SUBJETIVIDADES
e-ISSN: 2359-0777
Universidade de Fortaleza
Research Report

Health Professionals' Practices in Infant Follow-up Visits: A Critical Literature Review

Práticas de Profissionais nas Consultas de Acompanhamento do Bebê: Uma Revisão Crítica de Literatura

Consultas de Acompañamiento del Bebé en la Atención Básica: Una Revisión Crítica de la Literatura

Consultations de Suivi du Bébé en Soins de Santé Primaires : Une Revue Critique de la Littérature

10.5020/23590777.rs.v25i1.e16978

Georgius Cardoso Esswein
Master's in Psychology and Health (UFCSPA); PhD in Psychology (UFRGS/NUDIF); Post-doctorate in Psychology and Health (UFCSPA); Professor of Psychology at Unilasalle/Canoas.

Pedro Henrique Conte Gil
PhD and Master's in Psychology from the Federal University of Rio Grande do Sul (UFRGS); Professor of Psychology at the Serra Gaúcha University Center.

Amanda Costa Schnor
Psychologist with a degree from the Pontifical Catholic University of Rio Grande do Sul (PUCRS).

Adriana de Paula Dias
Psychologist with a degree from the Federal University of Rio Grande do Sul (UFRGS).

Rita de Cássia Sobreira Lopes
PhD in Psychology; Full Professor at UFRGS; Professor and Researcher at the Graduate Program (PPG) in Psychology/UFRGS; Coordinator of NUDIF/UFRGS.

Abstract

This study presents a critical literature review (2015–2023) on health professionals' practices during infant follow-up visits (0–24 months) — the life stage with the highest visit frequency and a recognized priority within primary health care of Brazil's Unified Health System (SUS). Searches were conducted across six databases: LILACS, SciELO, PubMed, IndexPsi, PsycNet, and the BVS Portal. We identified 3,035 records and, after applying exclusion criteria, included 25 articles for analysis. Findings were examined along three axes: study aims and methods; descriptions of infant follow-up visits; and challenges affecting professional practice. Study aims were diverse, with most works describing actions performed by professionals during visits. Reported practices emphasized assessment of infants' physical health and caregivers' health education. Little attention was given to the subjective aspects of care and to the challenges faced by professionals. The challenges, often indirectly described, mainly concerned professional training, health unit infrastructure, and workload pressures. We discuss the extent to which comprehensive care is addressed in the research and practices described and highlight the importance of integrating psychology into this debate to advance truly comprehensive care.

Keywords: child care, infant care, Unified Health System, primary health care, literature review.

Resumo

Este estudo realizou uma revisão crítica da literatura (2015-2023) sobre as práticas dos profissionais de saúde, nas consultas de acompanhamento do bebê (0 a 24 meses), etapa da vida com maior frequência de consultas e reconhecida como prioritária na Atenção Básica do Sistema Único de Saúde. As buscas foram realizadas em seis bases de dados: LILACS, SciELO, PubMed, IndexPsi, PsycNet e Portal da BVS. Inicialmente, identificaram-se 3.035 registros e, após aplicação dos critérios de exclusão, incluíram-se 25 artigos para análise. Os resultados foram analisados e discutidos a partir de três eixos: objetivos e métodos; descrição das consultas de acompanhamento do bebê; e desafios para as práticas dos profissionais de saúde. Constatou-se que os objetivos dos estudos foram diversificados, sendo a maioria descrita pelas ações desenvolvidas pelos profissionais nas consultas. As práticas do acompanhamento enfatizavam a avaliação da saúde física do bebê e a educação em saúde dos cuidadores. Pouca atenção foi atribuída aos aspectos e aos desafios subjetivos enfrentados pelos profissionais. Os desafios, indiretamente descritos, referem-se, sobretudo, à formação dos profissionais, estrutura das Unidades de Saúde e na sobrecarga de trabalho dos profissionais. Discutiu-se em que medida a integralidade é contemplada pelas pesquisas e práticas descritas pelos artigos, além da importância de inserir o campo da psicologia nesse debate para a consolidação de um cuidado integral.

Palavras-chave: *cuidado da criança, cuidado do lactente, Sistema Único de Saúde, atenção primária, revisão de literatura.*

Resumen

Este estudio realizó una revisión crítica de la literatura (2015-2023) sobre las prácticas de los profesionales de salud en las consultas de acompañamiento del bebé (0 a 24 meses), etapa de la vida reconocida como prioritaria en la Atención Básica del SUS y con mayor frecuencia de consultas. Las búsquedas fueron realizadas en seis bases de datos: LILACS, SciELO, PubMed, IndexPsi, PsycNet y Portal de la BVS. Inicialmente, fueron identificados 3.035 registros y, después de la aplicación de los criterios de exclusión, se incluye 25 artículos para análisis. Los resultados fueron analizados y discutidos a partir de tres ejes: objetivos y métodos; descripción de las consultas de acompañamiento del bebé; y retos para las prácticas de los profesionales de salud. Fue comprobado que los objetivos de los estudios fueron diversificados, siendo que la mayoría describía las acciones desarrolladas por los profesionales en las consultas. Las prácticas de los acompañamientos enfocaban la evaluación de la salud física del bebé y la educación en salud de los cuidadores. Poca atención fue atribuida a los aspectos y retos subjetivos enfrentados por los profesionales. Los retos indirectamente descriptos se refieren sobre todo a la formación de los profesionales, estructura de las Unidades de Salud y en la sobrecarga de trabajo de los profesionales. Se discute en que medida la integralidad es contemplada por las investigaciones y prácticas descriptas por los artículos, además de considerar la importancia de inserir el campo de la Psicología en este debate para la consolidación de un cuidado pleno.

Palabras clave: *cuidado del niño, cuidado del lactante, Sistema Único de Salud, atención primaria de la salud, revisión de la literatura.*

Résumé

Cette étude a mené une revue critique de la littérature (2015-2023) concernant les pratiques des professionnels de santé lors des consultations de suivi du bébé (0 à 24 mois), une étape de la vie reconnue comme prioritaire dans les soins de santé primaires du SUS (Système Unique de Santé) et caractérisée par une fréquence élevée de consultations. Les recherches ont été menées dans six bases de données : LILACS, SciELO, PubMed, IndexPsi, PsycNet et Portail BVS. Initialement, 3 035 enregistrements ont été identifiés et, après l'application des critères d'exclusion, 25 articles ont été inclus pour l'analyse. Les résultats ont été analysés et discutés à partir de trois axes : les objectifs et les méthodes ; la description des consultations de suivi du bébé ; et les défis pour les pratiques des professionnels de santé. Il a été constaté que les objectifs des études étaient diversifiés, la plupart décrivant les actions menées par les professionnels lors des consultations. Les pratiques de suivi mettaient l'accent sur l'évaluation de la santé physique du bébé et sur l'éducation à la santé des soignants. Peu d'attention a été accordée aux aspects et aux défis subjectifs rencontrés par les professionnels. Les défis décrits indirectement se rapportent principalement à la formation des professionnels, à la structure des unités de santé et à la surcharge de travail des professionnels. On discute dans quelle mesure l'intégralité est prise en compte par les recherches et pratiques décrites dans les articles, tout en considérant l'importance d'intégrer le domaine de la psychologie dans ce débat pour consolider une approche de soin intégral.

Mots-clés : *soins aux enfants, soins aux nourrissons, Système Unique de Santé, soins de santé primaires, revue de la littérature.*

Child health is a priority area within primary health care of Brazil's Unified Health System (SUS). Throughout its history, multiple policies have targeted this population, chiefly to reduce maternal and infant mortality — for example, the Comprehensive Child Health Care Program (PAISC), the Humanized Care for Low-Birth-Weight Newborns – Kangaroo

Method, the Agenda of Commitments for Comprehensive Child Health and Reduction of Infant Mortality, and the Healthy Brazilian Babies Strategy (EBBS), among others (Araújo et al., 2014). These initiatives contributed to lowering mortality rates; Brazil reached — 4 years early — the goal of reducing infant mortality by two-thirds set by the United Nations Millennium Development Goals (Ministério da Saúde, 2018).

Acknowledging the need to look beyond survival to the full development of Brazil's infants and children, in 2015 the Ministry of Health coordinated existing policies and programs to establish the National Policy for Comprehensive Child Health Care (PNAISC) (Ministério da Saúde, 2018; *Portaria nº 1.130*, 2015). PNAISC aims to protect and promote comprehensive child health, from pregnancy through age 9, with special attention to early childhood and breastfeeding (*Portaria nº 1.130*, 2015).

