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COMPLETION OF THE CHILD HEALTH RECORD: PERCEPTION OF PROFESSIONALS[1]

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ABSTRACT
The objective of this study was to analyze the perception of professionals working in primary health care system on the filling of the Child Health Record. This is an exploratory qualitative study conducted with 20 health professionals who worked directly on child care in the city of Cuiabá, Mato Grosso. To survey data we chose the semi-structured interview technique, carried out from February to March 2013. The data were organized and analyzed through thematic content. Professionals reported that the data present in the child health record are important, especially, for monitoring the health of the child, however, the child health record is not being done properly by professionals from hospitals and basic health units. For respondents, recording data in the child health record is the responsibility of members of the healthcare team, however, there was disagreement among them as to family participation in completing this instrument. The lack or incompleteness of recording data on child health record brings harm to the comprehensive evaluation of their health and complicates the assessment of health provided.

Keywords: Child Health. Public Health Surveillance. Personal Health Records. Health Promotion. Nursing.

INTRODUCTION

The Child Health Record (CHR) is a comprehensive monitoring tool for child's health, based on health care, which was created by the Ministry of Health (MOH) in 2005 with the objective of replacing the child's card (CC) which only provided growth monitoring and child immunization[1].

The use of a specific tool for monitoring child's health is not exclusive to Brazil. Several countries such as the UK, Sweden, Greece, Portugal, France, Canada, Japan, Australia, New Zealand and some states in the United States of America (USA), also use instruments with different terminology, for the record of child's health information[2].

This booklet is the primary health record document of the child from birth to 10 years of age and is used by professionals working in different care spaces serving this population.

In addition to the record in the CHR, professionals should inform the family about its importance, content and child health data. Thus, the adequate filling in the record facilitates the evaluation of the child and communication between professionals from the health team and the different childcare services, and also promotes the child's health monitoring by the family[3,4].

However, the reality on the use of records in our country is worrying. Studies show considerable shortcomings as regards the fulfillment of the pregnancy, childbirth and the newborn data, besides the incompleteness or absence of recording the development and growth charts[3,5,6]. With regard to the guidance to mothers/families, research shows that professionals have not informed about the data in the record[7,8].

There are still few publications on the fill or use of records, as evidenced by an integrative literature review that examined the scientific knowledge on child card/child health record as child health surveillance tool. Most existing production emphasizes the completion of the data without approaching the use of this instrument in the perspective of professionals[9].

Considering that several studies have quantitatively evaluated the record of the data in the document, this study is justified by the need to know the perception of health professionals who work directly in pediatric care about

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completing the health conditions of the child population in the CHR since this is the main instrument used in Brazil for children monitoring in the context of primary care. In this context, this article aims to analyze the perception of professionals working in primary health care system on the filling of Child Health Record.

METHODOLOGY

Exploratory qualitative study conducted in the city of Cuiabá-MT, from February to March 2013.

The research was conducted in eight basic health units, of which four were family health units (FHU) and four health centers (HC), distributed in four regional areas of the public health of the city. The only criterion for the unit to participate in the study was to offer regular assistance to children. After this definition, a random drawing was held for the choice of eight units.

The study included eight doctors, eight nurses and four community health agents (CHAs) who worked in child care, totaling 20 professionals. These professionals were chosen because, since the implementation of the family health strategy, child care started to have a comprehensive and multidisciplinary approach, so in this sense, the record must be used by all professionals caring for child. Nursing technicians and assistants were not incorporated as subjects in the study because in our reality they use the record only to fill the child's immunization data. To set the number of participants, we used the criterion of saturation of information[10].

To survey data, we chose the recorded semi-structured interview technique. Interviews were conducted in the professionals' workplace, from February to March 2013. To preserve the anonymity of participants, subjects were identified by professional category, followed by the interview number and unit where they work (Example: DOC1-FHU, NUR1-FHU, CHA1-FHU; DOC2-HC, NUR2-HC).

