

CHILD DEVELOPMENTAL MONITORING: IMPLEMENTATION THROUGH THE FAMILY HEALTH STRATEGY NURSE

Vigilância do desenvolvimento infantil: implementação pelo enfermeiro da estratégia saúde da família

Vigilancia del desarrollo infantil: implementación por enfermera de la estrategia de salud familiar

Gregório Gondim Pereira Neto^{1*}; Waleska de Brito Nunes²; Luciana Dantas Farias de Andrade³; Daniele de Souza Vieira⁴; Altamira Pereira da Silva Reichert⁵; Nathanielly Cristina Carvalho de Brito Santos⁶

How to quote this article:

Neto GGP, Nunes WB, Andrade LDF, *et al.* Child Developmental Monitoring: Implementation Through the Family Health Strategy Nurse. *Rev Fun Care Online*.2020. Jan./Dec.; 12:1309-1315. DOI: <http://dx.doi.org/10.9789/2175-5361.rpcfo.v12.9885>

ABSTRACT

Objective: The study's main purpose has been to analyze how child developmental monitoring is implemented in the care process by the Family Health Strategy nurses. **Methods:** This is a descriptive-exploratory research with a qualitative approach, which was carried out by 11 registered nurses working in the Family Health Strategy of two municipalities from the region known as Curimataú Paraibano. Data collection took place from November to December 2018, through semi-structured interviews and processed according to thematic analysis. **Results:** The following theme was underlined "Implementation of Child Developmental Monitoring by the Family Health Strategy Nurse", addressing which instruments were used and records made for developmental monitoring; the aspects considered in the child's evaluation and promotion of child development. **Conclusion:** There is a need for managers and higher education institutions in the health area to address the problem and invest in professional training and qualification, aiming to empower nurses to implement child developmental monitoring in primary care according to a systematic and comprehensive approach.

Descriptors: Child health, Child development, Family health strategy, Records of personal health.

¹ Nutrition Graduate, Registered Nurse at the *Hospital Regional de Patos Deputado Janduhy Carneiro. Hospital Regional de Patos Deputado Janduhy Carneiro, Patos, Paraíba, Brazil.*

² Nursing Graduate, MSc, Professor of the Nursing Department at *UFMG (Cuieté Campus). Universidade Federal de Campina Grande (UFCG), Brazil.*

³ Nursing Graduate, PhD, Professor of the Nursing Department at *UFMG (Cuieté Campus). Universidade Federal de Campina Grande (UFCG), Brazil.*

⁴ Nursing Graduate, PhD student enrolled in the Nursing Postgraduate Program at *UFPB. Universidade Federal da Paraíba (UFPB), Brazil.*

⁵ Nursing Graduate, PhD, Professor of the Nursing Department at *UFPB. Universidade Federal da Paraíba (UFPB), Brazil.*

⁶ Nursing Graduate, PhD, Professor of the Nursing Department at *UFMG (Cuieté Campus). Universidade Federal de Campina Grande (UFCG), Brazil.*

RESUMO

Objetivo: Analisar como ocorre a implementação da vigilância do desenvolvimento infantil no processo de cuidado de enfermeiros da Estratégia Saúde da Família. **Método:** Pesquisa de abordagem qualitativa, realizada com 11 enfermeiros atuantes na Estratégia Saúde da Família de dois municípios do Curimataú Paraibano. Os dados foram coletados de novembro a dezembro de 2018, por entrevista semiestruturada e tratados conforme análise temática. **Resultados:** Foi evidenciado o tema “Vigilância do Desenvolvimento Infantil e a implementação pelo enfermeiro na Estratégia Saúde da Família” abordando quais instrumentos utilizados e registros realizados para a vigilância do desenvolvimento; aspectos considerados na avaliação da criança e promoção do desenvolvimento infantil. **Conclusão:** Percebe-se a necessidade de instituições de ensino superior na área de saúde e gestores enxergarem a problemática e investirem na formação e qualificação profissional, no intuito de empoderar os enfermeiros para a vigilância do desenvolvimento infantil na atenção primária, de forma sistemática e integral.

