

Characterization of children attended in child care in primary health care

RESUMO | Objetivo: identificar o perfil das crianças com até um ano de idade acompanhadas nas consultas de puericultura na atenção primária à saúde. Método: Estudo exploratório e descritivo, realizado em 2020 por meio do prontuário de crianças nascidas em 2019, com até um ano de idade acompanhadas em Unidade Básica de Saúde do município de Maringá - PR. Utilizou-se análise estatística descritiva. Resultados: A puericultura foi realizada com lactentes entre 8 dias e menos de 2 meses de idade. As principais queixas identificadas relacionavam-se ao trato gastrointestinal e respiratório. Foram várias as alterações presentes no exame físico, com destaque para os problemas dermatológicos. Quanto as orientações registradas, observou-se em especial aquelas sobre alimentação. Conclusão: A puericultura é muito importante para a detecção precoce de doenças, bem como para a promoção da saúde. Faz-se necessário avanços nessa área para que de fato o atendimento à criança seja holístico, integral e contínuo.

Descritores: Atenção Primária à Saúde; Puericultura; Crescimento e desenvolvimento; Cuidado da criança

ABSTRACT | Objective: to identify the profile of children up to one year of age followed in childcare consultations in primary health care. Method: Exploratory and descriptive study, carried out in 2020 through the medical records of children born in 2019, aged up to one year, followed up in a Basic Health Unit in the city of Maringá - PR. Descriptive statistical analysis was used. Results: Childcare was performed with infants aged between 8 days and less than 2 months of age. The main complaints identified were related to the gastrointestinal and respiratory tracts. There were several changes present in the physical examination, with emphasis on dermatological problems. As for the guidelines recorded, it was observed in particular those on food. Conclusion: Childcare is very important for the early detection of diseases, as well as for health promotion. Advances in this area are needed so that child care is truly holistic, comprehensive and continuous.

Descriptors: Primary Health Care; Childcare; Growth and development; Child care.

RESUMEN | Objetivo: identificar el perfil de los niños hasta un año de edad seguidos en las consultas de puericultura en atención primaria de salud. Método: Estudio exploratorio y descriptivo, realizado en 2020 a través de historias clínicas de niños nacidos en 2019, con edad hasta un año, seguidos en una Unidad Básica de Salud de la ciudad de Maringá - PR. Se utilizó análisis estadístico descriptivo. Resultados: Se realizó cuidado infantil con lactantes de entre 8 días y menos de 2 meses de edad. Las principales quejas identificadas estaban relacionadas con el tracto gastrointestinal y respiratorio. Hubo varios cambios presentes en el examen físico, con énfasis en los problemas dermatológicos. En cuanto a las pautas registradas, se observó en particular las relativas a la alimentación. Conclusión: El cuidado infantil es muy importante para la detección temprana de enfermedades, así como para la promoción de la salud. Se necesitan avances en esta área para que el cuidado infantil sea verdaderamente holístico, integral y continuo.

Descriptores: Atención Primaria de Salud; Cuidado de niños; Crecimiento y desarrollo; Cuidado de los niños.

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INTRODUCTION

Primary Health Care (PHC) is characterized by a set of health actions, in the individual and collective scope, which cover health promotion and protection, disease prevention, diagnosis, treatment, rehabilitation and health maintenance. It seeks to develop democratic and participatory managerial and sanitary practices, in the form of teamwork, aimed at populations in well-defined territories, for which it assumes sanitary responsibility, considering the dynamism existing in the territory in which these populations live. (1)

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care, using techniques and knowledge of physiology, nutrition, hygiene, sociology, culture, behavior and neuropsychomotor development. (2-3) In childcare consultations, doctors and/or nurses monitor the growth and development of children (4), following a minimum schedule of appointments, suggested by the Ministry of Health: seven routine appointments in the first year of life, two appointments in the second year and, thereafter, annual appointments. (5)

This monitoring is mainly aimed at preventive aspects and health promotion, considering that children, especially children under one year, are considered a priority group in health care. The aim is to keep the child healthy to ensure their full development, reaching adulthood without unfavorable influences. (6-3)