PNAISC includes a specific axis on monitoring growth and development that "guides surveillance practices and the stimulation of infant and child growth and development, including actions to support families and strengthen family bonds through periodic, systematized visits" (*Portaria nº 1.130*, 2015, p. 60). In its documentation, PNAISC also refers to these systematized visits as "childcare," a term widely used in the medical and nursing literature (Lima et al., 2016). For this study, we chose the term "follow-up visits." We use "visits" because our interest lies specifically in these consultations, without extending to other activities that might also be considered childcare. We use "follow-up" because it appears in the title of PNAISC's Axis III (*Portaria nº 1.130*, 2015) and better conveys a longitudinal, comprehensive approach to care.

Follow-up visits are conducted at primary health care units, the level of care that coordinates patient pathways and holds a strategic position due to its proximity to the population served. In Brazil, the most prominent expression of primary health care is the family health strategy (ESF), whose teams include at minimum one physician, one nurse, one nursing assistant, and four community health workers (Ministério da Saúde, 2018).

Although follow-up is recommended through age 9, Ministry of Health materials place greater emphasis —and specify a stricter schedule — on visits from 0 to 24 months, a developmental period requiring heightened attention (Ministério da Saúde, 2018). Visits are scheduled for the 1st week of life and at 1, 2, 4, 6, 9, 12, 18, and 24 months. From age 2 onward, visits occur annually (*Nota Técnica nº 3*, 2020).

During follow-up visits, the responsible professional — pediatrician, general practitioner, or nurse — must assess and record weight, length/height, nutritional status, global developmental milestones, vaccination status, and any intercurrences, and identify health problems or risks (Ministério da Saúde, 2018). These records are entered in the Child Health Handbook, which enables professionals and caregivers to track children's health and development over time (*Nota Técnica nº 3*, 2020). Professionals are also responsible for counseling caregivers on feeding practices, encouraging breastfeeding, personal and environmental hygiene, accident prevention, vaccination, and related topics (Ministério da Saúde, 2018).

It is important to note that PNAISC is grounded in the principle of comprehensive care (*Portaria nº 1.130*, 2015). Its approach addresses multiple dimensions of health and development — especially in early childhood — rather than focusing solely on disease treatment. It also moves beyond biomedical models by seeking to encompass not only organic indicators but also global and emotional development, living conditions, and other aspects of infant health in relation to territory and social context (Ministério da Saúde, 2018).

However, the participation of other professionals — such as nutritionists, dentists, and psychologists — who could strengthen a comprehensive care perspective is not guaranteed within health units; it varies according to local management and federal transfers to municipalities (Araújo & Rocha, 2007). In 2020, the Ministry of Health issued a technical note (*Nota Técnica nº 3*, 2020) that revoked the activities of the Family Health and Primary Care Support Centers (NASF-AB), which had provided specialized matrix support across disciplines — thereby, paradoxically, hindering the consolidation of comprehensive-care principles.

Because of the importance of follow-up visits for comprehensive infant health and the potential contributions of a psychological lens to this practice, this study offers a reading and analysis of academic works from the perspective of psychology researchers. We underscore the originality of this effort: to date, we have not identified any review with this focus, despite the topic's relevance. It is also pertinent to disclose the authors' disciplinary backgrounds, as this dimension is inherent to all research yet often undervalued — and at times disregarded — in knowledge production (Taquette & Souza, 2022). We also view this effort as a dialogue across fields, since psychology remains insufficiently integrated into follow-up visits.

Accordingly, in light of the scarcity of psychology-informed reviews in this area and the specificities of Brazil's health system, this article analyzes the 2015–2023 literature on healthcare professionals' practices during follow-up visits for infants aged 0–24 months in SUS primary health care. In particular, we examine how the studies describe the practices carried out in these visits and the challenges involved.

This article is part of a broader research project conducted by the Childhood and Family Research Group (NUDIF) at the Universidade Federal do Rio Grande do Sul (UFRGS), titled "SUSBEBÊ: Challenges in SUS Practices and Actions Aimed at Comprehensive Infant Health." In keeping with Collective Health principles, the project approaches knowledge production from within the territories under study (Haraway, 1995). Our aim here is not to compare findings with work from other health systems, but to analyze the body of research produced about SUS itself.

Method

This critical literature review addressed the following research question: How do studies investigating infant follow-up visits in primary health care describe health professionals' practices and their main challenges? Study selection and inclusion followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement (Page et al., 2021). The review process comprised (a) a database search using topic-related keywords; (b) screening, appraisal, and inclusion of abstracts; (c) full-text reading and appraisal; and (d) content analysis of the included articles, aligned with this study's aims, with particular attention to how the literature describes and discusses healthcare professionals' practices in the context of infant follow-up visits.

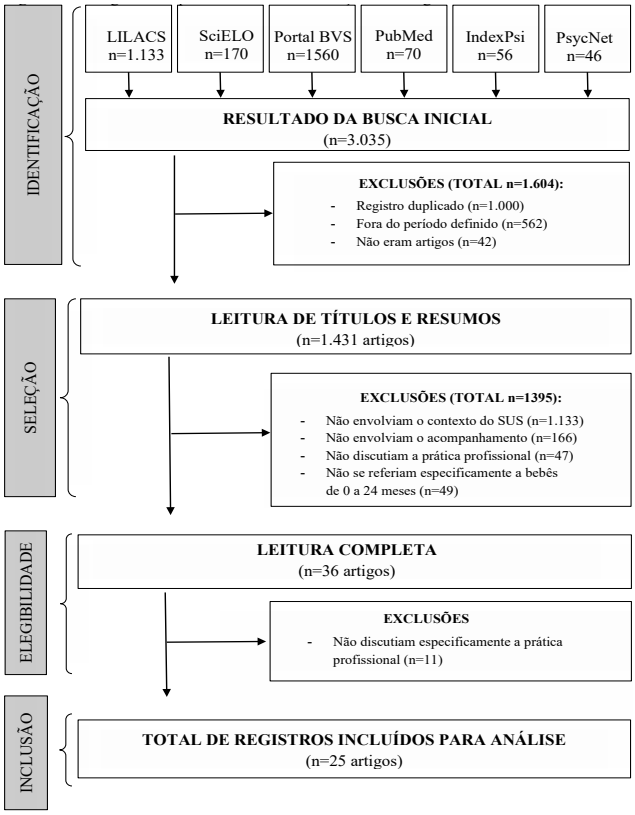
Searches were conducted in six national and international databases — LILACS, SciELO, PubMed, IndexPsi, PsycNet, and the BVS Portal — chosen because they are among the most important health databases for studies conducted in Brazil and allow identification of articles relevant to this review's scope. We included publications from 2015 through June 2023 (date of the last search), with no language restrictions. The year 2015 was selected as a starting point because it marked the publication of PNAISC and, as noted earlier, represents a key milestone in organizing Brazil's infant health-care network.

Descriptors were combined into two Portuguese sets and three English sets, drawing on DeCS (Health Sciences Descriptors) terms and additional synonymous or equivalent terms not indexed in DeCS but present in the literature. The Portuguese set was: "SUS" OR "atenção básica" OR "atenção primária à saúde" OR "estratégia saúde da família"; AND "desenvolvimento infantil" OR "crescimento e desenvolvimento" OR "puericultura" (translated here as "childcare") OR "cuidado do lactente." The English set was: "SUS" OR "primary health care" OR "family health strategy" OR "Unified Health System"; AND "child development" OR "growth and development" OR "child care" OR "infant care." We also added "Brazil" OR "Brazilian" to capture SUS-context studies within international databases. Both Portuguese and English descriptor sets were applied across all databases. Abstract screening was assisted by the Rayyan software.

The initial search retrieved 3,035 records. After applying inclusion and exclusion criteria, 25 articles were included for analysis. Figure 1 details the PRISMA flow — identification, screening, eligibility, and inclusion (Page et al., 2021). All stages involved at least two authors acting as independent reviewers. Disagreements regarding abstract or article inclusion were resolved by a third reviewer, a coauthor of this review. Study inclusion was therefore determined by consensus (Lotzin et al., 2015).

Figure 1

Flowchart of the article search and selection process



The selected articles were read in full and discussed by the author group. Based on these initial readings, we created the following categories to deepen analysis of the material: (a) publication area; (b) objectives; (c) methodological approach; (d) participants/sample; (e) data collection and analysis; (f) main findings; (g) practices attributed to professionals and the terms used to name the follow-up visits; (h) infant health aspects considered by each study and the scope of comprehensive care; (i) the relationship between health professionals and infant caregivers; and (j) challenges in professionals' work and any recommendations reported by the article authors.

