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HOME VISIT IN THE FIRST WEEK INTEGRAL HEALTH, ACCORDING TO PRIMARY CARE NURSES

Visita domiciliar na primeira semana saúde integral, segundo enfermeiros da atenção primária

Visita domiciliaria en la primera semana salud integral, según enfermeras de atención primaria

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ABSTRACT

Objective: to understand the perception and implementation of home visits in the First Integral Health Week, according to Primary Care nurses. **Method:** qualitative study, carried out with five nurses in Family Health Units in curimataú, Paraíba, between August and December 2019. Data were interpreted by Content Analysis. **Results:** it was noticed from two categories that the nurses recognize the First Integral Health Week as a strategy of integrality in health to the binomial, using only the home visit as an action; distinguish the elements necessary for the implementation of this according to the national guidelines, however they identified challenges, as well as strategies to solve them. **Final considerations:** the idea of continuing education for the qualification of professionals in Primary Care is reinforced, as well as the insertion of an instrument for carrying out home visits, thus enhancing care actions.

KEYWORDS: House calls; Nurses; Infant, newborn; Postpartum period; Primary health care;

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RESUMO

Objetivo: compreender a percepção e implementação da visita domiciliar na Primeira Semana Saúde Integral, segundo enfermeiros da Atenção Primária. **Método:** estudo qualitativo, realizado por entrevistas com cinco enfermeiras em Unidades de Saúde da Família no curimataú paraibano, entre agosto e dezembro de 2019. Os dados foram interpretados pela Análise de Conteúdo. **Resultados:** percebeu-se a partir de duas categorias que, os enfermeiros reconhecem a Primeira Semana Saúde Integral como estratégia de integralidade na saúde ao binômio, utilizando unicamente a visita domiciliar como ação; distinguem os elementos necessários para a implementação desta conforme as diretrizes nacionais, todavia identificaram desafios, bem como estratégias para dirimi-los. **Considerações finais:** reforça-se a ideia da educação permanente para qualificação dos profissionais na Atenção Primária, bem como a inserção de um instrumento para a realização das visitas domiciliares, potencializando assim as ações de cuidado.

DESCRITORES: Visita domiciliar; Enfermeiros; Recém-nascido; Período pós-parto; Atenção primária à saúde;

RESUMEN

Objetivos: comprender la percepción e implementación de la visita domiciliaria en la Primera Semana de Salud Integral, según los enfermeros de Atención Primaria. **Método:** estudio cualitativo, realizado con cinco enfermeros en Unidades de Salud de la Familia en curimataú, Paraíba, entre agosto y diciembre de 2019. Los datos fueron interpretados por Análisis de Contenido. **Resultados:** se percibió a partir de dos categorías que los enfermeros reconocen la Primera Semana de Salud Integral como una estrategia de integralidad en salud al binomio, utilizando únicamente la visita domiciliaria como acción; distinguen los elementos necesarios para la implementación de este de acuerdo a los lineamientos nacionales, sin embargo identificaron desafíos, así como estrategias para solucionarlos. **Consideraciones finales:** se refuerza la idea de educación continua para la calificación de profesionales en la Atención Básica, así como la inserción de un instrumento para la realización de visitas domiciliarias, potenciando así las acciones de cuidado.

DESCRIPTORES: Visita domiciliaria; Enfermeros; Recién nacido; Periodo posparto; Atención primaria de salud.

INTRODUCTION

The absolute priority of children and comprehensive care are principles that guide child health care in the Unified Health System (SUS). Therefore, achieving comprehensive care requires adequate, humanized care that is capable of preventing diseases and/or illnesses and promoting health.[1]

In Brazil, comprehensive care for the mother-baby binomial is evidenced in the National Policy for Comprehensive Child Health Care (PNAISC) regulated by Ordinance 1,115/2015. However, the number of infant deaths in the neonatal period (up to 27 full days of life) is alarming, especially early neonatal deaths (up to the sixth day). It should be noted that between 60% and 70% of lives are taken in the first week, with 25% of these occurring on the first day of the neonate's life.[1,2]

