

# IMPLEMENTATION OF CHILDCARE AND CARE CHALLENGES IN THE FAMILY HEALTH STRATEGY IN A CITY OF THE CEARÁ STATE

*Implantação da puericultura e desafios do cuidado na Estratégia Saúde da Família em um município do Estado do Ceará*

*Implantación de la puericultura y los desafíos del cuidado de la Estrategia de Salud de la Familia de un municipio del Estado de Ceará*

Description or evaluation of experiences

## ABSTRACT

**Objective:** To report the experience of childcare implementation and care challenges in the Family Health Strategy in a city of the Ceará state. **Data synthesis:** Experience report study with a descriptive, qualitative approach, developed within one the Primary Health Care Units in the city of Aracati, Ceará. The report systematization was carried out from the records made in a field diary by a nurse resident, in the period between the months of June 2013 and April 2015. With the implementation of the childcare consultation, one can realize the importance of conducting a systematic follow-up since the prenatal period, including the puerperium and reaching the main focus of this study, the child's health. It highlights the contribution of the Family Health Support Center in the consultations and the use of simple technologies favoring the interaction between professionals, community and health services. Additionally, some weaknesses of the work process had to be overcome, such as: structural barriers; lack of commitment on the part of some professionals; divergences of conducts; unmotivated professionals due to work overload and shortage of training courses offered for qualification of the health team. **Conclusion:** The task is not easy, the challenges are ongoing, but the benefits can be greater and more rewarding than any experienced difficulty. It is hoped that this report can promote critical thinking about the work that has been produced within the Family Health Strategy.

**Descriptors:** Primary Health Care; Child Health; Pediatric Nursing; Interdisciplinary Communication; Health Education.

## RESUMO

**Objetivo:** Relatar a experiência da implantação da puericultura e desafios do cuidado na Estratégia Saúde da Família em um município do Estado do Ceará. **Síntese dos dados:** Trata-se de um estudo de abordagem qualitativa, com caráter descritivo, do tipo relato de experiência, desenvolvido no contexto de uma das Unidades Básicas de Saúde do município de Aracati, Ceará. A sistematização do relato se deu a partir dos registros realizados pela enfermeira residente em um diário de campo, no período compreendido entre os meses de junho de 2013 e abril de 2015. Com a implantação da consulta em puericultura, pode-se perceber a importância de se realizar um acompanhamento sistemático desde o pré-natal, passando o momento do puerpério e alcançando o foco principal deste estudo, a saúde da criança. Destaca-se a contribuição do Núcleo de Apoio à Saúde da Família nas consultas e o uso das tecnologias simples favorecendo a interação entre profissionais, comunidade e serviços de saúde. Além disso, algumas fragilidades do processo de trabalho precisaram ser superadas, tais como: obstáculos estruturais, falta de compromisso de alguns profissionais, divergências de condutas, profissionais desmotivados devido à sobrecarga de trabalho e poucos cursos ofertados para qualificação da equipe de saúde. **Conclusão:** A tarefa não é

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*fácil, os desafios são contínuos, mas a recompensa consegue ser maior e mais gratificante do que qualquer dificuldade vivenciada. Espera-se que este relato possa promover reflexões críticas acerca do trabalho que se tem produzido junto à Estratégia Saúde da Família.*

**Descritores:** *Atenção Primária à Saúde; Saúde da Criança; Enfermagem Pediátrica; Comunicação Interdisciplinar; Educação em Saúde.*

## RESUMEN

**Objetivo:** *Relatar la experiencia de implantación de la puericultura y los desafíos del cuidado de la Estrategia de Salud de la Familia de un municipio del Estado de Ceará. Síntesis de los datos:* *Se trata de un estudio de abordaje cualitativo, de carácter descriptivo, del tipo relato de experiencia que se ha desarrollado en el contexto de una de las Unidades Básicas de Salud del municipio de Aracati, Ceará. La sistematización del relato se dio a partir de los registros de un diario de campo de la enfermera residente entre los meses de junio de 2013 y abril de 2015. Tras la implantación de la consulta de puericultura, se percibe la importancia de un seguimiento sistemático a partir del prenatal pasando por el momento del puerperio y alcanzando el foco principal de este estudio que es la salud del niño. Se destaca la contribución del Núcleo de Apoyo a la Salud de la Familia en las consultas y el uso de las tecnologías simples que favorezcan la interacción entre los profesionales, la comunidad y los servicios de salud. Además, algunas fragilidades del proceso de trabajo precisan ser superadas tales como los problemas estructurales, la falta de compromiso de algunos profesionales, las divergencias de conductas, la falta de motivación de los profesionales por la sobrecarga de trabajo y pocos cursos ofertados para la calificación del equipo de salud. Conclusión:* *La tarea no es fácil, los desafíos son continuos pero la recompensa es mayor y más gratificante que cualquier dificultad vivida. Se espera que este relato promueva reflexiones críticas sobre el trabajo que se produce con la Estrategia de Salud de la Familia.*