To present the analysis and discussion in this paper, we conducted an inductive thematic analysis (Braun & Clarke, 2006). From the material, three discussion axes were developed: "analysis of article objectives and methodological aspects," which summarizes the publication areas, objectives, and methods; "description of infant follow-up visits," which examines how the articles portray and conceptualize professionals' work in these visits; and "challenges for professionals conducting infant follow-up visits," which reviews descriptions of the obstacles these professionals face in carrying out their work. Beyond a conventional synthesis of results and evidence, this review offers a critical, reflective analysis of how studies present health professionals' practices in infant follow-up visits within SUS primary health care.

Details on the objectives, methodological aspects, and main findings of each study are provided in Table 1. For the discussion axes, given the number of references and the need to keep the manuscript readable, we adopted the following approach: rather than listing every citation in the body text, articles are referred to by numbers corresponding to Table 1. In addition, Table 2 presents a synthesis showing all articles that support each statement discussed in the manuscript. This allows readers to follow the review's findings smoothly and, if they wish, to locate in one place all studies that underpin each topic of our analysis.

Table 1

Characterization of the analyzed articles by authors, objectives, methodological aspects, and main findings (n=25)

Study ID	Objective	Sample/participants	Data collection and analysis methods		Main findings reported by the articles
			Data collection	*Data analysis*	
1 Arpini et al., 2015	To publicize the activities of an outreach project at a BHU in a mid-sized city.	Experience report on a psychology extension project (UFSM) focused on the mother–infant relationship.	Experience report: description of activities; use of IRDI; observation of visits; caregiver interviews and guidance; referrals.		A strong relationship between the team and the mother–infant dyad increased attendance at follow-up visits. Some health indicators may be overlooked when professionals are more attuned to physical aspects; however, these visits can open space to hear and address caregivers' concerns.
2 Pereira et al., 2015	To identify the concept of health education guiding nurses' educational practice in PHC.	10 nurses working in ESF units in João Pessoa (PB).	Semi-structured interviews.	Thematic content analysis.	Although nurses framed health education as health promotion, their discourse retained biomedical/hygienist traces. Guidance commonly covered hygiene, vaccination schedule, nutrition, and individual/group education. Difficulties were noted regarding guidance on psychomotor stimulation due to workload.
3 Reis et al., 2015	To investigate knowledge, practices, and attitudes in oral health within childcare activities among physicians and nurses.	47 physicians and 27 nurses (contracted and residents) from 11 health units in Porto Alegre (RS).	32-item multiple-choice questionnaire.	Chi-square and *t*-tests.	Few statistically significant differences between physicians and nurses at SSC-GHC, including by time since graduation and field of practice.
4 Carvalho & Sarinho, 2016	To assess work-process actions and infrastructure in nursing consultations for children <1 year within growth and development follow-up in the ESF.	7 nurses from seven BHUs in a state capital; 80 observed consultations.	Observation checklists of BHU structure and nursing consultation in childcare; family chart; structured interview.	Descriptive statistics (central tendency, dispersion) and chi-square; quantitative content analysis of interviews.	Positive aspects in BHU physical structure (exclusive rooms, cleanliness). Shortages in anthropometry materials. All nurses recorded weight, length, and head circumference in the CHH; developmental milestones were not recorded for 49% of infants < 1 year, 66.7% of whom were < 1 month.
5 Moreira & Gaíva, 2016	To analyze how nurses' interpersonal communication fosters or limits mothers'/families' autonomy in child-care consultations.	4 nurses responsible for nursing consultations in four BHUs in Cuiabá (MT).	Observation of 21 consultations; field diaries by 3 researchers; audio recordings.	Inductive thematic content analysis.	Communication could be imposing/ authoritarian and vertical — hindering maternal autonomy — or could promote caregiver autonomy, strengthening trust between professionals and caregivers.

6 Santos et al., 2016	No explicit objective. The article discuss the organization and development of interprofessional work in PHC.	One mother–infant dyad followed by a PHC team.	Case study: case description and team interventions.		Interprofessional work transformed practices. Shared actions across professions addressed specific needs of the caregiver and infant.
7 Moreira & Gaíva, 2017	To analyze actions performed by nurses during consultations that relate to the child's living context and family environment to promote health.	21 consultations for infants 0–2 years in 4 BHUs in Cuiabá (MT).	Observation; field diaries; audio recordings.	Inductive thematic content analysis.	Some nurses considered living environment/ context; others did not. Even among those who did, culture and family economic situation were generally not addressed.
8 Reichert et al., 2017	To identify, from mothers' perspective, the presence of bonding between nurses and mothers of children <2 years in PHC nursing consultations.	7 mothers of children <2 years in 7 FHUs in João Pessoa (PB).	Semi-structured interviews.	Thematic content analysis with frequency counts.	Mothers valued professionals' availability, attention, support, and problem-solving. Bond formed when care did not focus solely on the infant or when professionals were perceived as competent. Dialogue and listening strengthened relationships and encouraged non-curative service use.
9 Araújo et al., 2018	To describe a collective, shared model for growth and development follow-up.	Experience report from a Multidisciplinary Residency.	Experience report of activities in the proposed collective/shared G&D model.		Team actions: initial consultation, caregiver conversation, interprofessional collaboration, surveillance measures. Interprofessional interaction enhanced prevention and oral-health promotion, strengthening collaborative work.
10 Brito et al., 2018	To understand childcare consultations from the perspective of nurses attending children 0–2 years.	9 nurses in ESF units in Parnaíba (PI).	Semi-structured interviews.	Thematic content analysis.	Facilitators: vaccination moments; identifying families' individual needs; adequate infrastructure; multidisciplinary teamwork for comprehensive care; CHW outreach; bonding between families and professionals. Barriers: demand for curative care only; inadequate infrastructure; professional workload.
11 Dantas et al., 2018	To explore PHC nurses' social representations of postpartum nursing care.	31 nurses from ESF units in Mossoró (RN).	Semi-structured interviews.	Descending hierarchical classification (lexical analysis).	Greater value placed on newborn care than on puerperal care. Need for comprehensive practice beyond technical procedures, with qualified listening and attention to all health dimensions of postpartum women.
12 Lucena et al., 2018	To describe ESF nurses' actions regarding the "First Comprehensive Week" for newborn care.	9 nurses from BHUs in João Pessoa (PB).	Semi-structured interviews.	Thematic content analysis.	Post-cesarean mothers often did not return home within 7 days, delaying the First Comprehensive Week. Prenatal counseling for caregivers is suggested. Late home visits compromised exclusive breastfeeding and long-term health/development. The professional–caregiver relationship was key to continuity of care.
13 Nascimento et al., 2018	To identify ESF nurses' role in early ASD detection.	10 nurses from ESF units in Maceió (AL).	Semi-structured interviews; observation of consultations; field diary with protocol-based notes.	Thematic content analysis; qualitative data triangulation.	Although nurses believed in early intervention, they reported difficulties detecting ASD signs and symptoms (lack of training, tools, and a sense that ASD identification is not their responsibility). When signs were identified, referrals were made. Professionals reported frustration discussing the topic.
14 Vieira et al., 2018	To analyze nursing care actions during childcare consultations.	31 nurses conducting childcare consultations for children ≤2 years in ESF units in João Pessoa (PB).	Observation of three consultations per nurse (93 total); author-developed performance tool.	Statistical analyses; instrument developed by the authors for performance evaluation.	Most frequent practices: immunization, iron supplementation, vitamin A index assessment. Less frequent: history-taking, reception, physical exam/neuropsychomotor development assessment, and health education. No practice averaged >70% overall; only one nurse had acceptable performance (>75%); others ranged 25%–75%.