Descritores: Saúde da criança, Desenvolvimento infantil, Estratégia saúde da família, Registros de saúde pessoal.

RESUMEN

Objetivo: Analizar cómo se implementa la vigilancia del desarrollo infantil en el proceso de atención de enfermería de la Estrategia de salud familiar. **Método:** Investigación cualitativa, realizada con once enfermeras que trabajan en la Estrategia de Salud Familiar de dos municipios en Curimataú Paraibano. Los datos se recopilaron de noviembre a diciembre de 2018, a través de entrevistas semiestructuradas y se trataron de acuerdo con el análisis temático. **Resultados:** Se destacó el tema “Vigilancia del desarrollo infantil y la implementación por parte de las enfermeras en la Estrategia de salud familiar”, abordando qué instrumentos y registros se hicieron para la vigilancia del desarrollo; aspectos considerados en la evaluación del niño y la promoción del desarrollo infantil. **Conclusión:** Es necesario que los gerentes y las instituciones de educación superior en el área de la salud vean el problema e inviertan en capacitación y calificación profesional, a fin de capacitar a las enfermeras para monitorear el desarrollo infantil en la atención primaria, de manera sistemática e integral.

Descriptorios: Salud del niño, Desarrollo infantil, Estrategia de salud familiar, Registros de salud personal.

INTRODUCTION

Childhood represents an extremely relevant stage of life due to changes in human growth and development processes, which are influenced by environmental, biological, family and social backgrounds, in which the child is inserted, and which can trigger repercussions for adult life. Therefore, this phase requires broad and comprehensive attention from health professionals for early identification of possible changes in development, which might compromise the person's productivity and independence.¹

It is estimated that in the world there are at least 150 million children with any type of disability, of any nature, such as structural, functional, psychological, physical or anatomical loss or abnormality, according to the United Nations.² A study³ found that 43% of children under the age of five (about 250 million) are living in low- and middle-

income countries and are at risk of some developmental delay, which when occurring early in life, may lead to health, nutrition, and inadequate learning, resulting in low wages in adulthood, as well as social tensions, with negative consequences not only for the current generation but also for future ones.^{4,5}

Given this framework, promoting and protecting children's health, with special attention to early childhood and the most vulnerable groups, aiming at reducing morbidity and mortality and an environment that facilitates life with full development, in fact, needs to be a priority, as advocated by National Policy for Comprehensive Child Health Care, regulated by Ordinance No. 1,130 on August 15th, 2015.⁶

Accordingly, Primary Care as a care coordinator and organizer of the health care network must ensure the implementation of Developmental Monitoring and Screening (DMS) as a continuous, flexible process that encompasses information from all those involved in the child care process, such as health professionals from the Family Health Strategy (FHS), parents, teachers, among other participants of the promotion of child development and detection of possible changes in a timely manner.⁷

So, it is necessary that professionals, especially the Nurse, implement developmental monitoring, with careful and quality assessment and effective communication with the family, through childcare consultation and use of the Maternal and Child Handbook (MCH) as a tool for systematizing this care in primary care.

Nevertheless, in the reality of health services, it is still possible to face obstacles in the face of the actions of DMS. The unpreparedness of nurses to implement this line of care for children, unfortunately, stands out in their care practice. In addition, an incipient adherence of these professionals to the systematic performance of neuropsychomotor developmental monitoring [Neuropsychomotor Developmental Delay (NPMD)] was observed in the literature,⁸ as evidenced by a study on the low frequency of filling in on some neuropsychomotor development milestone in MCH, with only 31% of 116 handbooks analyzed; demonstrating a break in the care services line for comprehensive child health care.⁷

Given this premise and the relevance of understanding the intrinsic aspects to the implementation of developmental monitoring as a foundation for the effective integrality of child care in the context of primary health care, the following question emerged as the core of this research: How has child developmental monitoring been implemented in the care process by the FHS nurses? Hence, this work meant to analyze how child developmental monitoring is implemented in the care process by the FHS nurses.