The data were organized and analyzed with the implementation of the Thematic Content Analysis technique. For the interpretation of the interviews, three systematic steps were covered: pre-analysis, material exploration and interpretation. The analysis was made through exhaustive reading of the material, seeking to produce record and context units and identifying the possibilities of construction of themes/categories; followed by thorough reading of each interview, defining empirical categories and subcategories; finally, interpretation of the content[10,11].

The analysis of the interviews revealed the following themes: the importance of data completion on the record and responsibility for data completion on the record.

The study was approved by the Research Ethics Committee under report number 130948/CEP-HUJM, in compliance with Resolution 196/96 of the National Health Council, in force at the time of the research. All research participants signed the Informed Consent Form before the interviews.

RESULTS AND DISCUSSION

The importance of data completion on the record

In this study, respondents indicated that the data in the record are important, especially for the monitoring of child health:

> *The data are* extremely important for us to monitor the health of the child. (NUR6-HC)

> If the mother changes neighborhood and begins to have the child assisted in another location, it is important that data are recorded there, for the next doctor will be able to know how the child was evaluated previously. (DOC5- FHU)

> The data serve as a parameter for comparison with the previous months. (NUR2 - HC)

> The importance of the data is indeed for monitoring, right, because you see how the child was before, and see how the child is at that moment. If you do not have a parameter to compare the actual weight gain, for example, how will you work? How will you know if the child is with late vaccines if you do not have this date written down? (NUR7-FHE)

The record of the child's health information on the CHR is essential for professionals to better know the health-disease process thereof. In addition, adequate filling facilitates the identification of risk and health problems; favors the socialization of data between health

professionals; and also enables comprehensive monitoring of the child's health. Information, in addition to direct care conducts, favors the orientation of the family on the child's health conditions[12].

Surveillance as a strategy for health promotion and prevention, control of illnesses and care for patients, helps professionals in observation, reporting and analysis of health status of the population. It guides the organization of the professional work process from the identification of problems and health needs of populations living in certain territories, providing comprehensive care[13].

From the perspective of health surveillance, the record is a useful and essential tool for professionals to develop such actions because from the data recorded on it, it becomes possible to know the child's living conditions, to identify problems and to classify the risk of disease and to establish priorities for action in pursuit of effective results.

Although the interviewees stress the importance of records in the CHR for monitoring child health in maternity wards, the data in this tool are not being completed properly, as shown by the lines:

> Weight, height and head circumference data are filled, but the Apgar is not. So, since it is not written you believe that it has not been done. (DOC5 - FHU)

> In hospitals they generally fill the weight, height, the day that child was born, the hospital and the city, only this. (NUR3 - FHU)

> We see that these data are not filled in the hospitals, they only fill the child's sex, weight and height. The rest is filled when the child arrives here to vaccinate or to consult with the doctor or nurse. (CHA7 - FHU)

> The birth data, most of them, are not filled, especially the Apgar, and without knowing the past of the child, you sometimes have difficulty in making a reasoning and understanding why some things are happening to them, so you must have this history, it is as if you were to make a cake and get the recipe "in half ". You will not complete your recipe. (DOC6-HC)

The first data to be recorded in the CHR relate to the conditions of delivery and the newborn and should be completed in the maternity hospital soon after the child's birth. However, there are some data in the literature showing flaws regarding the fulfillment of the pregnancy, childbirth and the newborn data in the child's health record[6].

The Apgar score is an indicator of the conditions of birth and its record in the CHR has not been receiving due attention from professionals working in maternity wards. A study conducted in Belo Horizonte-MG, evaluating the completion of the data on the CHR about pregnancy, childbirth and newborn, revealed that there are flaws in these records, especially in relation to information about certain conditions of birth such as Apgar[6]. Similarly, a study conducted in Cuiabá-MT showed that, of the 127 CHR analyzed, Apgar, head circumference and height at birth were not fulfilled in 40.15%, 19.7% and 8.7% of the instruments, respectively[14]. Such findings show that health services still do not record even basic information about the child's birth.

Child's birth conditions are important information to monitor their health in the first months of life and the absence or incompleteness of the data in the CHR can harm the monitoring and professional decision-making.

