AGENDA OF COMMITMENTS TO COMPREHENSIVE HEALTH AND INFANT MORTALITY REDUCTION IN A CITY OF ALAGOAS

Agenda de Compromissos para a Saúde Integral e Redução da Mortalidade Infantil em um município de Alagoas

Agenda de Compromissos para a Saúde Integral e Redução da Mortalidade Infantil en un municipio de Alagoas

Original Article

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ABSTRACT

Objective: To analyze health actions performed by nurses enrolled in the family health teams based on the Agenda of Commitments to Comprehensive Health and Infant Mortality Reduction. **Methods:** This is a quantitative exploratory-descriptive research, performed in a city of Alagoas, which used as instrument for data collection a checklist form, applied in the period from September to November 2012, covering the priority actions in primary care that contribute to the quality of prenatal care: good assistance to childbirth, puerperium and newborn. Data on the actions performed by nurses in the Family Health Strategy - FHS was analyzed grouped by their area of competence, organized, tabulated and presented in the form of table and graphs. **Results:** The participants were seven nurses of Family Health Teams, totaling 87.5% of the coverage in the municipality, being mostly female, between 31-35 years, in temporary job, with working time ranging from 3 to 4 years. The development of actions by nurses relating healthcare and education and aiming to promote the mother-child binomial health stood out, but five of the nurses revealed being unaware of the Agenda of Commitments to Comprehensive Health and Infant Mortality Reduction. **Conclusion:** The health actions performed by the nurses contemplated the guidelines of the Agenda of Commitments to Comprehensive Health and Infant Mortality Reduction, although the majority of the participants are not aware of the Agenda.

Descriptors: Child Health; Health Promotion; Infant Mortality; Primary Care Nursing.

RESUMO

Objetivo: *Analisar as ações de saúde desenvolvidas pelos enfermeiros nas equipes de saúde da família a partir da Agenda de Compromissos para a Saúde Integral da Criança e Redução da Mortalidade Infantil.* **Métodos:** *Trata-se de uma pesquisa quantitativa, do tipo exploratório-descritiva, realizada em um município de Alagoas, que utilizou como instrumento de coleta de dados um formulário do tipo checklist aplicado no período de setembro a novembro de 2012, contemplando as ações prioritárias na atenção básica que contribuem para a qualidade do pré-natal: uma boa assistência ao parto e puerpério e ao recém-nascido. Os dados foram analisados a partir das ações desenvolvidas pelos enfermeiros na Estratégia Saúde da Família (ESF), agrupados pelas suas áreas de competência, organizados, tabulados e apresentados sob a forma de tabela e gráficos.* **Resultados:** *Sete enfermeiros da Unidade de Saúde da Família (USF) participaram, totalizando 87,5% da cobertura no município, em sua maioria do sexo feminino (86%), entre 31-35 anos, com vínculo temporário e tempo de trabalho entre 3 e 4 anos. Destacou-se o desenvolvimento de ações pelos enfermeiros no âmbito assistencial e educativo para a promoção da saúde do binômio mãe-filho, porém, cinco dos enfermeiros revelaram não conhecer a Agenda de Compromissos para Saúde Integral da Criança e Redução da Mortalidade Infantil.* **Conclusão:** *As ações de saúde desenvolvidas pelos enfermeiros do estudo permeiam as linhas prioritárias para a Agenda de Compromissos para a Saúde Integral da Criança e Redução da Mortalidade Infantil, apesar de a maioria dos participantes não conhecê-la.*

Descritores: *Saúde da Criança; Promoção da Saúde; Mortalidade Infantil; Enfermagem de Atenção Primária.*