METHODS

This is a descriptive-exploratory research with a qualitative approach, which was carried out by registered nurses working in 14 FHS units of two municipalities from the region known as *Curimataú Paraibano*. Considering the total FHS units, six are units located in the rural area responsible for assisting the population with regard to care aimed at protecting and promoting health and preventing diseases. The choice for these scenarios is based on representativeness as the hub of the 4th Regional Health Center and Campus of a Federal Higher Education Institution.

A total of 11 registered nurses who worked at the FHS units in these municipalities for at least six months and who attended childcare consultations for children under two years participated in the study. There were three losses, two as a result of the professional not showing up for an interview after three consecutive appointments, and one, due to conflict of interest, which could constitute a bias for the investigation.

Data collection took place over the period from November to December 2018, through a semi-structured interview script composed of two parts, with the first addressing the participant's characterization data (gender, age, time of training and work in the primary care, if they held a postgraduate course and some training aimed at monitoring child development, and the number of children assisted per shift); and the second with the following guiding questions: Tell me how do you monitor child development at a childcare consultation? How do you promote child health in the context of child developmental monitoring at a childcare consultation?

The interviews were previously scheduled, respecting the nurses' work routine, as well as preceded by the presentation of the researcher, and signing of the Informed Consent Form (ICF) in accordance with the ethical principles of research involving human beings as determined by the guidelines of the Resolution No. 466/2012. To guarantee the participants' anonymity, the statements were identified with the letter "N" for Nurse, followed by the interview order.

The empirical material was analyzed from the Thematic Analysis, which goes through three stages: the pre-analysis, which consists of choosing the documents analyzed; the material exploration, a classification that seeks to reach the core of understanding the text, and perform categorization, a process of reducing the text to meaningful words; and, results processing and interpretation, in which the empirical material is subjected to inferences and interpretations maintaining a relationship with the theoretical framework obtained at the beginning of the research.⁹

This research is part of a larger study, named "Family Health Unit Nurses' understanding concerning child developmental monitoring", approved on November 14th,

2018, by the Research Ethics Committee from the Hospital *Universitário Alcides Carneiro*, under the Legal Opinion No. 3.021.184.

RESULTS AND DISCUSSION

The 11 nurses were within the age group from 24 and 45 years old, had a period of academic training between 2 and 15 years, and had worked in the FHS, from 1 year and 9 months to 15 years. In terms of the work process in the health units, all performed managerial and assistance functions for families registered in the areas covered. Concerning the completion of a postgraduate course, the participants mentioned specialization in Public Health Services, Family Health, Intensive Care, Urgent and Emergency Care, Nephrology, Public Management, Clinical Neuroscience, and Occupational Health. As for training directed to DMS, only two participants mentioned having completed it. Considering the number of children assisted in the childcare nursing consultation, the number varied between 8 and 15 children assisted in a weekly scheduled shift.

The participants' reports enabled the construction of the thematic category presented below:

Implementation of Child Developmental Monitoring by the Family Health Strategy Nurse

From the nurses' reports, it is noted that the implementation of DMS in childcare consultations occurs mainly by observing the child's behavior, questioning the mother about her development, and checking the developmental milestones proposed in the MCH.