In this sense, for comprehensive perinatal care with guaranteed continuity in Primary Health Care (PHC), the PNAISC includes the First Comprehensive Health Week (PSSI), a strategy to support and guide puerperal women in self-care and care for the newborn during this period, with the aim of reducing maternal and child morbidity and mortality. Emphasis is placed on encouraging exclusive breastfeeding until the sixth month, assessing the health conditions of the binomial and risk factors, the importance of an up-to-date vaccination schedule and the Child Health Handbook (CHB), as well as neonatal screening tests for the early detection of alterations.[1]

The actions are included in the "5th Day of Comprehensive Health", a visit to the binomial, in the health unit, from the 3rd to the 5th day of life; and in the home visit, a strategy to strengthen maternal and neonatal care, family bonding and the childcare visit or continued care, to promote healthy child growth and development. This visit should take place in the last month of pregnancy and in the first week postpartum, with greater frequency for premature neonates followed up in PHC.[1]

This home visit is an opportunity to provide comprehensive care to the child population through Family Health Strategy (FHS) professionals, such as nurses, nursing technicians, doctors, dentists and Community Health Agents (CHAs).[3]

However, the participation of some professionals in this action in the PSSI is still limited. Although nurses are responsible for providing direct care to the binomial, weaknesses in their care practices make it difficult for them to provide quality care, such as not considering maternal psycho-emotional aspects, most of the time focusing on the surgical wound, as well as exceeding the recommended time period with incomplete and outdated guidelines.[4,5]

Considering the need for FHS professionals to implement this line of care in a qualified manner, with a bond and timely and adequate monitoring of the demands of the puerperal and neonatal period, the following questions emerged: What is the perception of FHS nurses about PSSI? How are nurses implementing home visits in PSSI? What challenges do nurses face and what strategies do they use to implement PSSI home visits?

The aim was to understand the perception and implementation of home visits in the PSSI, according to PHC nurses.

METHOD

This is an exploratory study with a qualitative approach, which used the Consolidated criteria for reporting qualitative research (COREQ) as an auxiliary tool to guide the structuring of the method.[6,7]

It was carried out in Family Health Units in the urban areas of a municipality in the interior of Paraíba, Brazil, with approximately 10,638 inhabitants.[8]

Five of the nine nurses who worked in the respective health units took part in the study and met the inclusion criteria: having at least six months' experience in the health unit and carrying out home visits to the puerperal-neonate binomial up to the 28th day postpartum. It should be noted that four professionals were excluded for not showing up for the collection after three consecutive appointments.

For data collection, from August to November 2019, a semi-structured interview technique was used with the following guiding questions: Tell us about what you understand by PSSI, whether you carry out home visits, the period and whether you use any instruments for this; How does the home visit to the mother-baby binomial occur in PSSI? Do you face any difficulties in carrying out the home visit? If so, tell us about it; What do you do or suggest to deal with these difficulties and carry out the home visit to the mother-baby binomial?

To select the participants, prior contact was made, in which the research was presented and the terms of Free and Informed Consent and Voice Recording Authorization were signed. If the participant agreed, they received one copy of the consent form and the interview was scheduled according to their availability. Each in-depth interview lasted approximately 40 minutes, was recorded electronically and then transcribed in full.

The empirical material was treated using thematic content analysis,[6] which included repeated readings until the data was thematized in the light of the study objective; classification of the reports and grouping of the nuclei of meaning based on a horizontal map; and finally, treatment and interpretation of the results obtained in the light of the PNAISC line of care and the relevant literature.

This investigation is part of a larger study entitled "Implementation of the First Comprehensive Health Week by Primary Care Professionals", approved by the Research Ethics Committee under opinion no. 3.464.379. To ensure the anonymity of the participants, the acronym ENF for "Nurse" was used, followed by the order of the interview.