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RESUMEN

Objetivo: *Analizar las acciones de salud desarrolladas por enfermeros de los equipos de salud de la familia a partir de la Agenda de Compromisos para la Salud Integral del Niño y Reducción de la Mortalidad Infantil.* **Métodos:** *Se trata de una investigación cuantitativa del tipo exploratoria-descriptiva realizada en el municipio de Alagoas que utilizó como instrumento de recogida de dados un formulario del tipo checklist aplicado en el periodo de septiembre a noviembre de 2012, incluyendo las acciones prioritarias de la atención básica que contribuyen para la calidad del pre-natal: una buena asistencia en el parto y puerperio y al recién-nacido. Los datos fueron analizados a partir de las acciones desarrolladas por enfermeros de la Estrategia Salud de la Familia (ESF) agrupados por sus áreas de competencia, organizados, tabulados y presentados en tabla y gráficos.* **Resultados:** *Siete enfermeros de la Unidad de Salud de la Familia (USF) participaron en un total de 87,5% de todo el municipio, en su mayoría del sexo femenino (86%), entre los 31-35 anos, con vínculo temporario y tiempo de trabajo de 3 a 4 años. Se destacó el desarrollo de acciones de los enfermeros en el ámbito de la asistencia y educación para la promoción de la salud del binomio madre-hijo, sin embargo, cinco de los enfermeros revelaron no conocer la Agenda de Compromissos para a Saúde Integral e Redução da Mortalidade Infantil.* **Conclusión:** *Las acciones de salud desarrolladas por enfermeros del estudio permean las líneas prioritarias de la Agenda de Compromissos para a Saúde Integral e Redução da Mortalidade Infantil a pesar de la mayoría de los participantes no conocerla.*

Descriptores: *Salud del Niño; Promoción de la Salud; Mortalidad Infantil; Enfermería de Atención Primaria.*

INTRODUCTION

The Agenda of Commitments to Comprehensive Child Health and Child Mortality Reduction (*Agenda de Compromissos à Saúde Integral da Criança e Redução da Mortalidade Infantil*) is a document created in 2004 by the Brazilian Ministry of Health with the aim of proposing guidelines making it possible for managers and health workers to organize the work process and the network of health services offered at all levels of care, especially in primary care[1]. It focuses on guiding principles of care, planning, development of intersectoral actions and permanent assessment of the work performed - such as universal access, humanized care, comprehensiveness, fairness and problem solving - the team work, the participation of family and community, and the social control[2], increasing the quality and effectiveness of actions taken to population and supporting the development of public policies aimed at the identification of strategic and priority lines for the comprehensive care of children's health, having been revealed as a guiding tool in achieving the promotion of maternal and child health and for reduction of morbidity and mortality to acceptable levels[1].

The infant mortality rate is an important health indicator, reflecting the living conditions of a community[3]. Thus, deaths in children aged 0 to 1 year are useful as a reference of quality and local health development[4]. Some factors may be associated with the number of deaths, occurring during or immediately after birth, influenced by the quality of care provided during pregnancy and puerperium period, or related to improper care during the attention to newborn and children healthcare in their first year of life[5].

The United Nations Children's Fund (UNICEF) evidenced a reduction of 40% or more in the number of deaths in children under five years. From 1990 to 2011, there was a decrease of 12 million to 6.9 million child deaths in economically deprived countries such as Bangladesh, Liberia and Rwanda, and in middle-income countries such as Brazil, Mongolia and Turkey. Brazil presented a 73% reduction in infant mortality during the same period[6].

Of these infant deaths, the most common causes among children under five are pneumonia (18%), neonatal complications (14%), diarrhea (11%), birth complications (9%) and malaria (7%). Other causes relate to maternal conditions: pregnancy complications, conditioning factors of delivery, early weaning, housing and maternal education level[7]. In 2011, were reported in Brazil 27,160 infant deaths, with 9,605 in the Southeast Region and 9,140 in the Northeast. In the State of Alagoas, in 2010 and 2011, there were 707 and 625 reports of infant deaths, respectively, showing a significant decline in this index[8].

Early deaths, resulting from a misguided combination of biological, social, cultural factors and failures of the health system, could be considered mostly preventable, if the access to qualified health services were ensured at an appropriate time, offered in full and in a perspective prioritizing the health promotion[9]. The reorientation, since 1994, of the model of primary healthcare services (PHC) in force in Brazil, currently with the Family Health Strategy (FHS), was essential for the gradual decline in infant mortality in the country, as it shifted the healthcare focus, which is no longer curative and became based on promotion and health surveillance[7].

In this context, nurses can contribute to the promotion of child health and mortality rate reduction, acting in aspects related to the improvement in the quality of prenatal care, childbirth care, postpartum and newborn care[10,11]. These aspects are expressed in the main lines of care recommended by the Ministry of Health[1].

