

CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

ORIGINAL ARTICLE

DOI:10.9789/2175-5361.rpcfo.v17.13778

PRACTICES AND CHALLENGES OF NURSES IN THE ROUTINE OF CHILDCARE IN PRIMARY HEALTH CARE

*Práticas e desafios de enfermeiros na rotina em puericultura da atenção primária à saúde**Prácticas y desafíos de los enfermeros en la atención rutinaria de la salud infantil en el primer nivel de atención***Nicolý Mycaela Eidelwein¹** **Gabriela Capra Avila²** **Vanessa Gross³** **Débora Cristina Limberger⁴** **Isabel Cristina dos Santos Colomé⁵** **Leonardo Bigolin Jantsch⁶** 

RESUMO

Objetivo: o presente estudo teve como objetivo compreender as práticas e os desafios enfrentados por enfermeiros durante a realização de consultas de puericultura na Atenção Primária à Saúde. **Método:** utilizando uma abordagem qualitativa e descritiva, a pesquisa envolveu 198 enfermeiros de 114 municípios, dos quais 50 responderam ao questionário. A partir da análise dos dados, foram identificadas categorias relacionadas a conhecimentos, desafios e dificuldades na prática da puericultura. **Resultados:** os principais desafios apontados pelos profissionais incluem: lacunas de conhecimento e insegurança, falta de formação continuada, sobrecarga de trabalho, escassez de recursos, baixa adesão familiar e curta jornada laboral dos médicos. **Considerações finais:** os resultados evidenciam a necessidade de investir em formação continuada a fim de atualizar esses profissionais sobre as melhores práticas em puericultura. Além disso, a pesquisa reforça a importância de fortalecer a prática baseada em evidências e de realizar novas pesquisas para aprofundar o conhecimento sobre o tema.

DESCRITORES: Cuidado da criança; Atenção primária à saúde; Cuidados de enfermagem.

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Received: 05/02/2025. **Accepted:** 28/04/2025

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How to cite: Eidelwein NM, Avila GC, Gross V, Limberger DC, Colomé ICS, Jantsch LB. Practices and challenges of nurses in the routine of childcare in primary health care. R Pesq Cuid Fundam (Online). [Internet]. 2025 [cited year month day];17:e13778. Available from: <https://doi.org/10.9789/2175-5361.rpcfo.v17.13778>.



ABSTRACT

Objective: the present study aimed to understand the practices and challenges faced by nurses during childcare consultations in primary health care. **Method:** using a qualitative and descriptive approach, the research involved 198 nurses from 114 communities, of whom 50 responded to the questionnaire. From the data analysis, categories related to knowledge, challenges and difficulties in the practice of childcare were identified. **Results:** the main challenges identified by the professionals are knowledge gaps and uncertainty, lack of training, work overload, lack of resources, low family adherence and short working hours of doctors. **Final considerations:** the results show the need to invest in continuing education to update these professionals on the best practices in childcare. In addition, the research highlights the importance of strengthening evidence-based practice and conducting new research to deepen knowledge on the subject.

DESCRIPTORS: Childcare; Primary health care; Nursing care.

RESUMEN

Objetivo: el presente estudio tuvo como objetivo comprender las prácticas y desafíos que enfrentan las enfermeras durante la realización de consultas de puericultura en la Atención Primaria de Salud de la Macro Región Norte de Rio Grande do Sul. **Método:** empleando un enfoque cualitativo y descriptivo, la investigación involucró a 198 enfermeras de 114 municipios, de las cuales 50 respondieron al cuestionario. A partir del análisis de los datos, se identificaron categorías relacionadas con conocimientos, desafíos y dificultades en la práctica de la puericultura. **Resultados:** los principales desafíos señalados por las enfermeras incluyen: lagunas de conocimiento e inseguridad, falta de formación continua, sobrecarga de trabajo, escasez de recursos, baja adherencia familiar y corta jornada laboral de los médicos. **Consideraciones finales:** los resultados resaltan la necesidad de invertir en formación continua para actualizar a las enfermeras sobre las mejores prácticas en puericultura. Además, la investigación refuerza la importancia de fortalecer la práctica basada en la evidencia y de realizar nuevas investigaciones para profundizar el conocimiento sobre el tema.