RESULTS

Five nurses took part in the survey, four of them female, with between three years and five months and 15 years of training, and between one year and three months and 15 years of experience in the unit. As for specialization, three professionals confirmed that they had a degree in: Public Health, Obstetrics or Urgency and Emergency, respectively; one professional presented having two (Public Health and Clinical Neuroscience); and another reported having four (Family Health, Permanent Health Education, Urgency and Emergency and Intensive Care Unit).

Based on the analysis of the empirical material, it was possible to identify the following thematic categories:

Home visits as an opportune space for comprehensive care in PSSI

FHS nurses understand PSSI as a period of adaptation of the child to extrauterine life, in which it is necessary to assess the health conditions of the mother and newborn, breastfeeding, family history, affectivity, child development, as well as offering guidance on the relevant demands, thus providing adequate care.

> *It's a period of adaptation to the child's extra-uterine life, with everything there is* [...], *with breastfeeding, with the mother's care, everything that involves this moment outside the mother's belly.* (ENF01)

> *I see it as general care* [...] *there's an assessment, a look at the mother and the child, looking at all their health, their affectivity, their family history, their concept, their family.* (ENF02)

> [...] *it's the importance of monitoring the baby with the family and with the puerperal woman. For the child's development milestone, breastfeeding.* (ENF03)

> *PSSI is the week in which we try to develop actions aimed at caring for not only the child, the newborn, but also the mother, providing all the necessary guidance and assessments so that the child has adequate care.* (ENF05)

However, the nurses reported that they do not have a specific day to carry out the home visit in the PSSI, but that it takes place between the seventh and 15th day; challenges may contribute to them exceeding this period. Only one participant mentioned having up to the 42nd day to carry out this visit.

> [...] *as soon as we find out that the mother has had a baby, we organize and schedule the visit* [...] *We have to schedule it as soon as possible.* (ENF01)

> *I usually prioritize between the seventh and the 15th day, but often due to work problems, routine, sometimes it happens later. But I prefer between the seventh day and the seventh day.* (ENF02)

> *We have a deadline of up to 42 days, then depending on the patient's condition, the CHA goes to the patient's house, the puerperal woman, and arranges the visit. There's no set day.* (ENF03)

> *Generally, we try to keep it to 10 days, preferably seven. But up to 10 days is what we manage to do* [...]. (ENF05)

Furthermore, the home visit in the first week of life is carried out without the aid of an instrument or script.

> *No. We used to follow a script, the SIS prenatal script. It's just that it's out of the system, which was just to find out*

where the mother had her baby, what type of birth it was [...], *but as for the script, no, I don't.* (ENF03)

Challenges and strategies for implementing home visits at PSSI

There are challenges in the nurses' work process for carrying out home visits at PSSI. There are difficulties such as the delay in identifying the puerperal woman for the CHA to visit, work overload, the need to record the visit in the CHB and in the medical records, bureaucratic activities and team meetings scheduled at the last minute, actions and consultations already scheduled in the routine and difficulties with transportation for visits in rural areas.

No... Sometimes there's a lot of bureaucracy to deal with here, there are last-minute meetings, and sometimes we schedule a visit and can't make it. But even if we can't make it that day, it's easy. [...] *As for the rural ones, sometimes it gets a bit complicated, because access isn't so good, and I really depend on the town hall car.* [...] *Sometimes this visit takes longer. But one way or another, it works out."* (ENF02)

The difficulty we usually face is identification, sometimes [...] *they can't identify it within seven days and* [...] *you end up having to make the visit* [...] *beyond those seven days.* [...] *but another problem we face,* [...] *is demand,* [...] *there are actions scheduled, other appointments and during that week there are unforeseen events* [...] *and it happens that* [...] *we can't make the visit during that period.* (ENF05)

Another challenge faced was the weakness of the multi--professional approach during the visit, such as the absence of the doctor's involvement.