By understanding the need for nurses to play this role of interlocutor between the community and the health service, being a motivator agent between the staff and users for the improvement of health indicators, especially the infant mortality rate, health promotion and encouragement in search for quality of life, this study was proposed, with the aim of analyzing health actions performed by nurses in family health teams, after the Agenda of Commitments to Comprehensive Child Health and Infant Mortality Reduction[12].

METHODS

This is an exploratory, quantitative, descriptive study, held within the Family Health Strategy (FHS) in São José da Laje-AL, in seven of the eight existing Family Health Units (FHU), totaling 87.5% of the FHS coverage in the municipality, which is located on the border between Alagoas and Pernambuco and whose resident population is 22,677 inhabitants[10].

Convenience sample, with the participation of nurses who worked in their FHU in the city São José da Laje-AL, in the period from September to November 2012, and were in the units during the period of data collection, being excluded those who performed purely administrative activities.

The data collection instrument, a checklist-type form, contained the characterization of the study population and the actions performed by nurses to promote child health and reduce infant mortality within the FHS where they worked. The questions were based on those recommended by the Agenda of Commitments to Child Health and Infant Mortality Reduction[12].

Data was presented in absolute numbers in the form of figures.

Data collection occurred after consent by the Health Secretariat of the municipality and approval by the Ethics Committee on Research with Human Beings of the Centre for Advanced Studies in Maceió (*Centro de Estudos Superiores de Maceió - CESMAC*), under opinion No.1395/2012, being followed the ethical principles set in Resolution No.196/96 of the National Health Council[13].

RESULTS

The health unit had eight nurses, however, one was on leave, totaling a sample of seven, six females and one male. Regarding age, they were young adults, with 43% of the sample in the range of 31-35 years.

With regard to the type of working bond, four (57%) of the respondents had fixed-term contracts. About the lenght of time working in the healthcare facility, it was found that all nurses (100%) had been working at the service for less than four years. Of the respondents, 1 (14%) had been working for the period of 0-11 months and 2 (28%), between 1 and 2 years. Among those approved in a public examination and hired, 4 (58%) had been working for 3 or more years at the FHU.

Figure 1 shows the healthcare actions developed on the issue of women's health. Only one nurse stated performing guiding actions on breast care and referral to the milk bank. Other important aspect that emerged from the data analysis was not performing household visit to the puerperal woman and newborn's home within 72 hours after birth - 4 respondents mentioned fails to perform it during this period.

With respect to health actions performed by nurses to promote child health within the assistance competence, as shown in Figure 2, specifically directed for active search for childhood illness (diarrhea, congenital syphilis and rubella, neonatal tetanus, HIV/AIDS, respiratory/ allergic disease), oral health promotion and monitoring of underweight children, 6 nurses stated to accomplish. As for the fight against malnutrition and deficiency anemia, as well as household visits to the home of children with special needs, 5 nurses reported performing. Neonatal and hearing screening stood out among the actions taken in smaller proportions, with 4 and 3 nurses, respectively.

With the data presented, it can be seen that the interviewed nurses are working in fighting malnutrition and childhood illness, since 5 of them reported performing these actions for the child health promotion, being positive in the way of reducing infant deaths.

Figure 3 focuses on the actions concerning the educational area, knowledge of the Integrated Management of Childhood Illness (IMCI) strategy (*Atenção Integral às Doenças Prevalentes na Infância - AIDPI*), which 100% of the participants reported knowing, although 4 of the respondents have reported not having participated in trainings targeted to child healthcare.

With the results described in Figure 3, 5 of the nurses cited scheduling of health education activities for mothers on the baby's hygiene and health. However, this very result does not reveal the conduction of evaluation of the immunization cards at meetings and chat groups with community health agents (CHA). The survey revealed the lack of knowledge of the Agenda of Commitments to Comprehensive Child Health and Child Mortality Reduction on the part of 5 nurses working in the municipality.