**Descritores:** *Atención Primaria de Salud; Salud del Niño; Enfermería Pediátrica; Comunicación Interdisciplinaria; Educación en Salud.*

## INTRODUCTION

The Primary Health Care (PHC) began being structured from the International Conference on Primary Health Care held in Alma-Ata<sup>(1)</sup>. This health care level represents the first contact of individuals, the family and community with the national health system, providing services for users to receive comprehensive care, from the viewpoint of its biopsychosocial character, and through promotion, prevention, cure, and rehabilitation as well, thus ensuring the continuity of health actions and longitudinality of care<sup>(2,3)</sup>.

Attention to children's health is deemed a priority area when it comes to the health of populations<sup>(4)</sup>. For it to develop more effectively, the Ministry of Health (MoH) launched in 1984, the Children's Health Integral Assistance Program (*Programa de Assistência Integral à Saúde da Criança - PAISC*), with actions intended to ensure comprehensive care and the children's development to their full potential, in order to reduce morbidity and mortality in the 0-5 years age group<sup>(5)</sup>.

Even though child mortality had shown a downward trend after the intensification of this program and others, the permanence of high rates was still observed, in which the majority of child deaths could be prevented with simple and effective measures. In 1997, the Strategy for Childhood Illnesses Integrated Care (*Estratégia de Atenção Integrada às Doenças Prevalentes na Infância - AIDPI*) was implemented, in order to promote a rapid and significant reduction in mortality, as well as the accomplishment of comprehensive actions and the strengthening so that the problems were resolved in the PHC<sup>(6)</sup>.

These initiatives involving the child's health and the expansion of health services were potentiated by the implementation of the Family Health Strategy (FHS), regarded a milestone in Brazilian health policy for proposing PHC reorganization and operationalization, by assuming a family-centered model of care, focused on the multidisciplinary team with longitudinal follow-up and highlighting the actions directed at the child, in order to reduce the health problems prevalent at that stage and enhance the quality of life of this population<sup>(7)</sup>.

Childcare consultation has as objective the careful monitoring of child's growth and development by the health team, and includes a set of preventive care measures, with a comprehensive look that involves not only the child, but also the conditions under which the mother and family are inserted, thus allowing the consultation to adapt to the existing reality, trying to understand the individual needs<sup>(8)</sup>.

This monitoring is an important tool for the promotion of children's health, in order to ensure proper growth and development in the physical, emotional and social aspects, contributing to a decrease in morbidity and mortality<sup>(9,10)</sup>. Thus, comprehensiveness in health promotion becomes a health production strategy that respects the characteristics and potential of individuals, populations and territories, aimed at equity and quality of life, reducing vulnerabilities and risks to health resulting from the social, economic, political, cultural and environmental determinants<sup>(11)</sup>.

Thus, to ensure the quality of such child monitoring, the Ministry of Health (MoH) recommends seven consultations within the first year of life, two consultations in the second year of life and, from this age on, annual consultations<sup>(8)</sup>.

It stands out the care provided by nursing as essential for this process, as it develops under the premise to provide comprehensive assistance to the child and establish bonds between the family, the service and the health team<sup>(12)</sup>.

Through the immersion in the Primary Health Care Unit (PHU) in the municipality of Aracati, CE, working as a resident nurse, the researcher has realized that the child appointments were not carried out or, when accomplished, were inappropriately performed, reinforcing ignorance on the part of mothers, families and the community about the importance of regular and systematic monitoring of children for growth and development assessment, being mostly prioritized the fulfilment of curative practices.