DESCRIPTORES: Cuidado del niño; Atención primaria de salud; Enfermería primaria.

INTRODUCTION

Childcare is a set of actions to monitor growth and development with the aim of ensuring the child's well-being, from prevention and monitoring to the treatment of diseases.¹ It goes through the stages of anamnesis, physical examination and care for prevalent and atypical conditions of early childhood. In this sense, the Ministry of Health (MH) recommends that it is necessary to implement actions from prenatal care, seeing the child as part of its family context, with its own characteristics and functioning.²

Child mortality, once a serious public health problem, has been drastically reduced through the implementation of effective prenatal care, immunization and nutrition programs. The National Policy for Comprehensive Child Health Care (PNAISC)³ has raised awareness about child health, guided professionals and educated parents and caregivers on the most appropriate practices.⁴ Primary Health Care (PHC) is configured as the coordinator of this care.⁵

Nursing consultation (NC) in childcare is an essential care strategy for monitoring children's growth and development. The relevance of the performance of the nurse in primary

health care, in the context of childcare consultations, is highlighted in the promotion of healthy development and in the provision of comprehensive care to children and their families, constituting one of the fundamental pillars of the team, providing care with attention, attachment and comprehensive care.⁶

However, there are studies that point to weaknesses in the childcare consultation performed by nurses, pointing to failures in the monitoring of development and growth, limitations in health education actions and the actions of anthropometric indicators, in addition to weaknesses in the dimensions related to anamnesis, physical examination and reception of the mother-child binomial.⁷

Thus, the need to understand the practice and challenges of nurses in the face of childcare consultations was identified, considering that there are several gaps that compromise the comprehensiveness of child health care, whether structural, physical, political, institutional, personal or educational. To this end, the present study aims to understand the experiences and challenges of nurses in the face of childcare consultations in primary health care services.

METHOD

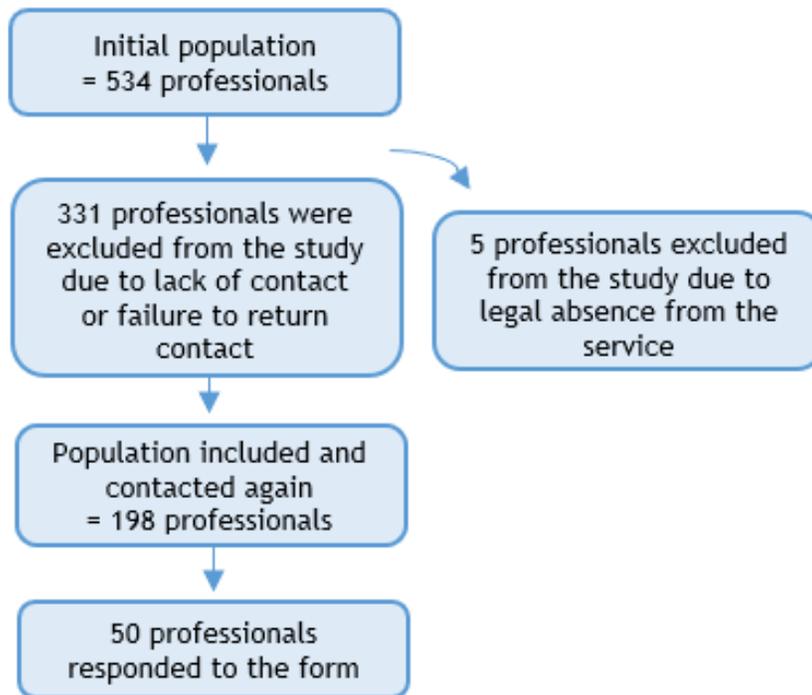
This is an excerpt from a matrix project entitled “Knowledge and Practices in Childcare in Primary Care: a Mixed Methods Study”, in this excerpt, the present study has a qualitative approach, of a descriptive nature, carried out with nurses working in Primary Health Care in 114 municipalities in the North Macro region of the State of Rio Grande do Sul, addressing aspects related to daily experiences and challenges in childcare practices in their health services. The methodological presentation follows the recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ) guide.