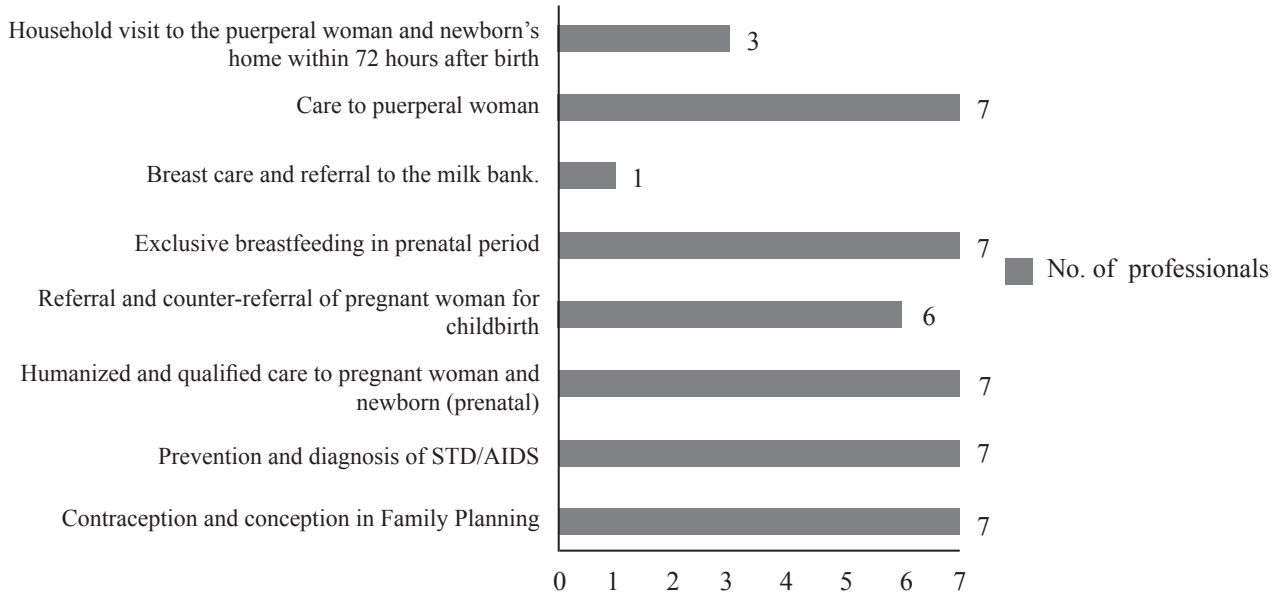

Figure 1 - Health actions performed by nurses for the promotion of women's health, with the aim of reducing infant deaths, in a city of Alagoas, 2012.