The record of health information and care provided to patients is configured as a legal document for the team, for the patient and the health service, and is set in the medical and nursing professionals codes of ethics. This record is part of the documentation and assistance provided, representing the written testimony in the legal defense of the professionals involved[15]. Therefore, the incompleteness or absence of records in the user's documentation is an omission conduct, with respect to the responsibility of these professionals regarding the health information of the patient. The same can be understood when health professionals fail to complete the CHR, which in addition to exempt themselves from liability toward the child health information, also violates the rights of children.

The data records on monitoring the health of the child also has not been receiving due attention from professionals working in primary health care units, where most of the child's health information is generated:

> Every time I see the CHR, I observe more the part of the vaccine and the weight gain of a few. Now,

> children that in the clinical examination are well and I see that they are developing well and healthy, then I do not even look or think about it. I will not lie. (DOC4 - HC)

> I have the habit of checking the item of child development, I think very difficult to evaluate only the interview with the mother. (NUR3 - FHU)

The fact that the professional providing routine care to children in the primary care unit focuses only in monitoring the growth and immunization is worrying, given that other aspects of child health may not have been evaluated, such as oral, visual and hearing health, sleep and rest, food, hygiene, accident prevention, development, among others. These aspects are considered by the Commitment Agenda for Children's Comprehensive Health and Reduction of Infant Mortality as lines of care and, therefore, should be evaluated by professionals in all consultations to the child, seeking comprehensive care[16].

Surveillance of child development is a key activity to be performed by health professionals, since it has the objective of promoting the normal development and detect changes. To this end, it is essential that professionals have basic knowledge on this. In addition, for this evaluation, it is necessary to consider the parents' opinion on the development of children and that they fill up the charts present in the CHR and in the development monitoring form, which must be attached to the child's records[1].

Since surveillance on growth and development (GD) is the guiding principle of basic health measures aimed at child population, studies that analyzed this practice in health services showed that the absence or incompleteness of data about the GD on CHR has been common[12,14].

Study that conducted the situation analysis of the action for monitoring growth of children under one year old of the metropolitan region of Recife and others cities of the state of Pernambuco found that, approximately, 90% of 662 children, whose mothers were carrying the CHR at the time of the survey, had the birth weight record, but less than half of them had this weight recorded on the chart. In addition, low percentage of mothers was informed about aspects of the growth of their children such as weight, height and situation of the weight on the chart during consultations[7].

Similar results were found in research that analyzed the health care for children in the city of Teixeiras-MG, showing that 77.2% of the children had the CHR, however, all of them were incomplete; the growth and development curve was not drawn on the chart and there was no weight and height records[8].

In turn, research that verified the knowledge and practices of nurses in the family health strategy as the monitoring of growth of infants revealed that, despite the professionals recognize the importance of recording the weight of the child on the CHR and of carrying out guidance to mothers, this practice does not actually occur [17]. Thus, there must be a better preparation of professionals working in primary health care in relation to child GD.

It should be noted that the completion of development chart is key to promote the proper development and prevention of delays[18]. In addition, when the professional makes room for listening to the family reports on the start and end of each frame of the development and advises on acquisition of new skills, this strengthens the bond and facilitates professional-family relationship.

Proper use of CHR by professionals working at different levels of complexity of health care enables each professional articulates their actions with the others' actions, setting up a health system where the children and their families walk[19].

Responsibility for data completion on the record

In general for respondents, completion of the data in the CHR is health team's responsibility, physicians, nurses and nursing technicians:

> In my opinion, nurses, doctors and nursing technicians should fill in the CHR, because they are people who are qualified and have the knowledge to handle it. The CHA can make a review of the booklet, but to mark it, it must be the other professionals indeed. (NUR1 – FHU)

> For vaccines, the nursing techniques are the ones who schedule them, which I think is correct because they have the training. The nurse and the doctor on the chart time, on the GD consultation, because at that time they weigh, measure and

> monitor just right, then it is a way of the whole team works together. (CHA7 – FHU)

However, there are professionals who understand that the completion of the growth chart should be performed, preferably, by the doctor.