Periodic and systematic monitoring of the child consists of evaluating growth and development through charts, vaccination status, guiding mothers on accident prevention, encouraging breastfeeding, training for the introduction of first foods, individual and environmental hygiene, in addition to early identification of health problems. It also represents the opportunity to get to know the children and their families in their socioeconomic and cultural context, realizing the adverse conditions that compromise their health, in addition to being a moment that fosters the formation of a bond with the family. (6-7)

It is very important that health professionals working in childcare actually know the characteristics of children and their families, as well as their health profile, in order to provide comprehensive care, resulting in surveillance and promotion of their quality of life. (8)

In childcare consultation, professionals have the opportunity to generally monitor all child development, knowing the different factors that may interfere in the health-disease process.

Childcare is part of PHC and consists of a set of actions, which aim to promote comprehensive child health care, using techniques and knowledge of physiology, nutrition, hygiene, sociology, culture, behavior and neuropsychomotor development

Therefore, it is considered that childcare is very effective in reducing child morbidity and mortality. (3)

It is believed that knowing the health profile of the children served can help in the development of actions that meet their real needs, in addition to directing public policies aimed at preventing and promoting the health of this population. (9) Given the above, the question is: What is the profile of children up to one year old who are followed up in childcare at a Basic Health Unit in the municipality of Maringá, State of Paraná?

To answer this question, the objective was defined to identify the profile of children born in 2019 and aged up to one year, followed up in childcare consultations in primary health care.

METHOD

This is a descriptive research, with a document-based quantitative approach, carried out with children born in 2019 and aged up to one year, followed up in childcare consultations at a Basic Health Unit (UBS) in the city of Maringá - PR.

The city of Maringá has an approximate area of 487.052 km² and an estimated population of 403,063 inhabitants. (10) It is a reference for the other 29 municipalities of the 15th Regional Health and also for the Northwest Macroregion of the state. 11 The UBS in the study has two family health teams, serving a total of 7,692 people. Both teams are composed of: nurse, nursing technician, physician and Community Health Agents (CHA). (10)

Childcare consultations are held twice a week, Monday and Thursday, in the morning, by the medical professional. Inclusion criteria were: children under one year of age who were born in 2019 and underwent childcare consultations. It is noteworthy that during the period of data collection it was possible to identify 57 children born in

2019 and aged up to one year, but who could not be part of the study, as they had no record of childcare consultations in their medical records.

Data collection took place in August and September 2020 through the electronic medical record. A structured script was used to assist in the search and recording of information. The variables analyzed were: age, sex, complaints, child's age at the first consultation, changes present in the physical examination, and instructions given by the professional. After collection, data were transcribed into an electronic spreadsheet in Microsoft Excel 2010 and analyzed using descriptive statistics.

The study was developed in line with the guidelines set out in Resolution No. 466/12 of the National Health Council/Ministry of Health and because it is a research with secondary database, it dispensed with the use of the Informed Consent Form (ICF). The project was approved by the Standing Committee on Ethics in Research Involving Human Beings of the State University of Maringá under opinion nº 3.073.257/2018 (CAAE: 96376318.6.000.0104).

RESULTS

Thirty-six children participated in the research, 23 (63.89%) females and 13 (36.11%) males. Regarding the child's age at the first consultation, it was evident that no child started childcare in the first week of life and 29 (66.67%) did it between eight days and less than two months. The other children started the consultation at two months (13.89%), four months (2.78%), six months (5.56%) and eight months (2.78%) (Table 1).