I think it's also necessary for the other authors involved in the FHS [...] *to be called upon to make this visit* [...] *here, it's not often that a doctor visits with us, it's very rare. So it's usually just nurses, and we've had a very heavy workload every day.* [...] *Because the medical professional only comes when the child is ill, and hardly ever makes the puerperium visit with the nurse in the baby's first week, which is also so important.* (ENF01)

No...! Sometimes it's more a question of the health worker, often he's not there, [...] *sometimes I only go myself* [...] *and there was only one time that I had a medical professional present, it was a Cuban doctor who worked with me* [...] *she went to all the puerperal visits, but the Brazilian doctors? No, they don't! Only if there's a complication and we speak to them.* (ENF04)

In view of this, the nurses emphasized that the strategies for carrying out home visits to the mother-newborn binomial should include responsibility for carrying out this care; improving communication between the team, especially with the CHA; encouraging multi-professional involvement and increasing the frequency of CHA visits to pregnant women in order to identify early births.

I think that first of all [...] *the professional has to take responsibility, because it's our consultation,* [...] *I see that it's also necessary for the other authors involved in the FHS* [...] *to be summoned to make this visit.* [...] *We could be thinking of a strategy to bring the medical professional into the unit during the first consultations.* (ENF01)

There's the question of dialog, of talking, but it's complicated here [...] *this difficulty, of getting people to come to events, to take part in meetings, they're very difficult...* (talking about the relationship with the CHAs at the unit). (ENF04)

In order to try and maintain this visit in the first week, I usually ask the CHAs to pay more attention to these pregnant women who are 37 weeks or older, so that they usually make their visits at least weekly, every 15 days, try to maintain this contact at all times, so that if this birth happens soon, we can try to identify it as soon as possible and make this visit. (ENF05)

In addition, using their own transportation or walking to the home was mentioned as an alternative used by two professionals to fulfill the care action among their responsibilities.

As far as transportation is concerned, [...] *I don't even bother requesting it from the town hall, I just go, I walk or I drive myself,* [...] *so I don't have these complications of delaying these visits so much. But it's because* [...] *I don't feel this difficulty* [...], *because it's a simple orientation visit that she needs, which is our obligation as professionals.* (ENF02)

I said I didn't find it difficult to make visits, but in the municipality we don't always have a car available to make visits. So, in order not to be embarrassed, I'd rather go in my transport than fail to visit the puerperal woman. [...] *it's up to the common sense and sensitivity of each professional."* (ENF03)

DISCUSSION

FHS nurses understand PSSI as essential for caring for the binomial in the postpartum period, recognizing that this is a comprehensive health strategy. A study carried out in Rio Grande do Norte showed the importance of maternal and child health surveillance by the PHC team in the first week after childbirth, as neonatal deaths from preventable causes are frequent, especially in the first week of life.[2]

In order to ensure comprehensive and vigilant care for children, PSSI was initially established by the Agenda of Commitment for Comprehensive Child Care and Reduction of Infant Mortality, reinforced in the PNAISC perinatal care line as "5th day of comprehensive health", with actions implemented at the health unit and during home visits.[1,9]

Despite the consistency in the participants' perception of the PSSI, home visits were the only care action carried out by the nurses, without relating it to the "5th day of comprehensive health" actions in the unit.

Reinforcing this finding, a study carried out with puerperal women in Campina Grande-Paraíba showed that only mothers who received home visits during the puerperal period were more interested in following the professionals' instructions and continuing with other maternal and childcare appointments at the FHS,[10] confirming that this is an opportune space for comprehensive care.

However, it was found that none of the professionals used a script or instrument to carry out home visits. This reality requires the commitment of PHC managers and health professionals, directly or indirectly involved in caring for the binomial, as well as higher education institutions, to integrate, strengthen and qualify professionals for a comprehensive practice, based on systematized instruments, based on scientific evidence and which transform the practice of care.

A methodological study carried out in the state capital of Paraíba developed and validated an instrument for carrying out home visits in the PSSI, with the aim of guiding professionals in the actions and guidelines to be carried out, qualifying care and contributing to a reduction in child morbidity and mortality.[11]

There was an effort on the part of the professionals to carry out the visit by the seventh day, although they admit that they may exceed this deadline, reaching the 15th day. However, one report drew attention in which the professional had until the 42nd day to carry it out, which goes against the ministerial recommendations that it should be carried out in the first week postpartum, preferably between the third and fifth day.[9] This prompts reflections on the need to update professionals on government care guidelines and the changes needed to strengthen and qualify maternal and child health care.