When the mother arrives, [...] I ask [...] how is her development [of the child] with the other children, with the family, [...] I talk to the mother to see how it is the aspect of her and then I go to the measurement. (N3)

I always go to a part of the developmental milestones, [...] I ask the mother questions or observe the child's behavior. (N5)

I always ask the mother how the child is doing at home, at school, at the daycare center, I use the handbook to guide me, and I also use toys when it comes to training how the child will tell, how he will develop, how he will be the question of observation and identification. (N11)

The implementation is [...] through the checklist of the items [developmental milestones] that are in the handbook. [...] some who are liable to ask the mother or a caregiver who is present, [...] the others we encourage the child, for instance, if she catches a ball, if she turns her face when she hears some sound [...] and evaluation of the physical exam, as well. (N7)

Nurses reinforce the use of MCH when following the guidelines contained in the instrument for the implementation of DMS and for the records of developmental milestones, as well as mentioning the use of other manuals from the Brazilian Ministry of Health (MH) and toys for motor and visual stimulation of the child's skills, behaviors and attitudes.

I use the handbook, as a parameter for us to follow how the child is doing, I also use the protocols of the Brazilian Ministry of Health to base myself, [...] I also use some toys to see, the vision, the child's hearing, to see if he is developing well. (N6)

In relation to aspects [developmental milestones] we mark it either as present or absent, according to what was observed, and when we are unable to observe a certain milestone [...] we mark it as not verified, this according to age of the child, present in the handbook. (N7)

Generally, I always fill in [the Maternal and Child Handbook], the question of developmental milestones, after anthropometric measurements. (N5)

Another important aspect reported by nurses is their behavior in identifying any changes and/or the absence of any developmental milestone. It is noticed that the referral occurs to the specialist of the network of professional assistance from the *Núcleo de Apoio à Saúde da Família (NASF)* [Family Health Support Center] or physician, according to the aspects systematized in the assessment of the child's development, growth and morbidity.

Well, we do like this, a general observation of the child's condition, of the mother's behavior with the child, [...] how the child is developing [...], sometimes, even referring to some professional. (N1)

When she arrives for childcare, if you find out that the child is not developing well, if you find out that some milestone is not normal for that child's age, then you have to look for a specialized service, refer the child to someone specialized service to take an exam. (N3)

I do more of the observation, I look a lot if the child is lethargic, if he is restless, [...] I observe if he is weak, and, detecting any problem, I refer him to the NASF or a physician. (N4)

In children who are underweight or overweight, we try to observe [...], if there is any change, also of some reflex, we always try to normalize [...] so that some necessary actions are implemented. In case there is any change, we

try to refer and prioritize the care of this child. (N9)

With regard to the promotion of children's health in the context of DMS, the interviewees highlight the importance of guiding the mother on healthy eating and breastfeeding, since prenatal care, in addition to proper hygiene, and the involvement of the mother in the stimulation of the child, reaffirming the need for a moment to play with the children and contribute to their full development.

I try to guide and say the mother's role regarding the child's development and growth. (N1)

I guide for good development, healthy eating, exclusive breastfeeding, hygiene. I ask the mother what the child did that month that was new, so that she would always be watching everything again that the child does, [...]. For her to persist so that the child develops well. (N4)

We give guidance on [...] stimulation, because many mothers do not play with children because of their daily lives, or sometimes they have a super protective mother who does not put the child on the floor and this child sometimes has developmental delay. (N8)

[...] guiding what to eat and strengthen breastfeeding during prenatal care, [...] this is a way of promoting it [...]. (N10)

A specific biological process from a clinical and epidemiological standpoint, child development has been considered for the promotion of children's health since the mid-twentieth century.¹⁰ Therefore, DMS is an important foundation for the early detection of possible factors that interfere with patterns expected of development,¹¹ such as environmental, socioeconomic, family arrangements and the quality of stimulation at home,¹² and thus make it possible to carry out appropriate measures promptly.¹¹

Although the professionals base the assessment of the child's development on the guidelines of the MH, by observing the child's behavior, valuing the mother's view of her child's development, asking whether the child accomplishes the developmental milestones or not and recognizing the MCH as an instrument used to evaluate and record information related to this process, nursing consultations directed to DMS actions, in the FHS scenario, do not promote comprehensiveness.