Data was collected by accessing participants through lists provided by the Regional Health Coordination Offices (CRS) of the regions involved in the study. The CRS and the

municipalities involved were contacted by the researchers to provide the contact information (email and telephone) of all nurses working in the PHC services to send the instrument in digital format, digitized on the Google Forms platform.

The initial population of the study was 534 professionals, which were estimated through the website of the National Registry of Health Establishments (CNES). First, there was contact with them, via email address, and in a second moment, telephone calls and messages via WhatsApp were made. At this stage, 331 nurses were excluded from the study due to lack of contact or non-return from the same, and 5 nurses due to legal absence from the service. A total of 198 participants were included in the study, of which 50 responded to the questionnaire. The description of the selection of participants is shown in the flowchart in Figure 1.

Figure 1 - Flowchart of the selection of study participants. Rio Grande do Sul, Brazil, 2024.



Source: The Author.

Production of Qualitative Data

Data collection took place from August 20 to November 1 and was carried out through a brief characterization of the participants and a semi-structured form consisting

of seventeen open-ended questions, made available electronically to primary health care professionals from the 114 municipalities of the Northern Health Macro-region. The form was designed by researchers as an organizational

and practical guide, making it possible to carry out childcare in PHC services.

This instrument includes questions about the experience and professional training of these nurses, as well as about the functioning of their health unit, their work process and that of the other professionals in the team, the development of childcare consultations, the resources available and the difficulties encountered. In this way, it seeks to understand the reality faced by nurses in childcare consultations. To construct the semi-structured script of the form (open questions), the Primary Care Booklet number 33², was used, in addition to the Child Health Nursing Protocol of COREN-RS.⁸

DATA ANALYSIS

The data were analyzed using Laurence Bardin's (2021) content analysis.⁹ Briefly, after importing the excerpts described by the participants into Google Forms, the data were first organized into Word documents for later floating reading of the data. After this stage, the data were classified chromatically according to recurrence (repetition of information/excerpts) with the same meaning/significance. Then, stratified by frequency, the data were grouped by thematic categories predetermined by the author. The following categories were predetermined: Conceptual knowledge about childcare from the nurses' point of view; What is experienced in the daily basis of primary health care in the context of childcare; The challenges and (in)appropriation of childcare by the nurse.

In the first category, the data were analyzed under recurrence, using the "word cloud" presentation strategy developed on the Venngage website. In the subsequent categories, the writing excerpts were stratified and presented in the categories pre-established by the author, according to meaning and thematic recurrence for the description of the analytical comments. Validation was done through the recurrence of the excerpts/meanings in the participants' writings.

The ethical aspects followed the guidelines of Law No. 14,874/2024 and, regarding the General Law for the Protection of Personal Data, Law No. 13,709/2018, especially what regulates its article 7 [VII - for the conduct of studies by a research institution, ensuring, whenever possible, the anonymization of personal data]. The writing excerpts were coded with the letter P, representing professional, in the following order of responses to the form, P1, P2, P3, P4, and so on, with the 50 professionals. The project was approved by the Human Research Ethics Committee (CEP) of the Federal University of Santa Maria, under opinion no. 7.023.235 and CAAE: 82069724.3.0000.5346.