15 Gomes et al., 2019	To describe parents' discourse on concepts and knowledge about newborn screening.	18 mothers and 2 fathers of newborns followed in three FHUs in São Felipe (BA).	Sociodemographic questionnaire; open-ended interview.	Collective subject discourse analysis.	Parents understood the purpose of the heel-prick test and had access to information on newborn screening. Knowledge was reinforced by professional/prenatal care, peers, and media.
16 Rodrigues et al., 2019	To investigate mothers' adherence to child growth and development follow-up visits and associated factors.	70 mothers/caregivers of children <2 years followed in BHUs in Pau dos Ferros (RN).	Form with open/ closed questions.	Quantitative content analysis.	The nurse–caregiver relationship was a key factor motivating adherence. Other factors: scheduled appointments; knowledge of the importance of follow-up; satisfactory attention from nurses.
17 Souza et al., 2019	To evaluate surveillance and stimulation actions for child growth and development carried out in PHC.	40 nurses and 503 caregivers of infants (0–2 years) from 40 ESF units in Caruaru (PE).	Questionnaires assessing unit structure, work processes, and caregiver characteristics.	Descriptive statistics.	Professionals performed physical exams, anthropometric measurements, and provided infant-care guidance. In the CHH, weight, length, and head circumference were recorded; BMI-for-age had gaps. Unit structural dimension was rated inadequate (64%).
18 Vieira et al., 2019	To investigate nurses' work process in childcare consultations regarding developmental surveillance.	19 nurses in ESF units in Teresina (PI).	Semi-structured interviews.	Thematic content analysis.	Nurses implemented recommended actions (history, physical exam, anthropometry, counseling). Developmental follow-up was weakened by poor infrastructure, lack of supplies, and low caregiver adherence. CHH records and multidisciplinary action were deemed important.
19 Araújo et al., 2021	To understand mothers' lived experience with PHC follow-up through the child's 6th month.	19 mothers seen in different BHUs in a Southern municipality.	Semi-structured interviews.	Qualitative analysis based on Alfred Schutz's Social Phenomenology.	Consultations alternated/shared between a general practitioner and a nurse. Some infants were seen outside the MOH-recommended intervals. Mothers desired more frequent visits and closer ties with professionals. Another challenge was staff shortages.
20 Monteiro et al., 2020	To analyze mothers' understanding of nursing childcare consultations in the ESF of a city in Paraíba.	13 mothers of infants <2 years followed in BHUs in Matinhas (PB).	Semi-structured interviews.	Thematic content analysis.	Mothers viewed childcare consultations as opportunities to monitor infant health and detect possible health/development problems. They highlighted nurses' guidance and the relationship with professionals. Scheduling and work-time conflicts hindered attendance.
21 Pitz et al., 2021.	To describe ESF nursing professionals' knowledge of ASD screening indicators and practical applicability in childcare consultations.	9 nurses from ESF units in a city in northern Santa Catarina.	Semi-structured interviews; observation and field diary.	Thematic content analysis.	Nurses reported doubts/difficulties describing ASD but recognized the importance of early signs, especially developmental milestones in the CHH. They saw potential for using ASD sign-identification tools in consultations.
22 Diniz et al., 2021	To analyze CIP among ESF and NASF-AB professionals in PHC in a small municipality.	5 professionals engaged in CIP across three BHUs in the city of Montadas (PB).	Semi-structured interviews; characterization and collaborative-competency questionnaires; structured observation with field diary.	Thematic content analysis.	Observed collaborative competencies in G&D follow-up for infants 0–2 years: interprofessional communication; role clarity; conflict resolution; and collaborative leadership. Competencies were attributed to collaborative practice experiences, viewed as an educational tool.
23 Hirano et al., 2021	To understand mothers' and health professionals' experiences with breastfeeding and complementary feeding in a border region.	12 mothers of infants <2 years; 12 professionals who attend infants.	Semi-structured interviews.	Thematic content analysis.	Work related to breastfeeding was considered satisfactory but hampered by excessive demand. Care for "Brazilian-Paraguayan" infants was fragile, as caregivers sought services only when health needs arose.

24 Marques et al., 2021	To analyze growth and development follow-up consultations and recording in the CHH in PHC services in inland Paraná.	230 mothers of infants <6 months.	Review of participants' CHHs; interviews with mothers.	Descriptive statistics and Pearson's chi-square.	CHH recording predominated during consultations in the first 2 trimesters of life, with under-recording from the third trimester onward. Significant differences were found between mid- and large-sized cities. Counseling on breastfeeding, complementary feeding, and vaccination was frequent.
25 Guareschi et al., 2022	Report the experience of a nursing childcare consultation for a refugee puerperal woman and her newborn from a transcultural health-education perspective (Leininger).	Experience report from a Neonatal Nursing Residency.	Experience report by residents, mentors, preceptor, and coordinators of the "Aprender Saúde" extension project (EPE/UNIFESP).		Initial consultations were conducted via video call with a Haitian Creole interpreter due to a request for infant formula. In-person visits were later scheduled for ongoing guidance on infant care and health. The main challenge was communication due to linguistic and cultural differences.

AL = Alagoas; ASD = autism spectrum disorder; BA = Bahia; BHU = Basic Health Unit; BMI = body mass index; CHH = Child Health Handbook; CHW = community health worker; CIP = Collaborative Interprofessional Practice; EPE = Escola Paulista de Enfermagem; ESF = Family Health Strategy; FHU = Family Health Unit; G&D = growth and development; IRDI = Clinical Indicators of Risk for Child Development; MOH = Ministry of Health; MT = Mato Grosso; NASF-AB = Family Health and Primary Care Support Centers; PB = Paraíba; PE = Pernambuco; PHC = primary health care; PI = Piauí; RN = Rio Grande do Norte; RS = Rio Grande do Sul; SSC-GHC = Serviço de Saúde Comunitária – Grupo Hospitalar Conceição; UFSM = Universidade Federal de Santa Maria; UNIFESP = Universidade Federal de São Paulo.

Table 2

Description of follow-up visits and their challenges: discussion results

Description of infant follow-up visits	
Practices described by the articles	
Assessment of overall infant health	Araújo et al., 2018; Arpini et al., 2015; Brito et al., 2018; Carvalho & Sarinho, 2016; Gomes et al., 2019; Lucena et al., 2018; Nascimento et al., 2018; Reichert et al., 2017; Rodrigues et al., 2019; Santos et al., 2016; Souza et al., 2019; Vieira et al., 2019; Araújo et al., 2020; Monteiro et al., 2020; Diniz et al., 2021; Guareschi et al., 2022
Health education/caregiver counseling	Araújo et al., 2018; Arpini et al., 2015; Gomes et al., 2019; Lucena et al., 2018; Moreira & Gaiva, 2016; Moreira & Gaiva, 2017; Pereira et al., 2015; Rodrigues et al., 2019; Santos et al., 2016; Souza et al., 2019; Monteiro et al, 2020; Diniz et al., 2021; Marques et al., 2021; Guareschi et al., 2022
Growth assessment	Araújo et al., 2018; Brito et al., 2018; Carvalho & Sarinho, 2016; Lucena et al., 2018; Nascimento et al., 2018; Rodrigues et al., 2019; Santos et al., 2016; Souza et al., 2019; Vieira et al., 2019; Diniz et al., 2021; Monteiro et al., 2020; Marques et al., 2021
Developmental assessment	Arpini et al., 2015; Brito et al., 2018; Carvalho & Sarinho, 2016; Lucena et al., 2018; Nascimento et al., 2018; Souza et al., 2019; Vieira et al., 2019; Diniz et al., 2021; Monteiro et al., 2020; Marques et al., 2021
Recording in the CHH	Araújo et al., 2018; Carvalho & Sarinho, 2016; Nascimento et al., 2018; Pereira et al., 2015; Souza et al., 2019; Vieira et al., 2018; Vieira et al., 2019; Diniz et al., 2021; Marques et al., 2021
Promotion of breastfeeding and nutritional development	Araújo et al., 2018; Lucena et al., 2018; Nascimento et al., 2018; Reis et al., 2015; Araújo et al., 2021; Diniz et al., 2021; Hirano et al., 2021, Marques et al., 2021; Guareschi et al., 2022
Immunization status assessment	Brito et al., 2018; Lucena et al., 2018; Vieira et al., 2018; Souza et al., 2019; Monteiro et al., 2020
Referral to other professionals or health services	Araújo et al., 2018; Moreira & Gaiva, 2017; Nascimento et al., 2018; Souza et al., 2019; Diniz et al., 2021
Accident prevention in the home	Diniz et al., 2021
Surveillance for domestic violence	Diniz et al., 2021
Terms used to define follow-up visits	
Childcare	Araújo et al., 2018; Arpini et al., 2015; Brito et al., 2018; Carvalho & Sarinho, 2016; Gomes et al., 2019; Lucena et al., 2018; Nascimento et al., 2018; Pereira et al., 2015; Reichert et al., 2017; Reis et al., 2015; Rodrigues et al., 2019; Santos et al., 2016; Vieira et al., 2018; Vieira et al., 2019; Pitz et al., 2021; Araujo et al., 2020; Monteiro et al., 2020; Hirano et al., 2021
Growth and development follow-up	Araújo et al., 2018; Arpini et al., 2015; Carvalho & Sarinho, 2016; Gomes et al., 2019; Moreira & Gaiva, 2017; Pereira et al., 2015; Reichert et al., 2017; Rodrigues et al., 2019; Souza et al., 2019; Vieira et al., 2018; Vieira et al., 2019; Araujo et al., 2020, Diniz et al., 2021; Marques et al., 2021
Growth and development surveillance	Carvalho & Sarinho, 2016; Lucena et al., 2018; Pereira et al., 2015; Reichert et al., 2017; Souza et al., 2019; Vieira et al., 2019; Monteiro et al., 2020
Nursing consultation	Moreira & Gaiva, 2016; Nascimento et al., 2018; Reichert et al., 2017; Reis et al., 2015; Vieira et al., 2018; Vieira et al., 2019; Guareschi et al., 2022