As for the complaints registered in the childcare consultations, it is reinstated that in each medical record there may be more than one registered complaint, so there is a wide variation in these. However, what stands out is

Table 1 – Children under one year of age followed up in childcare in primary health care, according to sex and age at the first appointment, Maringá, Paraná, 2020.

| Variables | n | % |
|---------------------------------------|----|--------|
| Gender | | |
| Female | 23 | 63,89 |
| Male | 13 | 36,11 |
| Child's age at 1st appointment | | |
| First week of life | 0 | - |
| 8 days to < 2 months | 29 | 80,56 |
| 2 months | 3 | 8,33 |
| 4 months | 1 | 2,78 |
| 6 months | 2 | 5,56 |
| 8 months | 1 | 2,78 |
| TOTAL | 36 | 100,00 |

Source: The authors (2020).

the presence of the term habitual doubts, without specifying the complaint (n=52), colic (3), diarrhea (2) and coryza (2). The complaints of jaundice, cardiac arrhythmia, cold, bilateral cryptorchidism, mild constipation, hard stools, skin irritation, ocular discharge and cough appeared only once in the analyzed records.

Regarding the changes present in the physical examination performed during childcare consultations at the UBS, dermatological problems were identified more frequently (Rash, spots, dermatitis) (7), followed by poor hygiene of the umbilical stump (3), jaundice (2), systolic murmur (2), pulmonary auscultation with snoring (2), palate deformity (1) and dry nasal mucosa (1).

Regarding the records of the guidelines carried out by the health professional during childcare consultations, those related to child nutrition (n=8) were highlighted, followed by growth and development and hygiene of the umbilical stump (n=3), respectively (Table 1).

Childcare is essential to identify the main complaints about the child and the changes present during the physical examination. In addition to being the ideal time for health professionals to

Table 1 – Medical advice given in childcare consultations in primary health care, Maringá, Paraná, 2020.

| Medical advice | n |
|---|----|
| Food guidelines | 8 |
| Growth and development | 3 |
| Umbilical stump hygiene | 3 |
| Vaccination | 2 |
| Food supplement recipes | 2 |
| Referral to cardiac pediatrician | 2 |
| Return in case of worsening | 2 |
| Little ear retest | 1 |
| Sunbathing | 1 |
| Exclusive breastfeeding | 1 |
| Breastfeeding technique | 1 |
| VDRL* to be performed at 1 year of life | 1 |
| Referral to dermatologist | 1 |
| Pediatrician's assessment | 1 |
| Skin Hydration | 1 |
| Symptoms Guidelines | 1 |
| Home medical prescription | 40 |

*Venereal Disease Research Laboratory

Source: Research prepared by the author (2020).

provide guidance aimed at prevention and health promotion.

DISCUSSION

For the child to develop in a healthy way, care that promotes physical well-being and the prevention of problems that interfere with their growth and development are essential. Therefore, one of the child health monitoring strategies is the childcare program, which is part of the child care policy in primary health care services. (2)

Childcare is intended to fully assist the child and family, through health promotion and disease prevention, correlating the child's physical, social and psychological determinants with the environment in which they are inserted, with a view to reducing illnesses, thus increasing the chances of it growing and developing in a healthy way. (1)

It is noteworthy that no child started childcare in the first week of life, as recommended by the Ministry of Health. It is known that this time is favorable to assist the family in breastfeeding, encouraging exclusive breastfeeding, providing guidance on immunizations, checking the carrying out neonatal screening (little heel, little ear, little heart and little eye tests) and establishing or strengthening the family support network. (12)

Among the most frequent complaints, there are those related to the gastrointestinal tract (cramping, hard stools, mild constipation and diarrhea) and the respiratory tract (cold, cough and runny nose). Gastrointestinal and respiratory diseases are among the main diseases that affect children under five years of age; in addition to being the most frequent causes of hospitalization in this same age group, being considered Ambulatory Care Sensitive Conditions (ACSC). (13-14)

In developing countries, such as Brazil, the incidence of acute diarrheal diseases is directly related to the inefficiency of basic sanitation services

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and the precarious sociodemographic conditions in which the child population is inserted. However, despite the various elements that condition such pathology, these can be minimized or even eliminated through daily health-promoting practices, such as healthy eating and hand hygiene. It is also necessary not to lose sight of the interaction of social and cognitive factors, that is, the knowledge, values and beliefs of the population in relation to the disease. (15)