> The weight, height and head circumference, I think that, in the pre-consultation, there is no problem if the nurse or nursing technician fill it in, but the curve I think it's up to the physicians, pediatricians, for you to have a better monitoring, to have a closer look at the possible disease. (DOC8- HC)

It should be emphasized that, according to the manual of child health of the Ministry of Health, monitoring the GD can be developed both by the physician and the nurse[1].

In our reality, assistance to children in the primary care system is accomplished through "routine visit" or "growth and development (GD) visit". In FHU, the child consultation is a programmatic activity, aimed at monitoring the healthy children, particularly as regards health surveillance. It is held interchangeably by doctors and nurses according to the childcare protocol of the Municipal Health Department. In turn, in health centers, child care is based on demand and the GD monitoring, when it is present in these units, is performed only by the doctor.

It is noteworthy to highlight the importance of nurses in the children's GD surveillance in the context of primary health care, especially because they are ahead of the care activities in the family health strategy and continuously in contact with the child and their family. This proximity favors the comprehensive care, facilitates the bond and the relationship of shared responsibility with the community.

As regards the roles of other members of the family health team, it is for the HCW to be the link between families and the health unit, developing educational actions aimed at health promotion and disease prevention[20]. This professional does not fill in the CHR, however, they have a copy of it to the control of consultations and immunization of every child of their micro-area.

Technical and nursing assistants use the CHR to record the vaccines in the immunization room. Although all members of the health team participate in the child health monitoring, not all of them have the responsibility for the completion of the data in the booklet.

When asked about family participation in filling the booklet, there was disagreement among respondents, as shown by the lines:

> No, never. Very rarely they qualify to write in a card like that. Neither the health professionals who work in the unit do it right, the family even worse. No way, the family doesn't even understand it. No! No way! It is for professional use. (DOC4 - HC)

> No. The family should not complete it because many data are lost and we even guide them not to fill. The booklet completion is the health professionals' responsibility. (CHA5 - FHU)

> It has a blank space behind the booklet where the mother can fill when the child began to smile, began to pick up objects with his/her hands, talking, and so on, I think that's interesting. But about the data, the family does not always have a cognitive knowledge, it depends on the clarification. And they can follow through the booklet the data relating to language, motor and psychosocial development. (DOC8 - HC)

> That part of the first sheet that has the ID field, address, SUS card number, name of the child, the mother and father, right, I think that the family can fill, but only that part. (NUR7 - FHU)

> There is that part about the complications with the child, I think the family has to fill in, because if it's in the interval between a consultation and another visit for monthly monitoring, the family can forget some data. (NUR1 - FHU)

Since the launch of the booklet, the Ministry of Health recommends greater participation, ownership and commitment of the parents regarding its use, in order to ensure a comprehensive care to children and their rights as a citizen [4]. However, it is not explained how this participation should happen, nor if the family can fill in the data. Maybe that is why there are differences of opinion among professionals.

In the first version of the CHR in 2005, it was possible that the family participate in its completion, especially the identification and development data. However, with its redesign in 2009, the instrument was divided into two parts, the first being intended for family and the second for use by professionals.

The differences of professional opinions on the completion of the booklet by the family can be justified, because, traditionally, health actions have always been delegated to professionals, not being allowed or encouraged the participation of mothers and families in health process of their children[5].

Regardless of who should fill in the document, it is important to note that the record of the health conditions of children in medical records and in CHR not only facilitates communication between different health professionals caring for the child, but also is an important element in the relationship of the professional with family.

In this sense, professionals should encourage the family to appropriate the CHR [3], because it allows the caregiver to broaden their knowledge and practices in search of a comprehensive care. In addition, the booklet helps parents to think health not as the mere absence of disease, but as the product of child's quality of life[19]. The largest participation of the family in this process favors their co-responsibility for the child's health care.

Failure in defining which professional is responsible for data completion in the CHR does not justify the inappropriate use. The child is the only person who suffers from the lack or incompleteness of records. It is noteworthy that the child has the right to health and to information about their conditions, and it is the duty of society in general, especially health professionals, the effectuation of these rights.