RESULTS

A total of 50 nurses participated in the study, of whom 98% were female and 2% were male. The mean age of the participants was 39 years. The average length of experience in primary health care (PHC) was 12.7 years. Regarding the time since graduation, 68.7% of the participants graduated in nursing more than 10 years ago, of whom 74% graduated from private institutions and 26% from public institutions. When asked about the approach to training, 88% of the participants said that the course included theoretical content on childcare and 66% said that it included practical classes on the theme.

1st category - conceptual knowledge about childcare from the nurses' point of view

Regarding nurses' conceptual knowledge about childcare, most of them described:

"It is the regular monitoring of the child, observing the development and growth" (P2)

"Routine consultation on the child's health" (P7)

"Evaluates the child's growth and development" (P29)

A discrepancy was found in the nurses' knowledge about the definition of the target age group of the consultations. The characterization of the most frequent conceptual aspects in the participants' writing excerpts is listed below, in Figure 2.

Figure 2 - Word cloud characterizing the most common conceptual aspects in the nurses' writing excerpts. Rio Grande do Sul, Brazil, 2024.

Source: The Author.

When asked about the protagonist professional in the care of children in PHC, according to the survey participants, 70% of them consider that the clinical doctor or pediatrician has the leading role, 28% consider that it is the nurse and 2% another professional, subsidized, a posteriori, in the excerpts:

"The pediatrician is the one who works the most" (P5)

"Doctors only perform other professionals in screening and vaccination" (P12)

"In my unit, most of the care is done by the pediatrician" (P43)

"I rarely do it as a nurse" (P46)

"Supporting actors, because the doctor always has the most important role" (P29)

"Nurses play a fundamental role, being protagonists and often the only professionals who perform childcare in the unit, identifying important changes and/or delays and making the appropriate referrals" (P9)

2nd category - The daily life of primary health care in the context of childcare

72% of the nurses consider that childcare is present in their work routine, while 28% consider that it is absent. When asked about how childcare is organized in their workplace, the nurses highlighted in their evaluation some predicates that they experience in their routines, the most recurrent excerpts are arranged in the excerpts below:

"Free demand when there is care with a pediatrician" (P11)

"Childcare appointments were always made at the end of each consultation, the active search is carried out by

the ACS professionals through a control of PPD/pregnant women in the case of the first consultation (P33)".

"There is already a culture of childcare routines with the pediatrician, it is hardly necessary to make an active search, but, if necessary, the health agent is informed. Appointments at the reception of the health center, usually the next one is scheduled in the service" (P6)

"An active search is carried out with the help of the ACS. After the home visit, the first consultation with a pediatrician is forwarded, and the follow-up is scheduled with a doctor and nurse at the UBS" (P19)

"In the first search for the unit, we made the appointment, usually by the 5th day and we have already scheduled the next appointment. Active search by mobile phone and ACS" (P15)

"A weekly shift for childcare. Schedules. Home visits" (P36)

The nurses highlighted that in their workplaces, childcare is provided through free demand, appointments made at the time of consultation, active search and home visits by Community Health Agents (ACS), also through the services that reserve one shift per week to provide childcare. The first consultation with the newborn takes place in the first week of life. However, some practices presented differ from those recommended and are described in the statements:

"It is not performed. The care is provided by patients who seek care on their own" (P48)

"The structure is good. The care is inadequate. Little is done" (P17) "Emergency care" (P31)

"It is done in another unit" (P38)

"It is done on a quarterly basis, planned by the ACSs" (P44)

"I do not carry out childcare consultations" (P49)

"In my unit, most of the care is done by the pediatrician" (P43)

The lack of systematic consultations, the dependence on spontaneous patient demand, and the delegation of responsibilities to other units or professionals represent a set of practices that show weaknesses in comprehensive child health care.

3rd category - The challenges and (in) appropriation of childcare by nurses

In terms of approaching the challenges of implementing childcare encountered by nurses in their work routines in PHC, it is possible to classify the reported barriers, expressed in Chart 1.

Chart 1 - Challenges to the implementation of childcare by nurses. Rio Grande do Sul, Brazil, 2024.