	Other infant-health aspects addressed by the articles: beyond the body
Emotional health of infants and caregivers	Arpini et al., 2015; Brito et al., 2018; Hirano et al., 2021
Social context or living conditions	Arpini et al., 2015; Moreira & Gaiva, 2016; Santos et al., 2016; Moreira & Gaiva, 2017; Brito et al., 2018; Dantas et al., 2018; Lucena et al., 2018; Vieira et al., 2018; Rodrigues et al., 2019; Guareschi et al., 2022
	Professional–caregiver relationship
Relationship and attendance at visits	Brito et al., 2018; Lucena et al., 2018; Moreira & Gaiva, 2017; Reichert et al., 2017; Rodrigues et al., 2019; Santos et al., 2016; Vieira et al., 2018; Monteiro et al., 2020; Guareschi et al., 2022
Relationship, respect, and welcoming of diversity	Arpini et al., 2015; Dantas et al., 2018; Moreira & Gaiva, 2016; Moreira & Gaiva, 2017; Monteiro et al., 2020; Guareschi et al., 2022
Challenges for professionals conducting infant follow-up visits	
	Challenges
Articles that indirectly describe challenges in infant follow-up work	Pereira et al., 2015; Reis et al., 2015; Carvalho & Sarinho, 2016; Santos et al., 2016; Moreira & Gaíva, 2017; Reichert et al., 2017; Brito et al., 2018; Dantas et al., 2018; Lucena et al., 2018; Nascimento et al., 2018; Vieira et al., 2018; Gomes et al., 2019; Rodrigues et al., 2019; Souza et al., 2019; Vieira et al., 2019; Araújo et al., 2020; Monteiro et al., 2020; Pitz et al., 2021; Diniz et al., 2021; Hirano et al., 2021; Marques et al., 2021; Guareschi et al., 2022
Training-related challenges	Carvalho & Sarinho, 2016; Dantas et al., 2018; Lucena et al., 2018; Nascimento et al., 2018; Pereira et al., 2015; Reis et al., 2015; Souza et al., 2019; Hirano et al., 2021; Diniz et al., 2021
Challenges related to health-unit or network infrastructure	Brito et al., 2018; Carvalho & Sarinho, 2016; Dantas et al., 2018; Moreira & Gaiva, 2017; Vieira et al., 2019; Araújo et al., 2020; Monteiro et al., 2020
Excess tasks and nurses' administrative workload	Brito et al., 2018; Carvalho & Sarinho, 2016; Lucena et al., 2018; Pereira et al., 2015; Vieira et al., 2019, Hirano et al., 2021
Poor adherence to visits	Brito et al., 2018; Carvalho & Sarinho, 2016; Lucena et al., 2018; Nascimento et al., 2018; Reichert et al., 2017; Rodrigues et al., 2019; Vieira et al., 2019
Challenges using the CHH	Carvalho & Sarinho, 2016; Nascimento et al., 2018; Souza et al., 2019; Marques et al., 2021
Cultural and linguistic diversity challenges	Guareschi et al., 2022
Pandemic-related challenges	Guareschi et al., 2022
	Suggestions proposed by the articles to overcome challenges
Training focused on infant-specific needs	Brito et al., 2018; Carvalho & Sarinho, 2016; Gomes et al., 2019; Nascimento et al., 2018; Pereira et al., 2015; Reichert et al., 2017; Reis et al., 2015; Santos et al., 2016; Souza et al., 2019; Vieira et al., 2018; Hirano et al., 2021
Reorganization of work processes	Brito et al., 2018; Souza et al., 2019; Vieira et al., 2018; Vieira et al., 2019; Monteiro et al., 2020; Guareschi et al., 2022
Improved physical structure and material resources	Carvalho & Sarinho, 2016; Brito et al., 2018; Souza et al., 2019; Vieira et al., 2019
Promoting professionals' engagement with users and their sociocultural context	Moreira & Gaiva, 2017; Vieira et al., 2019; Guareschi et al., 2022
Participation of different caregivers in visits	Gomes et al., 2019
Investment in team humanization	Rodrigues et al., 2019
Use of protocols to identify and refer suspected ASD cases	Pitz et al., 2021
Health-education strategies	Guareschi et al., 2022
Opportunities for dialogue with teams and agents from other countries	Hirano et al., 2021

ASD = autism spectrum disorder; CHH = Child Health Handbook.

Results and Discussion

Analysis of Study Objectives and Methodological Aspects

Across the selected articles, publications appeared predominantly in nursing journals (2, 4, 5, 7, 8, 11, 12, 13, 14, 16, 17, 18, 20, 23, 24, 25), followed by interdisciplinary journals (9, 15, 21, 22), Collective Health (6, 10, 19), Dentistry (3), and Psychology (1). Although infant follow-up visits are grounded in comprehensive care — i.e., the articulation of different areas, bodies of knowledge, and health practices (Ministério da Saúde, 2018) — the predominance of nursing outlets stands out. This imbalance may reflect the fact that nurses are among the main professionals conducting follow-up visits. Conversely, we note the absence of studies in pediatrics or medicine, even though pediatricians and family physicians, like nurses, commonly conduct these visits.

Study objectives varied. Many aimed primarily to describe actions carried out during visits (4, 6, 7, 12, 13, 14, 17, 18, 24); others examined professionals' or users' perceptions of key aspects of the visits (2, 3, 8, 10, 11, 15, 19, 20, 21); some reported singular experiences of visits (1, 9, 22, 23, 25); one investigated caregivers' adherence to services (16); and another focused on professional–user communication (5). Notably, one article (6) lacked a discrete objectives section; its aims were inferred from the justifications and results.

Methodologically, qualitative approaches predominated (1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 15, 18, 19, 20, 21, 22, 23, 25), typically using interviews, observation, and field diaries for data collection and thematic content analysis for interpretation. Among these, three were experience reports (1, 9, 25). Quantitative studies (3, 4, 14, 16, 17, 24) used questionnaires, scales, and observation checklists; the most common analyses were descriptive statistics, chi-square, and *t*-tests.

There is notable diversity in methods used to study follow-up visits, which is positive given that different designs capture distinct facets of growth-and-development care. However, given the complexity of the phenomenon, the field would benefit from longitudinal designs and mixed-methods research; all included studies were cross-sectional with either qualitative or quantitative approaches. Most articles reported basic methodological information (participants, instruments/devices, data-collection procedures, and data-analysis procedures), with one exception (16), which described a quantitative analytic method yet presented and discussed qualitative data in its results.

Description of Infant Follow-up Visits

The practices most frequently described were overall assessment of the infant's health (1, 4, 6, 8, 9, 10, 12, 13, 15, 16, 17, 18, 19, 20, 22, 25), followed by guidance to parents/caregivers — often framed as "health education" (1, 2, 5, 6, 7, 9, 12, 15, 16, 17, 20, 22, 24, 25) — growth assessment (4, 6, 9, 10, 12, 13, 16, 17, 18, 20, 22, 24), developmental assessment (1, 4, 10, 12, 13, 17, 18, 20, 22, 24), recording in the CHH (2, 4, 9, 13, 14, 17, 18, 22, 24), promotion of breastfeeding and nutritional development (3, 9, 12, 13, 19, 22, 23, 24, 25), assessment of immunization status (10, 12, 14, 17, 20), referral to other professionals and/or specialties (7, 9, 13, 17, 22), and — reported by one study (22) — actions for preventing household accidents and monitoring domestic violence. The articles attribute multiple responsibilities to professionals conducting follow-up visits, many of which are performed by the same professional in a single encounter. Although our review period encompassed the entire pandemic, only one study considered this context (25).

Even while addressing the same practice, the articles conceptualize visits from different perspectives, using the terms childcare (1, 2, 3, 4, 6, 8, 9, 10, 12, 13, 14, 15, 16, 18, 19, 20, 21, 23); growth-and-development follow-up (1, 2, 4, 7, 8, 9, 14, 15, 16, 17, 18, 19, 22, 24); growth-and-development surveillance (2, 4, 8, 12, 17, 18, 20); and nursing consultation, especially when embedded in nurses' work (3, 5, 8, 13, 14, 18, 25). Most articles employ more than one term, underscoring conceptual arbitrariness. Such labels originate in different fields of knowledge and reflect distinct understandings of care.