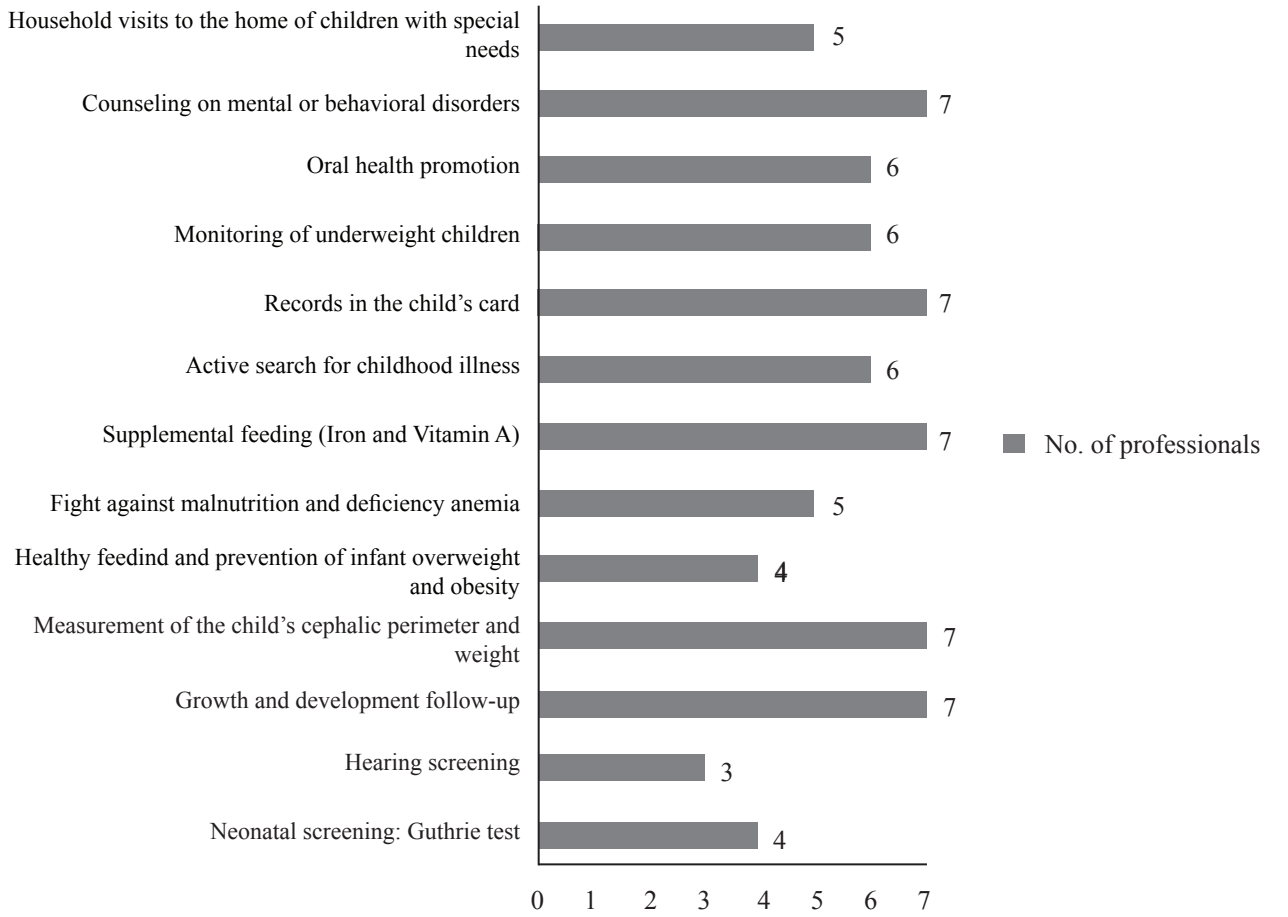

Figure 2 - Health actions performed by nurses to promote child health within the assistance competence, in a city of Alagoas, 2012.

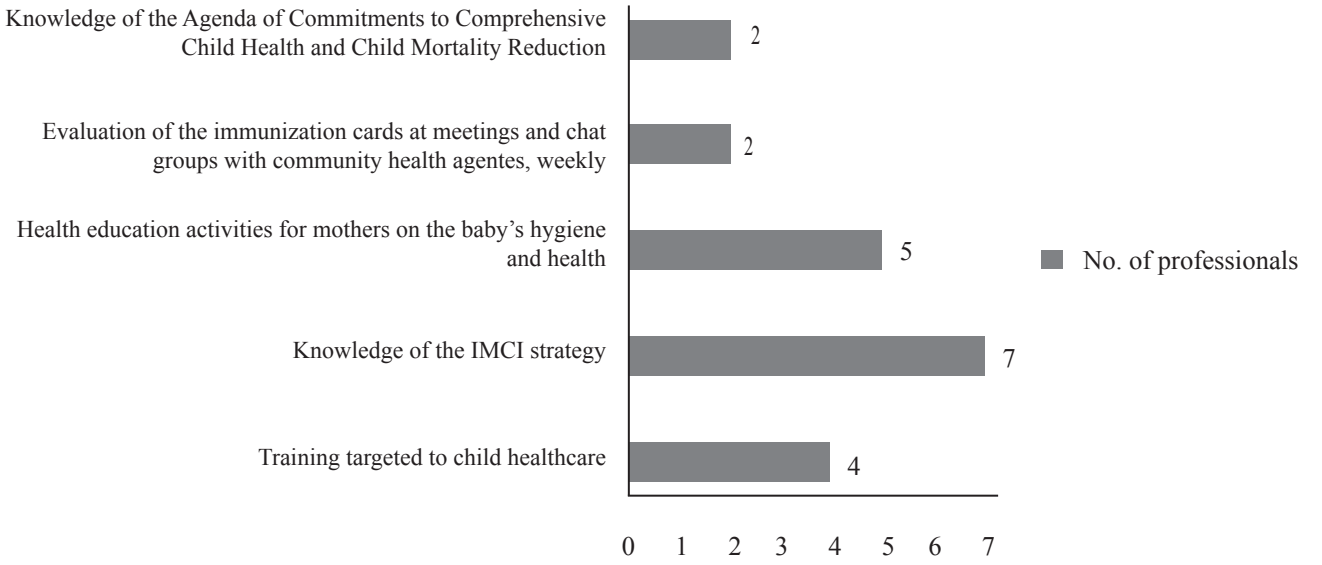

Figure 3 - Health actions performed by nurses for child health promotion and infant death reduction, within the educational competence, in a city of Alagoas, 2012.