The Integrated Health Residency (IHR), pedagogically conducted by the Public Health School of Ceará (ESP-CE), has as one of its emphases the Family and Community Health, which aims to “form/activate technical-scientific-political leadership, for qualification of primary care, aiming at the promotion, protection and recovery of health, based on interprofessional collaboration, comprehensiveness and intersectoral approach, in order to contribute to the consolidation of the career in public health, and the strengthening of the Unified Health System Networks (*Sistema Único de Saúde - SUS*)”<sup>(13)</sup>.

In the context in which the residence was experienced, it was evidenced the need for implementation of the childcare consultation and, by means of this, the opportunity to advise mothers on how to care for their child, to monitor the growth and development of the child and, consequently, to enable the early detection of diseases or any disorders. In addition, there was the support by the Family Health Support Center (*Núcleo de Apoio à Saúde da Família - NASF*), so that the children assisted could benefit from a comprehensive and multidisciplinary care, expanding the team’s *in loco* care capacity.

Given the above, the objective of this study was to report the experience of implementation of childcare and care challenges in the Family Health Strategy in a municipality of the State of Ceará.

## DATA SYNTHESIS

This study is a descriptive experience report, of qualitative approach, developed by a resident nurse in the context of the Primary Health Care Unit (PHU) in the municipality of Aracati, Ceará.

The PHU in question was inaugurated in 2005, with its own headquarters and in accordance with the standards recommended by the Ministry of Health. According to the Primary Care Information System (*Sistema de Informação da Atenção Básica - SIAB*), the mentioned unit was

responsible in 2013 for the monitoring of 1,573 families, approximately 5,778 individuals<sup>(14)</sup>. There was a significant area left uncovered, with an estimate of 169 families and approximately 477 individuals.

The staff comprised a nurse, a doctor, two resident nurses, a dentist, one resident dental surgeon, a nursing assistant and a nursing technician, a pharmacy assistant, two oral health assistants, six community health workers (CHW), a receptionist, two support services assistants, and a NASF team, consisting of one resident in each of the fields of Physiotherapy, Nutrition, Psychology, Speech Therapy, and Social Work of the municipality, who were in charge of five areas, including the aforementioned PHU.

The report systematization developed from the records taken by the resident nurse in a field diary, in the period between the months of June 2013 and April 2015. The records referred to the way mothers and family members participated and interacted during consultations and the contributions of appointments shared with NASF.

The moment after each appointments was timely for the notes to be recorded but, because of an expressive demand, these were usually accomplished at the end of a series of appointments work shift. Therefore, these notes were taken weekly from observations and reflections about the consultations performed.

## Gaining acquaintance with the territory

In the first contact with the PHU, a territorialization of the coverage area was carried out, as a methodological approach of the residency educational process. The National Primary Care Policy attaches great importance to the participation of health professionals in the process of territorialization and territory mapping of the team’s practice location, as a facilitating factor in the identification of groups, families and individuals exposed to risks and vulnerabilities, resulting, with that aid, in the delivery of actions in accordance with the actual current needs, with enhanced resolution<sup>(15)</sup>.

Through the territorialization, it was observed, as to the historical, touristic and cultural context, that the community had a strong cultural identity and was even noticeable as a resourceable place in regard to human relations. On the social aspect, the vulnerabilities of the territory, such as high rates of drug usage and trafficking, alcoholism, teenage pregnancy and unemployment, were found covering all aspects of society: cultural, financial, structural, among others, with habits and life conditions interfering with people’s health.

After learning more about the enrolled population and their needs, and through immersion in the territory, it was evidenced a schedule in which only a few programs

recommended by the MoH were benefited, and the existence of free demand at a significant quantitative. Lack of organization was perceived in relation to the consultations held in the health service, and the total number of CHWs proved insufficient to assist the entire coverage area. It was evidenced the fulfilment of practices of mainly curative nature and the ignorance on the part of mothers, families and the community about the importance of periodic and systematic monitoring directed at the child's health.

### **Implementation of childcare consultations and strengthening of maternal and child care**

By detecting the fragility in the practice of childcare consultation, we sought to establish a specific shift in the schedule for this demand - each PHU nurse was assigned a day for exclusive and priority practice of these appointments - and this information was disseminated to mothers, family and community in general. With that aim, the availability of this type of monitoring in prenatal consultations and postpartum visits was emphasized, and widely disseminated by the CHWs, key elements of the Family Health teams, given their important insertion into the community and powerful communicative performance.