The most common term, "childcare," has historical roots in an educational context. Although it dates to the 16th century, childcare became a specific concern in Brazil in the 18th century, when physical-education treatises, infant-hygiene guides directed to mothers, and theses on the topic were produced (Bonilha & Rivorêdo, 2005). The notion of "surveillance" dates to the Middle Ages with compulsory isolation and quarantine measures separating healthy from ill individuals; with advances in epidemiology — especially in the 1960s — epidemiological surveillance was defined as systematic monitoring for disease control (Waldman, 1991). "Growth-and-development follow-up" appears in both Ordinance No. 1,130 of 2015 (*Portaria n° 3*, 2015), which instituted PNAISC, and in its implementation manual (Ministério da Saúde, 2018). Notably, PNAISC also describes follow-up as a "surveillance practice," suggesting that official documents share the same conceptual arbitrariness observed in the reviewed articles.

While the terms childcare, surveillance, and follow-up are often used interchangeably, their meanings remain salient. Childcare, in particular, aligns with the emphasis many articles place on educational practices that rely on pedagogical strategies to convey to caregivers a "right way" to care for the infant. This raises the question of whether such emphasis reinforces control more than care. Dunker and Thebas (2019) differentiate these perspectives, arguing that care is, in fact, the inverse of control. When one "cares for the other despite the other" — presupposing what is best and disregarding subjectivity — the relationship becomes one of control. Such practices position users as instruments and overlook autonomy. Care, by contrast, requires waiting, listening, and encounter. It is within the encounter among health professional, infant, and caregiver that a genuine practice of follow-up — being with the other in an attitude of care and otherness — can take shape.

Another conceptual point is the articles' emphasis on characterizing follow-up visits as comprehensive care, attentive to biological, psychological, and social dimensions. Yet, despite this framing, the discussions concentrate largely on physical aspects of health. Few studies address the emotional needs of infants and caregivers (1, 10, 23). Some mention social context or living conditions as important considerations for professionals (1, 5, 6, 7, 10, 11, 12, 14, 16, 25), but only one develops an analysis of users' life contexts based on its data (7). Study 7 describes both nurses who considered families' sociocultural particularities and those who did not. According to the authors, understanding families' cultural realities facilitates communication and helps build the professional–user trust essential to nurses' follow-up work (7).

The importance of the professional–caregiver relationship for carrying out follow-up visits is underscored across the review. Several articles associate "bonding" with caregivers' attendance at visits (6, 7, 8, 10, 12, 14, 16, 20, 25). In these studies, caregiver attendance reflects a strong bond among caregivers, professionals, and services — an important condition for continuity of care. Study 22 highlights that a trust-based professional–user relationship is fundamental to the effectiveness of therapeutic decisions. Other articles stress that communication should not aim at control; rather, it should respect specificities, welcome differences, and recognize diverse life contexts and cultures (1, 5, 7, 11, 20, 25).

Attention to the triadic relationship among professionals, caregivers, and infants is also crucial. A literature review on asymmetries in the physician–patient relationship (Caprara & Rodrigues, 2004) indicates that this relationship is weakened when professionals disregard patients' subjective and social dimensions, assuming a position of absolute authority. The consequences can include lower user satisfaction and impacts on health status. Moreover, the term "bond" is frequently used without clear definition, becoming generic and undefined despite its recognized importance.

Listening is fundamental to consolidating comprehensive infant care. Users' complaints are not always resolved through biomedical interventions; often they express other forms of suffering that can be recognized only if someone is willing to listen (Val et al., 2017). One included study (1) describes how many aspects of caregivers' distress could be addressed only after questions and complaints that initially appeared tied to physical development. Another (23) reinforces the need for qualified, welcoming, nonjudgmental listening during weaning, a period marked by insecurities and emotional, biological, and social implications. Thus, the relationship between health professionals and users goes beyond service provision; it is an everyday opportunity for qualified listening (Val et al., 2017).

Making room for listening requires letting go of certain technicist traditions in health care. Current efforts to standardize care through protocols can prevent technical errors, but they may also limit the professional's ability to be with the other and to provide care aligned with users' needs (Serralha, 2013). Listening as an ever-renewed experience demands openness to the unexpected (Dunker & Thebas, 2019) — a stance that depends on each professional's availability.

Challenges in Professionals' Practices During Infant Follow-up Visits

None of the analyzed articles set out primarily to investigate the challenges faced by professionals. Nevertheless, they indirectly describe difficulties and adversities encountered in practice, especially when following infants in diverse situations (2,3,4,6,7,8,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25). The most frequently mentioned challenge concerns professional training (2,3,4,11,12,13,17,22,23), encompassing both initial education and continuing education. Gaps relate especially to the specificities of infant and family health and development as well as to issues involving the organization of the health system itself and interprofessional work. Another highlighted aspect concerns the structure and functioning of Health Units (4,7,10,11,18,19,20), notably the lack of adequate conditions to perform the work, including insufficient equipment, staffing shortages, restricted opening hours, and the absence of a welcoming environment.

Regarding nurses specifically (2,4,10,12,18,23), an excess of functions and dedication to administrative activities contribute to work overload, hindering the performance of infant follow-up visits. Such overload appears normalized given the breadth of responsibilities described across the articles. In addition, prioritizing quantity over quality — combined with feelings of professional devaluation — emerges as a factor that undermines both process and quality of care.

Poor adherence to visits is also cited as a condition that compromises continuity of care — one of the structuring elements of follow-up (4,8,10,12,13,16,18). Conversely, prenatal consultations are identified as an important strategy for building the bond needed for caregivers to continue bringing infants for follow-up (4,8,10,11,16).

The articles further note challenges in the way the CHH is used, especially with respect to recommended guidance and record-keeping (4,13,17,24). This is a critical point, since the CHH is understood as essential for longitudinal follow-up. It allows caregivers to track the work carried out by professionals and services and serves as the official record of all infant health actions.

One article (25) reports that cultural and linguistic diversity in the follow-up of immigrant infants and caregivers can challenge professional practice. Alongside the pandemic context — which hindered caregivers' ability to attend services and required safety measures — some articles propose ways to overcome challenges: training tailored to the specificities of working with infants (2,3,4,6,8,10,13,14,15,17,23); reorganization of work processes (10,14,17,18,20,25); improved physical infrastructure and material resources (4,10,17,18); bringing professionals closer to users by engaging with sociocultural contexts (7,18,25); participation of different caregivers in visits (15); investment in team humanization (16); use of protocols to identify and refer suspected autism spectrum disorder (ASD) cases (21); health-education strategies (25); and, in border territories, dialogue with teams and government agents from neighboring countries (23).

Overall, the articles recognize the specificities of professional work in follow-up visits, which require overcoming institutional, training-related, and relational challenges. However, these challenges are addressed predominantly at a descriptive level, focusing on external working conditions — the environment and organizational context. While such conditions are crucial, the professionals' subjective implication in their work is also fundamental, and this receives little

attention in the literature. Only two articles mention feelings experienced by professionals, such as insecurity and lack of preparedness, in the context of ASD diagnosis during follow-up (13,21). One of these (21) suggests using a risk-indicator protocol as a way to ease professionals' anxiety about not knowing. This approach does not involve the professional subjectively and serves mainly to shield them through a technical device that, in this case, is not intended to establish an ASD diagnosis (21).

Work with infants requires professionals to commit themselves as subjects in relation to service users. It is a relationship among caregiver, infant, and professional that mobilizes psychic resources and entails sustaining these relationships (Campos, 2014). This process demands a shift from purely technical work to subjective work, in which the professional's own subjectivity is brought to bear. The point is not to downplay the importance of technical work, but to recognize that a purely technical stance can function as an avoidance of relational contact. One may therefore question whether the reviewed articles follow this path by producing knowledge centered on technical, structural, and working-condition challenges while overlooking professionals' subjective challenges — a key issue that warrants deeper exploration in future research.

Psychology could make an important contribution here by foregrounding professionals' subjective challenges and fostering listening and care within relationships. We have observed that psychology's incorporation into public childhood policies — including infant follow-up — often occurs through the rationale of standardized caregiving guidance, as expressed in multiple documents (Lopes et al., in press). Entering as a field from a position of listening is an important contribution psychology can make: the professional offers themself as a subject, allowing caregivers' and infants' real demands to emerge, which may diverge from standardized policy logics (Gil & Lopes, 2024). Achieving this, however, requires research in psychology to be committed to listening to professionals, since, as noted, the only widely available references to support practice are the standardized, systematized guidelines of public policies. In this articulation between professional practice and public policy, we highlight the need to promote interdisciplinary spaces in primary health care — such as matrix support previously enabled by NASF-AB and now by multiprofessional teams in PHC (eMulti). The presence of only one psychology study underscores the lack of this interface and the need for deeper engagement.

