacles that prevents mothers from going to the consultation are the socio-environmental factors. Therefore, health professional, considering that the family and the child are fruits of the social environment where they live, must identify these difficulties with the mothers, in order not to interfere in the children's attendance in the service following them up. Reviewing the appointment schedule, for these cases, is essential.

Thus, nurses should identify possible vulnerabilities that lead to these absences during

the child's follow-up. However, it is necessary to understand that parents need to work and often do the best they can. Thus, it is essential to analyze a way to solve the issue, recognizing the available time of these parents with their children and offering the opportunity to dialogue and negotiate new strategies whenever possible⁽¹⁶⁾.

A study conducted to estimate incomplete childcare follow-up and associated factors in 35 municipalities in Northeastern and Southern Brazil identified that children in the Northeast are more likely not to keep the full follow-up of childcare, suggesting difficulties in accessing health services. The economic characteristics, schooling and use of the health service had the greatest influences on the results for both regions⁽²¹⁾.

Among the difficulties identified, in general, the time of consultations was one of the factors that hindered the access of mothers with children to childcare. Research essays a reflection on the need for adequacy of schedules, considering that consultations are usually performed in the afternoon, which hinders the search for services due to high temperatures and the distance between the health service and the mother's residence. The frequency with which the population uses health services should be analyzed from the perspective of causal factors of the search for health care^(6,22).

In this context, it is important to highlight the relevance of implementing Family Health Strategy (FHS) teams in communities. These play a fundamental role in adapting health care actions, highlighting the need for scheduled and effective work, considering the living and working conditions of the population and the factors that interfere in the care continuity⁽²³⁾. As for the specificity of childcare, it is essential that the organization of the service is allied to mothers' needs, so that there is greater support in the follow-up of children.

The results of this study should be interpreted taking into account some limitations. The study aims to show especially mothers' perception of the nursing consultation in childcare, besides having been performed in only three health

units. Therefore, it is important that further studies be developed with the theme, to support scientifically the actions of professionals in the context of childcare consultation. It is worth noting that there is still a lack of research addressing the nursing consultation from the maternal perspective.

Conclusion

This study allowed knowing mothers' conception about the childcare consultation performed by the nurse, identifying satisfaction and possible difficulties reported by them. In the empirical investigation, for the interviewees, the orientation performed by the professional during consultations is extremely relevant, because it provides spaces for dialogue that enable a more humanized, quality approach and, in turn, undeniably contributes to improving the child's health and promotes greater safety for the mother while raising her child.

Among the difficulties identified in the discourses of the mothers interviewed during the consultations, there was the fact that some work and the schedules coincide with the care shift, sometimes preventing them from taking the children. It was also confirmed the importance of dialogue in the interaction between health professionals and mothers. This study evidenced that the nurses of the surveyed services, in the mothers' perception, were well prepared, attentive and cared for the children with great zeal, care and professionalism.

It is believed that the only way to establish greater conviction of mothers about the nursing consultation is to use it more and more as a service strategy, predicting it in health programs and valuing it as an instrument capable of performing an increasingly effective and humanized embracement of the population.

In this direction, this investigation should be read for all health professionals who work directly in the care of children, because the discourses presented by the mothers, in addition to broadening the understanding about the childcare consultation, show the effectiveness of

this activity in primary health care (PHC) services. The results can also be applied in the teaching of health professions, as well as subsidize investments in other research on the subject, in view of the distinction of this mechanism for the care of the child by the family and for professional practices in the scenario of care level researched.

Collaborations:

1 – conception, design, analysis and interpretation of data: Mariane Giceli Ataíde Monteiro and Elisângela Braga de Azevedo;

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