During prenatal consultations, guidance on the monitoring to be carried out with the children began to be provided. At that time, it was possible to gain some knowledge of the social context in which the mother and family were inserted, their needs, and family and personal history as well, in order to identify the probable child health conditions and provide mothers with relevant information related to their child yet to be born.

After the prenatal care, home visiting is essential for mothers and their children. More commonly known as puerperal visit, it is recommended by the MoH within the first postpartum week. If not possible by that time, the best way to develop this follow-up in another moment must be agreed with the family, so that no harm be caused to those involved<sup>(8)</sup>.

During home visits, better acquaintance with the context of life of those families was achieved. Habits and beliefs were better understood, as well as the needs permeating their family structure, the fears, insecurity and concerns of the new reality. In this practice, it was extremely important to look out for the identification of some child health warning signs, and it was also a suitable time to build bonds, so that mothers and family members would develop trust, feel more secure and participate actively in the provision of care to your baby.

The childcare is a strategy used in Family Health and plays a role in monitoring child's growth and development, in order to promote a better quality of life, reduce disease incidence and increase the child's chances to develop their

potential<sup>(9,16)</sup>. It is the nurse's duty, when responsible for the consultations, to offer humanized care, considering the individuality of each child and family and, through the longitudinal follow-up, monitor, evaluate and intervene according to the needs identified<sup>(17)</sup>.

During the nursing consultation with the child, their medical history was assessed, followed by the evaluation of growth and development, by means of a head-to-toe physical examination, with measurement of anthropometric parameters (weight, head circumference, chest circumference, height), as well as evaluation of child development milestones (teething timeline, heart and lung auscultation), and investigation of the child's overall condition.

In addition to weighing, measuring and examining the child, it was important to advise mothers on health promotion, such as on the promotion of exclusive breastfeeding up to six months of age and, after this period, introduction of complementary feeding; daily sunbath; oral, intimate and environmental hygiene; verification of the vaccination records; iron supplementation after six months, that is, if no prior need was identified; teaching how to stimulate the child in the home environment; some comfort exercises in case of cramps; prevention of accidents in the home, among other basic routine care. The need to know the child's daily life, in order to deepen and guide the consultation, is also highlighted.

The National Policy for Health Promotion proposes that interventions be expanded, so that the health needs and its determinants be welcomed with a look beyond the walls of health facilities and the health system, focusing on the living conditions and favoring an enlargement of healthy choices<sup>(11)</sup>. In this sense, childcare articulates directly with the determinants of health-disease process and assumes an expanded health perspective, which, in turn, brings a new signification to the production of care.

The encouragement and stimulus should be part of all health professionals dialogue, so that caregivers (family members or others) recognize their efforts and capabilities, rendering them more confident about their skills and feeling supported for the hard task of taking care of a child<sup>(18)</sup>. The promotion of care should be developed through dialogue, embracement of the individual needs of each mother and child, and interaction with healthcare professionals, in order to build a harmonious relationship, with use of simple technologies as artifices to stimulate learning<sup>(19)</sup>.

It was observed, through the consultations, that mothers felt the need to be heard in relation to various issues that gave rise to doubts. From their own statements, actions were built in partnership, not imposing and dictating standards, even to avoid creating restrictions. It is necessary to use up activities that address the educational approach,

with language consistent with each person's culture, and not underestimate the way the other develops learning.

For this, Health Education is a practice that allows the manifestation of fears and insecurities, and provides nurses and health professionals in general with subsidies for self-reflection, as they are developing their activities. "You have to be careful so that health education be not transformed into a simple act of depositing, transferring, transmitting knowledge to the families (p. 396)"<sup>(20)</sup>.

The contribution of NASF in the consultations stands out, according to the need of evaluation or assistance, being performed jointly, as the team shared their considerations on how to develop this support. The demands proved as varied as possible and, therefore, the most significant cases were discussed and prioritized.

Some cases were selected on the need for multidisciplinary intervention: children with swallowing incoordination, difficulty in chewing, changes in growth curves (risk areas), psychomotor developmental delays, altered behavior, and cases of negligence, among others. This format of consultation was the best configuration found, so that children could benefit from a comprehensive care, covering all their needs. In this perspective, the multidisciplinary work allows a greater exchange of knowledge and experiences, establishing the value in the knowledge of the other's work, optimizing actions performed in partnership, allowing increased capability of resolution of individual and collective problems demanded by the population and, thus, providing better health services to the community<sup>(21)</sup>.