Final Considerations

This systematic literature review analyzed 25 articles published between 2015 and 2023 on healthcare professionals' practices in infant follow-up visits (0–24 months) within SUS primary health care. We found diverse methodological designs, with a predominance of qualitative studies published in nursing journals. The descriptions emphasized health education, growth-and-development assessment, and attention to infants' physical health.

Although the included works adopt theoretical frameworks of comprehensive care — encompassing biological, psychological, and social dimensions — few developed perspectives that extend beyond physical aspects. Even when the professional–caregiver relationship, bonding, or listening is mentioned, discussion is usually generic and superficial. It is worth asking whether the literature's broad, generic notion of comprehensive care — identified across the articles — reflects a certain naiveté that perpetuates the neglect of other health dimensions, such as emotional development and social context of infants and caregivers. This is particularly important given that PNAISC proposes to endorse truly comprehensive child health (Ministério da Saúde, 2018; *Portaria n° 3*, 2015).

Challenges identified include professional training, precarious service infrastructure, work overload, poor caregiver adherence, and the need for training and reorganization of certain work processes. Little is said about the subjective challenges professionals face. Hence the importance of investing in studies that recognize the specificity of work with infants from a comprehensive-care perspective — work that could inform the training of professionals who conduct follow-up visits. Psychology has a key role to play as an interface field that contributes to discussions of professionals' subjective implication in their practice.

This review has limitations, such as restricting the corpus to journal articles and to an eight-year period. We also excluded studies covering visits across the entire 0–9-year span, since it would not have been possible to isolate aspects specific to infant follow-up.

Finally, we underscore the potential of follow-up visits: because of their proximity to families, professionals can provide longitudinal, territory-attuned care responsive to local demands and particularities. We hope this review helps illuminate how knowledge about follow-up visits is being produced and highlights the need for research that addresses the demands of infant follow-up within SUS primary health care.

References

Arpini, D. M., Zanatta, E., Marchesan, R. Q., Savegnago, S. D. O., & Bernardi, P. H. (2015). Intervenções precoces na infância: Observando a relação mãe-bebê em um serviço de saúde. *Psicologia em Revista, 21*(1), 37-50. https://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1677-11682015000100004

Araújo, D. C., Lucena, E. E. S., Tavares, T. R. P., Araújo, T. B., Araújo, C. M., Costa, B. M. B., Medeiros, B. G., Gomes, B. C. N., Vale, T. R. F., Dantas, L. R. O., & Medeiros Filho, J. S. A. (2018). Promoção de saúde bucal nas consultas de crescimento e desenvolvimento na atenção primária: Um relato de colaboração interprofissional. *Revista Ciência Plural, 4*(2), 87-101. https://doi.org/10.21680/2446-7286.2018v4n2ID16841

Araújo, J. P., Silva, R. M. M., Collet, N., Neves, E. T., Tos, B. R. G. O., & Viera, C. S. (2014). História da saúde da criança: Conquistas, políticas e perspectivas. *Revista Brasileira de Enfermagem*, *67*(6), 1000-1007. https://doi.org/10.1590/0034-7167.2014670620

Araújo, M. B. S., & Rocha, P. M. (2007). Trabalho em equipe: Um desafio para a consolidação da estratégia de saúde da família. *Ciência & Saúde Coletiva, 12*(2), 455-464. https://doi.org/10.1590/S1413-81232007000200022

Araújo, P. M. J., Assunção, R. C., Pimenta, R. A. F., & Zani, A. V. (2021). Maternal experience in child monitoring in Primary Care: A qualitative approach. *Online Brazilian Journal of Nursing, 20*, 1-12. https://doi.org/10.17665/1676-4285.20216436

Bonilha, L. R. C. M., & Rivorêdo, C. R. F. (2005). Puericultura: Duas concepções distintas. *Jornal de Pediatria, 81*(1), 7-13. https://doi.org/10.2223/1276

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101. http://dx.doi.org/10.1191/1478088706qp063oa

Brito, G. V., Albuquerque, I. M. A. N., Ribeiro, M. A., Ponte, E. C. S., Moreira, R. M. M., & Linhares, M. G. C. (2018). Consulta de puericultura na Estratégia Saúde da Família: Percepção de enfermeiros. *Revista de APS, 21*(1), 48-55. https://doi.org/10.34019/1809-8363.2018.v21.16040

Campos, R. O. (2014). *Psicanálise e saúde coletiva: Interfaces.* Hucitec.

Caprara, A., & Rodrigues, J. (2004). A relação assimétrica médico-paciente: Repensando o vínculo terapêutico. *Ciência & Saúde Coletiva, 9*(1), 139-146. https://doi.org/10.1590/S1413-81232004000100014

Carvalho, E. B., & Sarinho, S. W. (2016). A consulta de enfermagem no acompanhamento do crescimento e desenvolvimento de crianças na estratégia saúde da família. *Revista de Enfermagem UFPE, 10*(6), 4804-4812. http://doi.org/10.5205/.reuol.8200-71830-3-SM.1006sup201612.

Dantas, S. L. C., Rodrigues, D. P., Fialho, A. V. M., Barbosa, E. M. G., Pereira, A. M. M., & Mesquita, N. S. (2018). Representações sociais de enfermeiros da atenção primária à saúde sobre cuidado de enfermagem no pós-parto. *Cogitare Enfermagem, 23*(3), 1-8. https://doi.org/10.5380/ce.v23i3.53250

Diniz, A. L. T. M., Melo, R. H. V., & Vilar, R. L. A. (2021). Análise de uma prática interprofissional colaborativa na estratégia saúde da família. *Revista Ciência Plural, 7*(3), 137–157. https://doi.org/10.21680/2446-7286.2021v7n3ID23953

Dunker, C., & Thebas, C. (2019). *O palhaço e o psicanalista: Como escutar os outros pode transformar vidas* (pp. 129-132). Planetas do Brasil.

Gil, P. H. C., & Lopes, R. C. S. (2024). Desafios de profissionais da Atenção Básica em sua função de orientação aos cuidadores de bebês. *Psicologia Argumento*, 42(117), 398-424. https://doi.org/10.7213/psicolargum.42.117.AO02

Gomes, A. P. S. S., Sousa, A. R., Passos, N. C. R., Santana, T. S., & Rosário, C. R. (2019). Conhecimento sobre triagem neonatal: Discursos de mães e pais de recém-nascidos. *Revisa, 8*(3), 255-263. https://rdcsa.emnuvens.com.br/revista/article/view/656

Guareschi, A. P. D. F., Balbino, F. S., Andrade, P. R., Jesus, A. L., & Di Gregorio, A. C. (2022). Consulta de Enfermagem transcultural em puericultura à puérpera refugiada durante a pandemia COVID-19. *Enfermagem em Foco*, *13*(1), 1-5. https://doi.org/10.21675/2357-707X.2022.v13.e-202246ESP1

Haraway, D. (1995). Saberes localizados: A questão da ciência para o feminismo e o privilégio da perspectiva parcial. *Cadernos Pagu*, (5), 7-41. https://periodicos.sbu.unicamp.br/ojs/index.php/cadpagu/article/view/1773/1828

Hirano, A., Baggio, M. A., & Ferrari, R. A. (2021). Amamentação e alimentação complementar: Experiências de mães e profissionais de saúde em região de fronteira. *Enfermagem em Foco, 12*(6), 1132-1138. https://doi.org/10.21675/2357-707X.2021.v12.n6.4787

Lima, L. G., Nobre, C. S., Lopes, A. C. M. U., Rolim, K. M. C., Albuquerque, C. M., & Araújo, M. A. L. (2016). Utilização da Caderneta de Saúde da Criança no acompanhamento infantil. *Revista Brasileira de Ciências da Saúde, 20*(2), 167-174. https://doi.org/10.4034/RBCS.2016.20.02.12

Lopes, R. C. S., Esswein, G. C., Gil, P. H. C. (no prelo). O saber hegemônico e o desafio de acolher a diferença na psicologia do desenvolvimento e nas práticas de profissionais de saúde junto a bebês e seus cuidadores. In: P. Alvarenga, & M. L. Vieira (Orgs.), *Um olhar sobre os cuidados na infância*. Associação Nacional de Pesquisa e Pós-graduação em Psicologia.