Similar to this finding, the study also showed that professionals consider maternal perceptions about the acquisition of new behavioral milestones, but do not visualize these aspects through the child's clinical evaluation.¹³ This is worrying, as a careful look at the DMS and the proper record of this information, by professionals directly involved in child care, brings benefits to the health of the child, especially those most vulnerable, as evidenced

by a North American study carried out with health professionals.¹⁴

In addition to this discussion, a quasi-experimental research, of the before-after type, with health professionals, found that the use of systematized instruments in the assessment of the NPMD is essential for comprehensive assistance to the child's health, as it facilitates the professional's direction during consultation.¹¹

In this respect, MCH as the instrument for implementing child development assessment must be used correctly, as well as the risk factors to which the child may be exposed, and phenotypic changes, as relevant aspects in the process for a comprehensive assessment of the child.¹⁵

Furthermore, the registration with the MCH is part of the guidelines of the MH on good practices of DMS, and, thus, it must include all aspects inherent to the systematic evaluation of growth and development, all this information must also be recorded in the medical record of the child aiming to facilitate communication between all health professionals who assist the child and his family.¹⁶

It is important to emphasize that nurses did not mention the assessment of risk factors present in the clinical history and the context of the child's life during the implementation of DMS in consultations, nor the evaluation of the child's physical examination, as important actions for a better classification of development in the consultations for children, as recommended by the MH.¹⁷

Accordingly, although the representation of such aspects for the child's health condition might contribute to developmental problems, there is no perception of the subjective conditions on the part of the nurses in the present study, such as family context, socioeconomic conditions, degree of parental education, which can be determinants for changes in the NPMD, and which would indicate the need for coordination with intersectoral services, such as social assistance.

A study performed in Argentina¹² showed statistically significant associations between the child's cognitive development and risk factors related to the family arrangement. Thus, children raised only by the mother, may be at greater risk for limitations in their development when compared to those who receive support from other family members, in addition, other aspects such as pre and post-term births, low parental education and conditions socioeconomic conditions should be considered. Hence, DMS is of paramount importance in assessing these factors.

Early childhood is a decisive period for the child's healthy development and health,¹⁸ therefore the monitoring of child development seeks to implement specific assessments, capable of detecting factors that limit the acquisition of new skills, in a period in which the interventions performed can improve the acquisition and development trajectory.

Consequently, this process does not aim to diagnose disorders or diseases that compromise development, but rather to classify as soon as possible, warning signs or

possible changes that often require evaluation of the child, involving clinical history, tests and exams that elucidate accurate diagnoses.¹⁹

Regarding the nurse's conduct in the childcare consultation after the classification of the child's development situation in the consultation, it was observed that they refer children with possible developmental delay, underweight or overweight to the NASF or specialized service, according to the child's needs, but did not mention the classification of development as suggested by the MH.¹⁸

Concerning this subject, the MH reinforces the orientation of referring to the physician, pediatrician and other NASF professionals, as well as to secondary level services for investigation, highlighting the need for continued monitoring by the service that referred the child, aiming to guarantee care comprehensiveness.¹⁸

A study performed in the Virginia State, United States of America, children with unexplained developmental delays are referred to neuropsychiatrists as soon as possible.¹⁹ This can be understood as an opportunity for a more accurate and agile diagnosis in the face of the child's cerebral reorganization conditions and effectiveness for developing their neuropsychomotor potential from promptly stimulation.¹¹

In regard to the promotion of child development in child follow-up, a study highlights the relevance of health services seeking to stimulate the strengthening of the bond between family members and children, as this relationship has beneficial effects on cognition and language.²⁰

Concerning the aforesaid aspect, the participants of this work pursue to guide mothers on the importance of stimulation of the child, as well as to encourage them to observe and stimulate their children in the domestic environment and play with the child as part of the maternal role, in addition to care basic food and hygiene needs. This fact is relevant given the childcare quality as an effective, resolute and low-cost measure in promoting child development.¹⁵