A study has shown difficulties in carrying out home visits to the binomial in the PSSI, such as: lack of training and planning on the part of nurses to carry out the care in the recommended period, with the child being picked up late; their incipient knowledge of home visits;[12] lack of periodicity in care and few professionals to assist and carry out the visit to the binomial.[13]

In relation to actions to care for the newborn, nurses were concerned about exclusive breastfeeding, developmental milestones, physical examination and general guidance on vaccination, hygiene, bathing and complications, which is in line with the guidelines. On the other hand, the identification of perinatal data, possible risks and danger signs were not mentioned, in contrast to a study carried out with nurses in the state of Ceará, which showed the importance of identifying individual and domestic risk factors, such as accidents and/or violence, for adequate neonatal care.[14]

Despite the setbacks, the role of nurses in Brazilian PHC has become an instrument for changes in health care practices in the SUS, responding to the proposal of the new care model which is centered on comprehensive care, intervention against risk factors, disease prevention and promotion of health and quality of life.[15]

Given the importance of the elements needed in the FHS nurse's work process to implement home visits, it is worrying to see a context of difficulties involving delays in identifying the puerperal woman, inefficient communication between the nurse and the CHA and limited multi-professional action.

A study carried out in Pernambuco found that the CHA was the professional at the forefront of home visits, carrying out 68 out of 80 visits, followed by the nurse, who was present in 41, and then the doctor, who took part in only three. The nurse's performance was more effective in terms of the number of visits, but had its limitations.[16]

Successful care for the binomial requires interaction and teamwork, communication between nurses and CHAs, active search, identification and monitoring of pregnant and puerperal women by area.[17,18] In this investigation, communication between the professionals involved in the FHS reflects the nurses' efforts to resolve the challenges they face.

There are countless social, political, economic, institutional and cultural challenges faced in PHC, materialized in deficiencies in coordination/organization, management, funding, human resources and structuring of the FHS.[19] Even so, nurses serve as an inspiration to the health team by seeking to resolve conflicts, manage the team and make decisions that guide their practice.[20]

Another challenge faced was the nurse's work overload, a reality evidenced in a study carried out in Rio de Janeiro, in which PHC nurses claimed that the excess of work activities interferes with carrying out this visit.[19] This suggests the need to organize the work process carried out in this context.[21]

The unavailability of transport from the municipality to carry out the visit was another challenge, and the strategy used was to carry it out by own transport. However, one professional from a rural location relied on public transportation, which delayed the implementation of this care, in agreement with a study carried out with nurses in the state of Bahia.[22]

This reality raises questions about PHC funding, which is scarce or inefficiently managed, and its consequences for comprehensive care. There is a need for funding at adequate and sustainable levels, because although resources can be optimized with efficient management, the continuous growth in demand is recognized, with a need for greater funding to strengthen the SUS.[23]

In view of the above, at the PHC management level, there is an urgent need to promote human, material and transportation resources, as well as actions aimed at updating professionals on the ministerial guidelines for children's health. At the care level, it is essential for all members of the FHS team to plan this visit in advance so that multiprofessional care for the binomial is possible.

FINAL CONSIDERATIONS

The nurses recognize the main elements needed to implement home visits in the PSSI, according to the national guidelines for care of the binomial. However, they have challenges that prevent them from being carried out in an adequate time, the absence of an instrument that favors systematic and comprehensive care, as well as limitations in the work process and team integration. However, there is a concern among nurses to improve this care through strategies.

This reinforces the importance of continuing health education to improve care in PHC, strengthening home visits as an action to create bonds and comprehensive care for the binomial. There is a need to include a guide for carrying out home visits in the work process of professionals, which can eliminate gaps and maternal and child morbidity and mortality.