DISCUSSION

The results concerning the characterization of nursing professionals found in this study confirm the predominance of females and corroborate findings in the literature, since, historically, the woman became recognized for acting in the care of the sick, with their personality suited to assist, provide nutrition and sanctify. As these are key actions for a good recovery of the patient, according to the patterns of each epoch's social stratification, and being that kind of work always related to women, nursing has acquired the character of an eminently feminine profession[14].

With respect to the work done in the ESF and its form of employment, it was possible to identify, in the current study, the prevalence of temporary contracts. This form of employment shows that, the more flexible and temporary the engagement is, the greater is the interference in the relationship to be built between service, health professionals and community, which significantly compromises one of the ESF's principles, namely, the creation of bonds with users[15]. The flexibility of work in public service has been occurring with the amendments to the labor laws and management, providing greater flexibility in hiring methods[16]. This submits the worker to a situation of instability and can lead to feelings of insecurity and lack of motivation, typical of flexible working in organizations[17].

In the present study, the lenght of time working in the healthcare facility could be investigated. All the nurses reported to be on that service for less than four years. A turnover of newly hired, each time a manager is chosen in the municipal election, reveals a weakened relationship of employment[18].

With regard to the actions within the healthcare competence, the present study indicates that, as prescribed by the Agenda of Commitments to Comprehensive Child Health and Child Mortality Reduction, were highlighted the actions developed for women's health, however, lacking actions relative to the orientation on breast care and referral to the breast milk bank, as well as visits to the puerperal women and newborn's home within 72 hours of delivery and neonatal screening.

It is known that the gestation period requires the monitoring of the woman, due to the maternal organism's constant physiological modifications. In this sense, for a qualified care, it is necessary the conduction of, at least, six appointments during pregnancy, from the capture of the pregnant woman until the 12th week, aiming to prevent the previous pathological conditions that can lead to a high risk for the mother-child binomial[19,20].

The current study highlighted the effectiveness and the decision-making role of nurses in encouraging exclusive breastfeeding, which should be offered to children in the first six months of life. Likewise, regarding the necessary stimulus, guidance and monitoring, in order to reach a longer duration of breastfeeding up to this period of the child's life. This is directly reflected in increased immunological, nutritional and emotional resilience of children, while strengthens the mothers' confidence in their ability to breastfeed[21].

The referral of the breastfeeding women to the milk bank by the municipalities is an activity that should be assured, oriented and followed, when necessary, by all healthcare professionals, especially the nurse. In the current study, it was found that this procedure is seldom performed, due to both the lack of direction in the service, as the lack of logistics for this purpose. For it represents a candid act and a potentiating action on healthcare for puerperal women and newborns, it deserves special attention from the health team and managers, since it reflects directly in the reduction of complications arising from lack of knowledge or guidelines on breast care and early weaning[21,22].

Another essential action to the monitoring of puerperal women is the household visit carried out within 72 hours after delivery, because this period is configured as the most vulnerable time, in which situations of risk to the health of both mother and child usually occur. In this study, the postpartum home visit is not performed within the time established by the Agenda of Commitments to Comprehensive Child Health and Child Mortality Reduction. Disturbing fact, since it is precisely at this stage that the nurse must prioritize care in order to prevent injuries, minimize the risk of maternal and neonatal morbidity and mortality, and promote health and quality of life, for home visiting is a strategic, educational and effective health action[1].

In the present study, it was possible to perceive that most nurses conduct the guidance on appropriate child feeding, nutritional monitoring, breastfeeding and early weaning, as recommended by the Agenda of Commitments, because 5 of them reported performing actions aimed at the fight against malnutrition and deficiency anemia, and at the promotion of child health. Considering these fundamental actions in the path to be taken to integral promotion of child health and to reduce infant deaths, it is worth highlighting that the household visit narrows the bonding with the mother and the child's family, minimizing evasion and enabling the success of this monitoring.

On the actions of immunization, all nurses participating in the study reported performing the monitoring and supervision. With the purpose of reducing child mortality, the Ministry of Health proposes the National Immunization Program (NIP), which, through preventive actions, aims to encourage vaccination by promoting campaigns and active search for the child's parents in the FHU[23]. The role of nurses in the practice of immunization is essential, influencing society, not only as regards the search for the monitoring of children under five years, but in building the community's profile, identifying priorities from a situational diagnosis, planning, intervention and implementation of actions in the service.