Nonetheless, it is important to bring the discussion the paternal and/or family role in the process of stimulating development together with the mother. The father's absence is associated with difficulties in parental performance, negatively affecting children's mental health and development, as well as weaknesses in family bonds can limit child development.¹²

Father involvement is preponderant to child development. In order to achieve this, strategies capable of promoting the bond between child, family and health professionals are necessary, such as home visits, shared care sessions and professional training. It is when implementing child development assessment that primary care professionals sensitize parents to carry out daily activities that promote full development.²⁰

So, although the inclusion of parents in health services is somewhat challenging, their participation is associated

with the strengthening of the parental bond and yet, during pregnancy, it calms and comforts the pregnant woman.²¹

To promote development in childhood, it is also necessary to value MCH by parents, as the instrument will always be with parents and caregivers and contains important information to stimulate the child's development with affection, and to help parents in promoting healthy development, as well as identifying changes in development.¹⁸

Therefore, health services must act in a comprehensive and multidisciplinary manner, with professionals capable of conducting effective care through which it is possible to carry out actions that promote development, with the use of MCH for the developmental monitoring in every meeting with the child, as determined by government policies for child health.¹⁵

Bearing the aforesaid in mind, this study highlights the need for training for DMS that can qualify and raise awareness among nurses working in the FHS to the importance of a holistic and comprehensive assessment, given that the deficit in permanent health education is a factor predictive for failures and low quality in nursing consultations.²²

Nonetheless, even given the objectives achieved, it is pointed out that using only the qualitative approach might have limited this study. Hence, the documentary analysis of both the MCH and child's medical record could lead to more robust results.

CONCLUSIONS

According to the reports, the implementation of DMS is weakened, as it does not promote a comprehensive assessment, when it does not assess the risk factors, clinical history, and physical examination of the child. Few mentioned doing the assessment of the developmental milestones in the consultation, going only to observe the behavior and ask the mother, as well as the classification of the child's development after the assessment was not mentioned. On the other hand, it was possible to apprehend that for the implementation of the DMS, nurses working in the FHS use the MCH, MH manuals, and toys to assess development.

For the promotion of healthy development in early childhood, it is important to guide professionals to stimulate the child's development at home and to provide basic care for the child. Moreover, it is necessary to stimulate complete and adequate records and strengthen the relevance of the use of MCH by parents and professionals to produce information that underpins the care longitudinal reach.

So, despite understanding the benefits of good practices in DMS, there are still gaps in its implementation, which may reflect on a less careful assessment of important aspects in the development process and contribute to the loss of opportunity to promptly refer the child in the face of this health demand. Therefore, there is an urgent need to strengthen professional

education and training through permanent education focused on this theme, in order to contribute so that they can overcome weaknesses and offer comprehensive and quality care, capable of positively impacting the development of the assisted children, and in the valorization of this aspect of care by either parents or caregivers.

Bearing the aforementioned in mind, it is envisaged with the results to contribute to greater availability of scientific evidence in the literature on the evaluation, implementation, and promotion of actions aimed at child development, as a subsidy to expand the professionals' knowledge about the matter.

Hence, it is suggested to perform new quantitative investigations that can verify in loco, using the MCH, how the professionals fill it out in relation to the theme addressed, taking into consideration the relevance for promoting child health.