Lotzin, A., Lu, X., Kriston, L., Schiborr, J., Musal, T., Romer, G., & Ramsauer, B. (2015). Observational tools for measuring parent-infant interaction: A systematic review. *Clinical Child and Family Psychology Review, 18*(2), 99-132. https://doi.org/10.1007/s10567-015-0180-z

Lucena, D. B. A., Guedes, A. T. A., Cruz, T. M. A. V., Santos, N. C. C. B., Collet, N., & Reichert, A. P. S. (2018). Primeira semana saúde integral do recém-nascido: Ações de enfermeiros da Estratégia Saúde da Família. *Revista Gaúcha de Enfermagem, 39*, 1-8. https://doi.org/10.1590/1983-1447.2018.2017-0068

Marques, K. F., Silva, L., Canario, M. A. S. S., & Ferrari, R. A. P. (2021). Caderneta de saúde da criança: Incompletude dos parâmetros avaliados na consulta. *Enfermagem em Foco, 12*(6), 9-32. https://doi.org/10.21675/2357-707X.2021.v12.n6.4904

Ministério da Saúde. (2018). *Política Nacional de Atenção Integral à Saúde da Criança: Orientações para implementação.* Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas.

Ministério da Saúde. (2019). *Caderneta de Saúde da Criança:* Passaporte da Cidadania. https://www.gov.br/saude/pt-br/assuntos/saude-de-a-a-z/s/saude-da-crianca/caderneta

Monteiro, M. G. A., Azevedo, E. B., Lima, M. K. S., Barbosa, H. C. V., Barbosa, J. C. G., & Cerqueira, A. C. D. (2020). Consulta de enfermagem em puericultura na perspectiva de mães atendidas pela Estratégia de Saúde da Família. *Revista Baiana de Enfermagem, 34*, 1-11. https://doi.org/10.18471/rbe.v34.37945

Moreira, M. D. S., & Gaiva, M. A. M. (2016). Comunicação do enfermeiro com a mãe/família na consulta de enfermagem à criança. *Ciência, Cuidado e Saúde, 15*(4), 677-684. http://dx.doi.org/10.4025/cienccuidsaude.v15i4.32093

Moreira, M. D. S., & Gaiva, M. A. M. (2017). Abordagem do contexto de vida da criança na consulta de enfermagem. *Revista de Pesquisa: Cuidado é fundamental, 9*(2), 432-440. http://dx.doi.org/10.9789/2175-5361.2017.v9i2.432-440

Nascimento, Y. C. M. L., Castro, C. S. C., Lima, J. L. R., Albuquerque, M. C. S., & Bezerra, D. G. (2018). Transtorno do espectro autista: Detecção precoce pelo enfermeiro na Estratégia Saúde da Família. *Revista Baiana de Enfermagem, 32*, 1-12. http://doi.org/10.18471/rbe.v32.25425

Nota Técnica nº 3, de 28 de janeiro de 2020. (2020, 18 de janeiro). Núcleo Ampliado de Saúde da Família e Atenção Básica (NASF-AB) e Programa Previne Brasil. Ministério da Saúde. https://www.gov.br/saude/pt-br/composicao/saps/previne-brasil/legislacao/legislacao-especifica/programa-previne-brasil/2020/nt_nasf-ab_previne_brasil.pdf/view

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brenna, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., McGuinness, L. A., Stewart, L. A., Thomas, J. ... & Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *The BMJ, 372*(71), 1-9. https://doi.org/10.1136/bmj.n71

Pereira, M. M., Penha, T. P., Vieira, D. S., Vaz, E. M. C., Santos, N. C. C., & Reichert, A. P. S. (2015). Prática educativa de enfermeiras na atenção primária à saúde, para o desenvolvimento infantil saudável. *Cogitare Enfermagem, 20*(4), 767-774. http://dx.doi.org/10.5380/ce.v20i4.41649

Pitz, I. S. C., Gallina, F., & Schultz, L. F. (2021). Indicadores para triagem do transtorno do espectro autista e sua aplicabilidade na consulta de puericultura: Conhecimento das enfermeiras. *Revista de APS, 24*(2), 282-295. https://doi.org/10.34019/1809-8363.2021.v24.32438

Portaria nº 1.130, de 5 de agosto de 2015. (2015, 05 de agosto). Política nacional de atenção integral à saúde da criança (PNAISC) no âmbito do Sistema Único de Saúde (SUS). Ministério as Saúde. https://bvsms.saude.gov.br/bvs/saudelegis/gm/2015/prt1130_05_08_2015.html

Reichert, A. P. S., Rodrigues, P. F., Cruz, T. M. A. V., Dias, T. K. C., Tacla, M. T. G. M., & Collet, N. (2017). Percepção de mães sobre o vínculo com enfermeiros na consulta à criança. *Revista de Enfermagem UFPE, 11*(2), 483-490. http://dx.doi.org/10.5205/reuol.10263-91568-1-RV.1102201701

Reis, M. L., Luvison, I. R., & Faustino-Silva, D. D. (2015). Conhecimentos, práticas e atitudes de médicos e enfermeiros sobre saúde bucal na puericultura na APS. *Revista da Faculdade de odontologia-UPF, 20*(2), 164-171. https://doi.org/10.5335/rfo.v20i2.4685

Rodrigues, D. A., Sousa, M. D., Silva, F. J. S., Carvalho, D. P. S. R. P., Bezerra, S. T. F., & Gomes, J. G. N. (2019). Avaliação da adesão às consultas de crescimento e desenvolvimento infantil. *Revista de enfermagem UFPE, 13*(4), 1023-1029. https://doi.org/10.5205/1981-8963-v13i04a238262p1023-1029-2019

Santos, K. H., Marques, D., Pozzuto, L., & Sideri, K. P. (2016). O trabalho de profissionais na residência multiprofissional em saúde. *Revista de APS, 19*(3), 495-499. https://periodicos.ufjf.br/index.php/aps/article/view/15736

Serralha, C. A. (2013). A ética do cuidado e as ações em saúde e educação. In Z. Loparic (Ed.), *Winnicott e a ética do cuidado* (pp. 319-338). DWW.

Souza, N. S., Pereira, L. P. S., Silva, S. V., & Paula, W. K. A. S. (2019). Vigilância e estímulo do crescimento e desenvolvimento infantil. *Revista de enfermagem UFPE, 13*(3) 680-689. https://doi.org/10.5205/1981-8963-v13i03a238634p680-689-2019

Taquette, S. L., & Souza, L. M. B. M. (2022). Ethical dilemmas in qualitative research: A critical literature review. *International Journal of Qualitative Methods*, *21*, 1-15. https://doi.org/10.1177/16094069221078731

Val, A. C., Modena, C. M., Campos, R. T. O., & Gama, C. A. P. (2017). Psicanálise e saúde coletiva: Aproximações e possibilidades de contribuições. *Physis: Revista de Saúde Coletiva, 27*(4), 1287-1307. https://doi.org/10.1590/S0103-73312017000400022

Vieira, D. S., Santos, N. C. C. B., Nascimento, J. A., Collet, N., Toso, B. R. G. O., & Reichert, A. P. S. (2018). A prática do enfermeiro na consulta de puericultura na estratégia saúde da família. *Texto & Contexto Enfermagem, 27*(4), 1-10. https://doi.org/10.1590/0104-07072018004890017

Vieira, D. S., Dias, T. K. C., Pedrosa, R. K. B., Vaz, E. M. C., Collet, N., & Reichert, A. P. S. (2019). Processo de trabalho de enfermeiros na vigilância do desenvolvimento infantil. *Revista Mineira de Enfermagem, 23*, 1-8. https://www.revenf.bvs.br/scielo.php?script=sci_arttext&pid=S1415-27622019000100284&lng=pt&nrm=iso&tlng=pt

Waldman, E. A. (1991). *Vigilância Epidemiológica como prática de saúde pública* [Tese de Doutorado, Universidade de São Paulo]. Biblioteca Digital de Teses e Dissertações USP. https://doi.org/10.11606/T.6.2016.tde-25072016-175116

How to cite:

Esswein, G. C., Gil, P. H. C., Schnor, A. C., Dias, A. P., & Lopes, R. C. S. (2025). Health Professionals' Practices in Infant Follow-up Visits: A Critical Literature Review. *Revista Subjetividades, 25*(1), e16978. https://doi.org/10.5020/23590777.rs.v25i1.e16978

Correspondence address:

Georgius Cardoso Esswein
E-mail: georgius.esswein@gmail.com

Pedro Henrique Conte Gil
E-mail: pedro_gil12@hotmail.com

Amanda Costa Schnor
E-mail: amanda.schnor@gmail.com

Adriana de Paula Dias
E-mail: pdias.adriana@gmail.com

Rita de Cássia Sobreira Lopes
E-mail: ritasobreiralopes@gmail.com

Received on: *09/19/2023.*
Accepted on: *09/11/2024.*