The study can contribute to broadening the scientific knowledge of professionals and managers about the reality faced by nurses during home visits in PHC, and therefore subsidize strategies to improve care for the binomial in PHC. Some limitations in the selection criteria and difficulties in accessing the participants may have contributed to a minimal sample, as well as the location and interview script may have compromised the depth of the subject, which suggests that further studies should be carried out.

REFERENCES

1. Ministério da Saúde (BR). Política Nacional de Atenção Integral a Saúde da Criança: orientações para a implementação [Internet]. Brasília (DF): Ministério da Saúde; 2018 [acesso em 10 de maio 2021]. Disponível em: https://portaldeboaspraticas.iff.fiocruz.br/wp-content/uploads/2018/07/Pol%C3%ADtica-Nacional-de-Aten%C3%A7%C3%A3o-Integral-%C3%A0-Sa%C3%BAde-da-Crian%C3%A7a-PNAISC-Vers%C3%A3o-Eletr%C3%B4nica.pdf.

2. Pinheiro JMF, Tinoco LS, Rocha ASS, Rodrigues MP, Lyra CO, Ferreira MAF. Childcare in the neonatal period: evaluation of neonatal mortality reduction pact in Rio Grande do Norte, Brazil. Ciênc. saúde coletiva (Online), 1678-4561. [Internet]. 2016 [cited 2021 mar 05];21(1). Available from: http://dx.doi.org/10.1590/1413-81232015211.09912014.

3. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Política Nacional de Atenção Básica [Internet]. Brasília (DF): Ministério da Saúde; 2012 [acesso em 15 de maio 2021]. Disponível em: http://189.28.128.100/dab/docs/publicacoes/geral/pnab.pdf.

4. Reichert APS, Guedes ATA, Pereira VE, Cruz TMAV, Santos NCCB, Collet N. First Comprehensive Health Week: actions of healthcare professionals in mother-and-child home visits. Rev. Enferm. UERJ (Online). [Internet]. 2016 [cited 2021 jun 08];24(5):e27955. Available from: http://dx.doi.org/10.12957/reuerj.2016.27955.

5. Lucena DBA, Guedes ATA, Cruz TMAV, Santos NCCB, Collet N, Reichert APS. First week of integral health for the newborn: nursing actions of the Family Health Strategy. Rev. gaúcha enferm. (Online), 1983-1447. [Internet] 2018 [cited 2021 jun 08];39:e2017-0068. Available from: http://dx.doi.org/10.1590/1983-1447.2018.2017-0068.

6. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 14ª ed. [São Paulo]: Hucitec; 2014.

7. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. Int. j. qual. health care. [Internet]. 2007 [cited 2020 apr 19];19(6). Available from: https://academic. oup.com/intqhc/article/19/6/349/1791966.

8. Instituto Brasileiro de Geografia e Estatística (IBGE) [Internet]. Cidades e Estados. [acesso em 04 de março 2021]. Disponível em: https://www.ibge.gov.br/cidades-e-estados/pb/cuite.html.

9. Ministério da Saúde (BR). Agenda de compromissos para a saúde integral da criança e redução da mortalidade infantil [Internet]. Brasília (DF): Ministério da Saúde; 2004 [acesso em 23 de agosto 2020]. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/agenda_compro_crianca.pdf.

10. Rocha GM, Cordeiro RC. Assistência domiciliar puerperal de Enfermagem na Estratégia de Saúde da Família: intervenção precoce para promoção da saúde. Rev. Univ. Vale Rio Verde [Internet]. 2015 [acesso em 20 de agosto 2021];13(2). Disponível em: http://dx.doi.org/10.5892/ruvrd.v13i1.2345.

11. Albuquerque TM. Construção e validação de um instrumento para a visita domiciliar ao recém-nascido na Primeira Semana Saúde Integral. [Mestrado em Enfermagem]. João Pessoa (Brasil): Universidade Federal da Paraíba; 2016. [acesso em 28 de outubro 2021]. Disponível em: https://repositorio.ufpb.br/jspui/handle/tede/8726?locale=pt_BR.