REFERENCES

1. Santos ERF, Ramos DD, Salomão NMR. Concepções sobre desenvolvimento infantil na perspectiva de educadoras em creches públicas e particulares. *Revista Portuguesa de Educação* [on-line] 2015. [citado em 23 out 2019] 28(2): 189-209. Disponível em: URL <https://www.redalyc.org/articulo.oa?id=37443385010>
2. Organização das Nações Unidas [homepage na internet]. A ONU e as pessoas com deficiência [acesso em 15 jun 2018]. Disponível em: URL <https://goo.gl/xRUazG>
3. Black MM, Walker SP, Fernald LCH, Andersen CT, DiGirolamo AM, Lu C. et al. Early childhood development coming of age: science through the life course. *Lancet Public Health* [on-line]. 2017. [citado em 02 dez 2019] 389(10064): 77-90. Disponível em: URL [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)31389-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31389-7/fulltext)
4. Chunling L, Black MM, Richter LM. Risk of poor development in young children in low-income and middle-income countries: an estimation and analysis at the global, regional and country level. *Lancet Glob Health* [on-line]. 2016. [citado em 02 dez 2019] 4: e916-22. Disponível em: URL [http://dx.doi.org/10.1016/S2214-109X\(16\)30266-2](http://dx.doi.org/10.1016/S2214-109X(16)30266-2)
5. World Health Organization (WHO). Apoiando o Desenvolvimento na Primeira Infância: da ciência à difusão em grande escala. um sumário executivo da *The Lancet* [on-line]. Out. 2016. [citado em 02 dez 2019] Disponível em: <http://www.everywomaneverychild.org/wp-content/uploads/2017/04/ecd-lancet-exec-summary-pr.pdf>
6. Ministério da Saúde (Brasil). Portaria N° 1.130 de 5 de agosto de 2015. Institui a Política Nacional de Atenção Integral à Saúde da Criança (PNAISC) no âmbito do Sistema Único de Saúde (SUS). *Diário Oficial da União* 5 de ago 2015.
7. Reichert APS, Vieira DS, Santos NCCB; Albuquerque TM, Collet N, Vaz EMC; Vigilância do crescimento e desenvolvimento: análise dos registros na caderneta de saúde da criança. *Cogitare Enferm* [on-line]. 2016. [citado em 30 abr 2019] 21(4): 01-09. Disponível em: URL <http://www.redalyc.org/articulo.oa?id=483653833007>
8. Amorim LP, Senna MIB, Gomes VE, Amaral JHL, Vasconcelos M, Silva AG, et al. Preenchimento da Caderneta de Saúde da Criança nos serviços de saúde em Belo Horizonte, Minas Gerais, Brasil. *Epidemiol Serv Saúde* [on-line]. 2018 [citado em 16 jun 2018]. 27(1): 1-10. Disponível em: URL <https://www.scielo.org/article/ress/2018.v27n1/e201701116/en/>
9. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 14a ed. São Paulo: Hucitec. 2014.
10. Caminha MFC, Silva SL, Lima MC, Azevedo PTAC, Figueira MCS, Batista Filho M. Vigilância do desenvolvimento infantil: análise da situação brasileira. *Rev Paul Pediatr* [on-line]. 2018 [citado em 30 mai 2018] 35(1): 102-109. Disponível em: URL <http://www.scielo.br/pdf/rpp/v35n1/1984-0462-rpp-2017-35-1-00009.pdf>
11. Reichert APS, Collet N, Eickmann SH, Lima MC. Vigilância do desenvolvimento infantil: estudo de intervenção com enfermeiros da Estratégia Saúde da Família. *Rev Latino-Am Enfermagem* [on-