CONCLUSION

In this study, it was found that health professionals working in public health care system, despite appreciating recording data in the booklet, recognize that in health services such as maternity wards, family health units and health centers, the completion of the instrument is not being performed adequately.

This reality is worrying, given that the lack or incompleteness of the data record in the booklet brings harm to the comprehensive evaluation of the child's health and complicates the assessment of health actions provided by professionals.

For the study participants, completing the data in the booklet is health team's responsibility, physicians, nurses and nursing technicians. Regarding the participation of the family in this process, there was disagreement of opinion, and, for some professionals, there is no data in the booklet for the family to complete, while for others, the data identification, development and problems with the child can be recorded by family.

Family participation in monitoring children's health through the CHR must be stimulated by the health team, because this relationship not only promotes the family's commitment to children's health but also allows the approach and the link with the professionals. In this sense, the booklet is a child's right and its use should be more valued by both professionals and the family.

It is expected that the results of this research may contribute to the quality of care rendered to the child, providing to professionals working at different levels of health care a critical reflection on the use of this instrument. In addition, these findings may support the planning of actions by managers, aiming at better use of the child's health record in primary health care system.

PREENCHIMENTO DA CADERNETA DE SAÚDE DA CRIANÇA: PERCEPÇÃO DOS PROFISSIONAIS

RESUMO

O objetivo deste estudo foi analisar a percepção dos profissionais que atuam na rede básica de saúde sobre o preenchimento da caderneta de saúde da criança. Trata-se de uma pesquisa exploratória de abordagem qualitativa realizada com 20 profissionais de saúde que atuavam diretamente na assistência à criança no município de Cuiabá, Mato Grosso. Para o levantamento dos dados, optou-se pela técnica de entrevista semiestruturada, a qual foi realizada no período de fevereiro a março de 2013. Os dados foram organizados e submetidos à Análise de Conteúdo, modalidade temática. Os profissionais referiram que os dados presentes na caderneta são importantes, sobretudo, para o acompanhamento da saúde da criança, no entanto, o registro desses não está sendo realizado de forma adequada pelos profissionais das maternidades e das unidades básicas de saúde. Para os entrevistados, o registro dos dados na caderneta é de responsabilidade dos membros da equipe de saúde, contudo, houve discordância entre eles quanto à participação da família no preenchimento

deste instrumento. A falta ou incompletude do registro dos dados de saúde da criança na caderneta traz prejuízos para o acompanhamento integral de sua saúde e dificulta a avaliação das ações de saúde prestadas.

Palavras-chave: Saúde da Criança. Vigilância em Saúde Pública. Registros de Saúde Pessoal. Promoção da Saúde. Enfermagem.

RELLENO DEL LIBRETA DE SALUD DEL NIÑO: PERCEPCIÓN DE LOS PROFESIONALES

RESUMEN

El objetivo de este estudio fue analizar la percepción de los profesionales que trabajan en la red primaria de salud sobre el relleno de la libreta de salud del niño. Se trata de una investigación exploratoria de enfoque cualitativo realizado con 20 profesionales de la salud que trabajaban directamente en el cuidado al niño en la ciudad de Cuiabá, Mato Grosso. Para la recopilación de los datos, se optó por la técnica de la entrevista semiestructurada, realizada entre febrero y marzo de 2013. Los datos fueron organizados y sometidos al Análisis de Contenido, modalidad temática. Los profesionales informaron que los datos presentes en la libreta son importantes, fundamentalmente, para el monitoreo de la salud del niño, sin embargo, el registro de éstos no está siendo realizado de manera correcta por los profesionales de las maternidades y de las unidades primarias de salud. Para los encuestados el registro de los datos en la libreta es la responsabilidad de los miembros del equipo de salud, sin embargo, hubo un desacuerdo entre ellos en cuanto a la participación de la familia en el relleno de este instrumento. La falta o el carácter incompleto de los datos de salud del niño en la libreta trae daños para el monitoreo integral de su salud y complica la evaluación de las acciones de salud dadas.

Palabras clave: Salud del Niño. Vigilancia en Salud Pública. Registros de Salud Personal. Promoción de la Salud. Enfermería.

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