Classification of challenges	Excerpts from speeches
Knowledge/insecurity	<i>"Yes. Lack of organization on my part. Lack of knowledge. Insecurity" (P5)</i> <i>"Yes. Lack of knowledge" (P28)</i> <i>"Little knowledge and difficulties in the field" (P46)</i>
Continuing education	<i>"Yes, there is a need for training and guidance" (P19)</i> <i>"Yes, there is a lack of updates" (P30)</i>
Overload/lack of time	<i>"Due to excessive demand. It is not possible to carry it out" (P17)</i> <i>"Need more time to carry out the consultation" (P32)</i>
Family adherence	<i>"Families' understanding of the importance of follow-up" (P18)</i> <i>"Yes, many want to follow up with a pediatrician, a pediatrician creates a bond with patients and always asks for a return visit, many follow up privately, non-attendance of children over 6 months" (P14)</i>
Financial, material and human resources	<i>"Physical space" (P12)</i> <i>"Scales, rulers, playful materials" (P28)</i> <i>"Human resources" (P41)</i>
Doctor	<i>"Lack of a doctor 40 hours at the UBS and his capacity to provide care" (P10)</i> <i>"Need for a pediatrician available more days a week" (P19)</i>

Source: The Author.

In summary, the main obstacles to the strengthening and implementation of childcare are limited knowledge and uncertainty, lack of training, work overload and consequent lack of time, lack of financial, material and human resources, low family commitment and short working hours of health professionals.

DISCUSSION

The results presented in this study show that the knowledge of nurses working in PHC is based on the concepts of monitoring/evaluation of child growth and development and routine counselling. The participants claim that the first childcare consultation takes place in the first week of life.

The data analyzed revealed variability in the definition of the target age group for monitoring, with suggestions ranging from birth to adolescence.

The lack of consensus on the age up to which consultations should continue, found in this study, corroborates the results of a quasi-experimental survey carried out in Paraíba in 2023.¹⁰ This research, guided by an instrument to evaluate the knowledge and practice of nurses in childcare, showed that, despite educational interventions, professionals presented significant gaps in the understanding of the ideal frequency of childcare consultations, when to start them and up to what age they should continue.

The above results suggest that, although nurses are aware of the recommendations of the Brazilian Ministry of

Health (MH), clinical practice is not yet fully in line with these guidelines, indicating the need to improve educational strategies as well as the effective implementation of the Child Health Handbook (CSC) in care, with proper systematization and registration.¹¹

Regarding the practice of childcare in the services analyzed in this study, the nurses reported some routines that differ from those recommended, revealing the absence of systematic monitoring of patients, the dependence on spontaneous search for care and the transfer of responsibilities to other units or professionals, as 28% of the participants stated that childcare was absent in their services.

The Pan American Health Organization (2018)¹² characterizes PHC as a health system model oriented towards equity and social solidarity, which translates into better health indicators, such as a reduction in hospitalization rates for ambulatory care-sensitive conditions and a decrease in avoidable infant mortality.

A cross-sectional study from 2022, which sought to analyze the vaccination status of children under three years of age registered in a Family Health Strategy (ESF), revealed that 40% of CSC were behind in the schedule, configuring vaccination coverage below the recommended, consequently exposing these children to risks of morbidity and mortality due to preventable diseases.^{13,14} Therefore, all services that carry PHC must meet the health needs of all age groups that make up the unit's assigned territory.

In addition, the Ministry of Health (2012)² recommends seven routine consultations in the first year of life (in the first week, in the first month, in the second month, in the fourth month, in the sixth month, in the ninth month and in the twelfth month), in addition to two consultations in the second year of life (in the 18th and in the 24th month) and, from the second year of life, annual consultations close to the anniversary month. The follow-up should be systematic, since these are age groups conducive to immunizations and other health promotion and prevention guidelines, and it is the responsibility of the nurse and the physician to carry out childcare consultations, interspersed, as recommended in Primary Care Notebook No. 33, of the Ministry of Health.