Through every positive relationship, the mothers' adherence to the recommendations addressed in the consultation is increased, and so do the bond and trust in health professionals, resulting in more effective care actions. In the pediatric area, it is particularly needed that the professionals cultivate sensitivity, promote care through communication and individualized attention, recognize the mother in their existing needs, have ability to answer to the demands that arise when developing care to the child and to include and involve family in the educational practices. Therefore, it is necessary to monitor what was taught and set the mother at ease so that they can gain confidence in themselves and in the professional and return to the service for the monitoring of the child's growth and development<sup>(19)</sup>.

### **Challenges faced in the work process for sustainability of longitudinal child care**

The consultation in childcare was implemented in the PHU in question in order to monitor children's growth and development, aiming at health promotion and disease prevention. However, for that to be implemented, it was

necessary to overcome some obstacles in the working process.

The structural barriers observed were the insufficient number of rooms and professionals, lack of supplies and equipment (children's anthropometer, ideal scale, measuring tape, socio-educational materials, among others) and limited availability of transportation, hindering the accomplishment of home visits. Regarding the resident's performance in the PHU, some difficulties were perceived, such as the lack of commitment on the part of some professionals; discrepancy in behaviors; unmotivated professionals due to work overload and shortage of courses offered for qualification of the health team. Limitations related to the municipal management support were also observed.

By experiencing the accomplishment of this practice, it became easier to understand that the expected results are not always achieved through the indicated behaviors, and that mothers and/or family members sometimes do not follow the given guidelines, and probably deal with the situation in the most convenient and appropriate way for your situation. Therefore, it is necessary to cultivate the sensitivity to realize when the interventions are not effective and review the methodologies employed.

It is noteworthy that the use of devices and simple technologies are intertwined because no one builds a humanized assistance without relating them, that is, there is no bond without a good embracement, but also there is no co-responsibility and autonomy without bond. The choice of this methodology in health practices is fundamental to achieve sustainability of the longitudinal care and the humanization of care.

The health work must be built in partnership. Despite the specificities and particularities of each profession, when performed with a multidisciplinary approach, it results in better quality of assistance, expanding care and the integration of knowledge concerning forms of care. Great understandings are thus provided to mothers, children, family members and to the health professionals themselves.

Thus, creativity is a key element for the nurse in the exercise of their profession, so they can reinvent and work with what is available. Even when faced with a challenging context, the results were the most rewarding possible and expressed by the appreciation of the work. The reflections on the produced health practices become essential to develop a self-criticism and review whether the technologies used are reflecting positively in the health care to the community.

### **CONCLUSION**

From this report, it is necessary to highlight the innovation brought by the multiprofessional residency in

health to the professionals in general, to the municipality that receives these health workers and to the community, as it offers a series of learnings and the knowledge on how to really promote health. This program regards the local, regional and national health needs, integrating knowledge and practices that allow building new skills, abilities and attitudes, therefore leading to changes, improvements, and contributing to a better quality of life for the population.

The work process directed at maternal and child health involved prenatal and puerperal care through home visits, in order to strengthen the bond with the mother and sensitize them about the importance of the childcare consultations. Efforts were invested in health promotion, a variety of guidance on the general care, encouragement for empowerment of those involved and a closer relationship with the service in the perspective of health, not only when facing disease processes. Therefore, strengthening the bonds between health professionals and the families under their health responsibility allowed the development of relationships of trust and respect, evidencing a greater acceptance of learnings provided during the consultations.

The nurse, professional whose working objective is the care, should make use of simple and resolutive strategies, use as tools the embracement, dialogue, bonds, co-responsibility and active listening between professionals and users of the health service, so that comprehensiveness can be the ground for the care offered. Furthermore, the activities carried out jointly with the NASF, the decisions shared within the staff, the shared experiences, the exchange of knowledge and practices were able to elucidate even more the importance of working in a multidisciplinary approach, reflecting in concrete results observed in the home visits.

This is not an easy task, the challenges are continuous, but the rewards can be greater and more rewarding than any experienced difficulty. It is believed that working in a humanized way is still the most admirable way to provide health care to a community in a vulnerable condition. This report is expected to promote critical thinking about the work that has been produced on health.

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