Another relevant aspect is the follow up by nurses in neonatal screening, specifically the Guthrie test (*teste do pezinho*) conducted by the nursing staff. The need is felt for direct involvement of nursing staff in the mother-child binomial, for guidance, monitoring and supervision of neonatal screening[24].

As for the hearing screening, the current study revealed that guidance is rarely practiced by the team in general, corroborating the literature when it says that knowledge about the method and the actions is still very restricted for the entire multidisciplinary team involved in the pre- and post-pregnancy periods. However, stands out the importance of its dissemination and implementation for early diagnosis of hearing loss[25,26]. It is important to reinforce the need to share this knowledge with mothers, especially during the child's appointment at the health unit, and refer to the nearest center of hearing screening, which, in the city under study, was the Support Center for Family Health (*Núcleo de Apoio à Saúde da Família - NASF*).

The IMCI strategy allows a better problem-solving capacity to the assistance, expediting urgent treatments in critically ill children, involving parents in effective care of their child at home, watching the development, preventing malnutrition, encouraging exclusive breastfeeding and immunization[27]. However, despite all nurses interviewed in the study relate knowing the IMCI strategy, 4 of them never participated in training directed at attention to child health that enable them to work safely.

Training focused on the attention to the child's health is extremely important, so it is necessary that each municipality or health service is concerned with implementation of a continuing education program that meets the needs of the community and professionals. Continuing in-service education is a set of educational practices that promote the transformation of the labor process, guiding the social organization of the health service[28].

According to the results obtained with the current study, 5 of the nurses interviewed cited scheduling of activities in health education for mothers on baby's hygiene and health. This finding is very significant because educational activities during prenatal period represent an important strategy to contribute to the reduction of indicators of maternal and perinatal mortality. This attention in the FHS, when well performed, decreases the complications that can arise during pregnancy, such as anemia, gestational diabetes and hypertensive diseases, since it helps dealing with the sociocultural and emotional factors[29].

Nurses will reach their goals when considering that education is a mutual exchange, a process of teaching and learning in which knowledge arises from dialogue and, on that basis, it is convenient that public participation occurs,

valuing all the particularities in the educational care[30,31]. The bond formation from the educational practice encourages the sharing of feelings and difficulties, facilitating the educational process among those involved in the process.

However, another important action to be performed is the evaluation of the immunization cards at meetings and chat groups with community health workers, an activity that can be easily implemented in the service, using limited resources in order to develop a follow up and direct, efficient and effective supervision, as well as a qualified hearing of the actual questions. However, 5 of the nurses do not perform such activity, what may compromise the quality of service to the community.

The present study has some limitations concerning their goals and collecting instrument, which did not allow the detailing and deep look on the quality of care provided by nurses in regarding all the actions listed. However, it revealed the ignorance by the majority of nurses of the Agenda of Commitments to Comprehensive Child Health and Child Mortality Reduction. In this sense, it is worth noting that it is the nurse's role, as caregiver, to act for the promotion, prevention and recovery of health, so they should broaden their view in the workspace, seeking new knowledge. It is also important that the professional knows the priority lines of attention to the comprehensive health of the child, in order to identify the factors that affect their health and quality of life.

Thus, the reinforced limitations of this research are configured both in the exploratory and descriptive methodological approach, that enables identification of the reality, but needs other statistical contributions for greater detailing of the subject, as in the size of the sample size, which, despite representing 90 % of interviewees at the local level and assuming that is a recurring situation nationwide, need due replications for expansion and proper ratification of this research, which represent a possibility for further studies and deepening of the theme.

CONCLUSION

Health actions performed by nurses in the study permeate priority lines for the Agenda of Commitments to Comprehensive Child Health and Child Mortality Reduction, although most participants did not know such material, implemented by the Ministry of Health in 2005.

However, it is important to highlight the absence or non-realization of actions such as the guidance on breast care and referral to the milk bank when needed, as well as household visits to the puerperal woman and newborn's home within 72 hours after childbirth and neonatal screening. These actions make all the difference in the quality of assistance provided and the reduction of infant mortality.

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