Besides, the nurses reported that the implementation of childcare is hampered by factors such as the inadequate technical knowledge of professionals, linked to the lack of continuing education, work overload, lack of financial, material and human resources, low family adherence and short medical working hours.

Moreover, it is noteworthy that the contingent of 70% of the participants indicated that the medical professional is the

protagonist of childcare. This fact may be due to the consistent biomedical and hospital-centered health model. A study that sought to know the perspective of PHC professionals regarding interprofessional collaboration showed the importance of collaborative and interdisciplinary work among professional classes, since the qualification of nursing professionals allows the implementation of advanced practices, resulting in significant health benefits.¹⁵ The nursing consultation (NC) is a differential within PHC, as it is a technological care strategy.¹⁶

A cross-sectional study with a qualitative approach, carried out in a municipality in the state of Sergipe, evaluated primary health care (PHC) services for children under 5 years of age. The results obtained were generally unsatisfactory, indicating that a large part of the PHC components were not implemented in the practice of primary care for children. This finding highlights the existence of organizational barriers that prevent the achievement of problem-solving and quality PHC.¹⁷ Nurses and their work are in a social scenario with a variety of issues and tasks inherent to the profession, both within and outside the unit.¹⁸

The reasons for family nonattendance at childcare visits are varied, and studies show that the mother's working hours, the incompatibility of appointments, the lack of information about the importance of follow-up, and the perception of a lack of professionals are often cited as factors.¹⁹ Other authors express in their study that mothers understand the importance of childcare visits and that the factors that contribute to nonattendance are influenced by the work of these mothers and the time of the appointments.²⁰

Regarding the workload of nurses, a study conducted to identify the workload of nurses working in Family Health Strategies (ESF) found that the mental workload was predominant in these professionals and was mostly related to administrative and managerial tasks.^{21,22}

Another challenge identified by the nurses was the lack of up-to-date knowledge due to the lack of continuing education programs. It is important to emphasize that nurses' work should be based on the best scientific evidence in order to better meet the needs of children and their families.

The literature identifies several difficulties related to the use of scientific information by nurses. These include low pay, limitations of the work environment (such as lack of time, organizational culture, and hierarchical structure), lack of training in the use of scientific information in clinical practice, and the orality culture in which professionals prefer to seek solutions to their doubts by talking to colleagues rather than consulting the literature.^{23,24}

The need for continuous training of nurses in childcare is confirmed in a study that shows that continuous training is essential to guarantee the quality of the service provided.²¹

It is recognized as a limitation of the present study, the form of data production, through the Google forms, which made the responses smaller, making it impossible for the researchers to expand the discussions and the perception of the participants on the proposed subject.

FINAL CONSIDERATIONS

In the study with primary health care professionals, it was found that their conceptual knowledge about childcare is satisfactory, as well as the understanding of the importance of the first consultation in the first week of life. In addition, professionals use effective strategies to attract users. The active search by the ACS is a scenario conducive to greater adherence to the recommendations for child follow-up, as well as free demand and scheduled care, facilitating access to the Unified Health System (SUS).

However, there are obstacles that make it difficult to visualize the nursing consultation in childcare, a practice that is exclusive to the nurse with the potential to offer qualified and humanized care to the child and its family. The main obstacles identified are the lack of knowledge, professional insecurity, work overload, lack of resources, low family adherence and short working hours. It is necessary for nurses to occupy their space, to create environments (face to face or online) where these professionals can discuss cases, exchange ideas and acquire their knowledge.

In addition, the study demonstrated the importance of implementing periodic educational practices aimed at guiding and updating nursing professionals on recommendations for best practices, which are briefly described in guidelines and protocols widely disseminated at national and regional levels. The importance of strengthening evidence-based practice in childcare is recognized. New research is essential to generate knowledge, deepen the object of study and support nurses' decision making.

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