- line]. 2015. [citado em 30 mai 2018] 23(5): 955-962. Disponível em: URL <http://www.redalyc.org/html/2814/281442225023/>.
12. Paolini CI, Oiberman A, Mansilla M. Desarrollo cognitivo en la primera infancia: influencia de los factores de riesgo biológicos y ambientales. *Subj Procesos Cogn* [on-line]. 2017. [citado em 20 mai 2019]. 21(2): 162-183. Disponível em: URL <http://dspace.uces.edu.ar:8180/xmlui/handle/123456789/4289>.
 13. Gaiva MAM, Monteschio CAC, Moreira MDS, Salge AKM. Avaliação do crescimento e desenvolvimento infantil na consulta de enfermagem. *Av enferm* [on-line]. 2018. [citado em 27 mai 2019]. 36(1): 9-21. Disponível em: URL <http://www.scielo.org.co/pdf/aven/v36n1/0121-4500-aven-36-01-00009.pdf>.
 14. Dworkin PH, Sood AB. A Population Health Approach to System Transformation for Children's Healthy Development. *Child Adolesc Psychiatr Clin N Am* [on-line]. 2016. [citado em 26 mai 2019]. 25(2): 307-317. Disponível em: URL [https://www.childpsych.theclinics.com/article/S1056-4993\(15\)00119-4/abstract](https://www.childpsych.theclinics.com/article/S1056-4993(15)00119-4/abstract).
 15. Andrade DP, Guimarães EKR, Amaro MES, Silva RC, Santos ILF. Desenvolvimento infantil: a vigilância sob a perspectiva da estratégia de atenção integrada às doenças prevalentes na infância. *Seminário Transdisciplinar da Saúde* [on-line]. 2015. [citado em 28 abr 2019]; (3): 16-22. Disponível em: URL <http://www.periodicos.univag.com.br/index.php/SeminSaude/article/viewFile/710/891>.
 16. Silva FB, Gaiva MAM. Preenchimento da caderneta de saúde da criança: percepção dos profissionais. *Ciênc Cuid Saúde* [on-line]. 2015. [citado em 06 jun 2019] 14(2):1027-1034. Disponível em: URL <http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/24268/14744>.
 17. Ministério da Saúde (BR). *Caderneta De Saúde Da Criança*. Brasília: Ministério da Saúde, 2018 [citado em 20 mar 2020]. Disponível em: URL http://bvsmms.saude.gov.br/bvs/publicacoes/caderneta_saude_crianca_menina_12ed.pdf
 18. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. *Política Nacional de Atenção Integral à Saúde da Criança: orientações para implementação*. Brasília, 2018. Disponível em: URL http://www.saude.pr.gov.br/arquivos/File/Politica_Nacional_de_Atencao_Integral_a_Saude_da_Crianca_PNAISC.pdf
 19. Scharf RJ, Scharf GJ, Stroustrup A. Developmental Milestones. *Pediatr rev* [on-line]. 2016. [citado em 28 mai 2019] 37(1): 25-38. Disponível em: URL <https://pt.scribd.com/document/364423862/Developmental-Milestones>.
 20. Hurt L, Paranjothy S, Lucas JP, Watson D, Mann M, Griffiths L, et al. Interventions that enhance health services for parents and infants to improve child development and social and emotional well-being in highincome countries: a systematic review. *BMJ Open* [on-line]. 2018. [citado em 03 jun 2019] 8(2): 1-20. Disponível em: URL <https://bmjopen.bmj.com/content/8/2/e014899>.
 21. Mello MG, Parauta TC, Saldanha BL, Bridi AC, Lemos A. Participação do pai jovem no acompanhamento do pré-natal: a visão do profissional de saúde. *Rev Fun Care Online*. 2020 jan/dez; 12:94-99. DOI: <http://dx.doi.org/10.9789/2175-5361.rpcf.v12.7068>.
 22. Carvalho EB, Sarinho SW. A consulta de enfermagem no acompanhamento do crescimento e desenvolvimento de crianças na estratégia saúde da família. *Rev enferm UFPE on line*. [on-line] 2016 [citado em 29 abr 2019] 10(6): 4804-4816. Disponível em: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/viewFile/11259/12882>.

Received on: 04/04/2020

Required Reviews: 01/07/2020

Approved on: 02/09/2020

Published on: 13/11/2020

***Corresponding Author:**

Gregório Gondim Pereira Neto

Rua Bernardino de Sena, nº 50

Centro, Rio Grande do Norte, Brasil

E-mail address: gregoriogondim@outlook.com

Telephone number: +55 (84) 99851-9137

Zip Code: 59.360-000

The authors claim to have no conflict of interest.