12. Medeiros LS, Costa ACM. Postpartum period: the importance of home visits given by the nurse in Primary Health Care. Rev Rene (Online). [Internet]. 2016 [cited 2021 jun 08];17(1). Available from: http://dx.doi.org/10.15253/2175-6783.2016000100015.

13. Araújo PMJ, Assunção RC, Ferrari RAP, Zani AV. Maternal experience in child monitoring in primary care: a qualitative approach. Online braz. j. nurs. (Online). [Internet]. 2021 [cited 2021 jul 10];20:e20216436. Available from: https://doi.org/10.17665/1676-4285.20216436.

14. Ximenes Neto FRG, Chaves ME, Ponte MAC, Cunha ICKO. Trabalho do enfermeiro da Estratégia de Saúde da Família na visita ao lar da puérpera e recém-nascido. Rev. Soc. Bras. Enferm. Pediatras. [Internet]. 2012 [acesso em 06 de maio 2021];12(1). Disponível em: http://dx.doi.org/10.31508/1676-3793201200004.

15. Ferreira SRS, Périco LAD, Dias VRGF. The complexity of the work of nurses in Primary Health Care. Rev. bras enferm. [Internet]. 2018 [cited 2021 may 07];71(Supl 1). Available from: http://dx.doi.org/10.1590/0034-7167-2017-0471.

16. Silva LLB, Feliciano KVO, Oliveira LNFP, Pedrosa EN, Corrêa MSM, Souza AI. Women's care during home visits for the "First Comprehensive Healthcare Week. Rev. gaúcha enferm. (Online), 1983-1447. [Internet] 2016 [cited 2021 may 12];37(3):e59248. Available from: http://dx.doi.org/10.1590/1983- 1447.2016.03.59248.

17. Gonçalves CS, Cesar JA, Marmitt LP, Gonçalves CV. Frequency and associated factors with failure to perform the puerperal consultation in a cohort study. Rev. Bras. Saúde Mater. Infant. (Online). [Internet]. 2019 [cited 2021 dec 10];19(1). Available from: https://doi.org/10.1590/1806-93042019000100004.

18. Kebian LVA, Acioli S. Home visits by Family Health Strategy nurses and community health agents. Rev. eletrônica enferm. [Internet]. 2014 [cited 2021 may 14];16(1). Available from: http://dx.doi.org/10.5216/ree.v16i1.20260.

19. Sousa MF, Santos BMP, Paz EPA, Alvarenga JPO. Complexity of nursing practices in Primary Health Care. Enferm. foco (Brasília). [Internet]. 2021 [cited 2022 mar 03];12(Supl.1). Available from: https://doi.org/10.21675/2357-707X.2021.v12.n7.SUPL.1.5211.

20. Mattos JCO, Balsanelli AP. A liderança do enfermeiro na Atenção Primária à Saúde: revisão Integrativa. Enferm. Foco. [Internet]. 2019 [acesso em 03 mar 2022];10(4). Disponível em: https://doi.org/10.21675/2357-707X.2019.v10.n4.2618.

21. Andrade LDF, Simões ACM, Henriques AHB, Sousa ATO, Pinto MB. Nurse's performance in their work activities in Primary Health Care. Rev. enferm. atenção saúde. [Internet]. 2016 [cited 2021 mar 18];5(1). Available from: https://doi.org/10.18554/reas.v5i1.1749.

22. Lima RASS, Lopes AOS. Home visit as a tool of integral attention to the user of the Family Health Strategy. Id On Line Rev. Psic. [Internet]. 2016 [cited 2021 dec 10];10(32). Available from: https://doi.org/10.14295/idonline.v10i32.580.

23. Tasca R, Massuda A, Carvalho WM, Buchweitz C, Harzheim E. Recomendações para o fortalecimento da atenção primária à saúde no Brasil. Rev. panam. salud pública. [Internet]. 2020 [cited 2021 dec 19];44:e4. Available from: https://doi.org/10.26633/RPSP.2020.4.