A study carried out with family health teams, in the state of Ceará, identified that the care of children in primary care resulted in a greater chance of non-hospitalization due to pneumonia; as well as their accessibility to the health service was configured as a protective factor for diarrhea episodes. (16)

It is important to point out that there were records of "usual doubts", however, without mentioning what these doubts might be. The medical record by health professionals is an essential element in the health care process, as it helps in communication between the team for the (re)planning, continuity and evaluation of the services provided to clients. In addition, it serves as a source of information for legal matters, research, education and other related activities. Thus, the correct and complete recording of information, in addition to dialoguing with the family about the notes taken, are basic requirements for the medical record to fulfill its role as an instrument of communication, surveillance and promotion of child health. (17)

The importance of a complete note in the medical record is evident, since in addition to the penalties, the multidisciplinary team is harmed, which will have difficulties in continuing to monitor the child's health, negatively impacting their quality. (18)

Among the changes present in the physical examination, dermatological

problems were more prominent. Dermatological diseases prevail in 30% of complaints in pediatric consultations, with most skin affections being acute. The prevalence of skin diseases in childhood is influenced by several factors such as age, gender, climatic, geographic and socioeconomic aspects, in addition to being related to poor hygiene conditions. In this sense, it is up to primary care to offer the necessary support to fight these diseases, as well as to implement health education strategies that can reflect on the prevention of the main dermatological problems. (19)

Health education, through guidelines, is of great importance in childcare consultations. In the medical records of patients in this study there is a specific field for recording the guidelines provided by the professional. In this, dietary guidelines had greater emphasis. Early childhood is the stage in which correct and up-to-date knowledge about the child's nutrition is essential for proper assessment and guidance on their nutrition. The child's healthy diet should start with maternal nutrition, before and during pregnancy, as well as in the lactation phase, in order to enable adequate growth and development, optimize the functioning of organs, systems and devices, in addition to acting in the prevention of short and long term diseases such as anemia, obesity and chronic non-communicable diseases. (20)

Again, the failure to fill in the medical records is noticeable, as evidenced by the lack of detail in the guidelines provided, which implies the continuity of the child's health monitoring. It is believed that some guidelines are aimed at disease prevention and health promotion, as can be seen in the guidelines related to nutrition, growth and development, hygiene, vaccination, sunbathing and breastfeeding.

However, there is also an interventionist medical posture, which values

aspects related to the disease and its treatment, which is known as curative medicine. In this sense, there is a need to analyze the practices of comprehensive child care in organizational and administrative relations, in the strengthening of public policies, in the work

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process model, in continuing education and in the training of human resources. (21)

Thus, one can understand the need for more specific actions aimed at the integrity and holistic perspective of

this child who is in the health service. The childcare consultation in primary care requires a global and specific look at the child and his family, whose purpose is to allow the timely recognition of possible health problems and carry out interventions to promote, protect, recover and rehabilitate the child's health. (3)

As a limitation of the present study, the fact that the medical records have incomplete data on childcare consultations, as well as the small number of investigated children and a single place of investigation, stands out. However, such limitations reveal the immediate need to train professionals to properly fill out the medical records, considering this an important instrument for the continuity of child care, as well as creating strategies to bring children belonging to the coverage area for consultations in the health unit. In any case, the results found may support reflections on the characteristics of the children and the profile of care during childcare, thus directing the aspects to be considered in assisting families in primary health care.

CONCLUSION

The present study allowed us to identify the profile of children aged up to one year who underwent childcare consultations in primary care. Through the analysis of the medical records, it was also possible to observe characteristics of the care provided.

It is necessary that health professionals working in primary care and pediatric care can reflect on the aspects found in this research, in order to create strategies that provide comprehensive and holistic monitoring of child health, with a focus on disease prevention and health promotion.

There is also a need to value the record in the medical record, considering it an important tool for the continuity of child care, as well as a way to prove

what was done by the professional during the childcare consultation.

It is suggested that research be carried out with other methodological

approaches, as well as those aimed at the family that accompanies the child in childcare, as well as the health professionals responsible for childcare. A

broader look at childcare can contribute to its improvement.

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