

HEALTH PROMOTION ACTIONS ON NURSING CONSULTATION TO CHILD¹

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ABSTRACT

Objective: to analyze the actions of health promotion implemented by the nurse in the nursing consultation to the child. **Methods:** This is a qualitative descriptive research with four nurses who performed this activity in family health units in Cuiabá, Mato Grosso. The data were collected through the participant observation of 21 consultations in the period from January to February 2012. The content analysis in the thematic type was used as a method of analysis, which resulted in two categories: "Constructing practices based on integrality care and health of the child" and "Development of maternal and family skills for child care". **Results:** it was observed that the actions of the nurses during the consultation related to some of the principles of the National Policy of Health Promotion, such as integrality, autonomy, social participation, empowerment and inter-sectoriality. **Final considerations:** The nurse, through attitudes based on respect, dialogue, family involvement and active participation, favors the promotion of child health, since it empowers and empowers parents and the family for the integral care of the child.

Keywords: Health promotion. Child health. Health Primary Care. Nursing in appointment's office.

INTRODUCTION

Health promotion is the set of strategies and ways of producing health, in the individual and collective spheres, aiming to meet the social needs of health for improving the quality of life of the population. For this, articulation and intra- and inter-sectorial cooperation are used, allowing a wide participation and social control in this process⁽¹⁾.

In the field of child health, health promotion is present in the guidelines of the National Policy on Integral Attention to Children's Health (PNAISC), whose purpose is to promote and to protect children's health through integrated actions aimed at reduction of infant morbidity and mortality⁽²⁾.

One of the strategic axes of the PNAISC is the promotion and monitoring of growth and integral development, through Primary Health Care (PHC), in accordance with the direction of the Child Health Handbook (CHH), developing support actions for families aiming at strengthening of family ties⁽²⁾.

The Family Health Strategy (FHS), because of its characteristics of proximity to the population, bonding with families, fostering and co-responsibility, provides systematic and resolute health monitoring of children who are

less than five years-old.

The follow-up care of the child in the FHS, with a view to promoting child health, can be carried out by the nurse in the child care consultation⁽³⁾ and must follow the consultation schedule recommended by the Ministry of Health, of at least ten consultations in the first 24 months of life.

The nursing consultation is an exclusive activity to the professional nurse, foreseen in the Code of Ethics of the Profession and makes possible the operationalization of the axes of the PNAISC, mainly of the monitoring of the growth and development in the early childhood. From this perspective, consultation is an essential tool in promoting child health and can contribute to changes in health indicators, such as the reduction of child morbidity and mortality⁽⁴⁾.

The integrative review of the literature aimed to identify in the Brazilian literature the scientific evidence on the contribution of nurses' work to good practices in childcare. In addition, the importance of this professional to promote the health of the child was demonstrated, since they have greater proximity to the families in the community, which mainly favors the appreciation of the life context of the children and families served⁽⁵⁾.

¹Extracted from the dissertation, entitled Promotion of child's health in the nursing consultation in the Family Health Strategy, presented to the Graduate Program in Nursing of the Federal University of Mato Grosso, in 2015.

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However, studies on nurses' performance in the FHS show that the practice of promoting child health is still incipient, since it is not addressed in all its aspects^(6,7) and many professionals associate it only with disease prevention, revealing that the biomedical model is still dominant⁽⁸⁾. In addition, an integrative review of the literature that identified the actions of health promotion in the assessment of child growth and development (GD) highlighted that nurses have been developing their skills in this field, but without using a theoretical framework that guides them⁽⁹⁾.

This context suggests that there is a gap in actions to promote health in nurses' practice in childcare, given that the FHS is the first preferential contact of individuals with the health care network. Therefore, it is the opportune moment to provide actions of prevention and health promotion⁽¹⁰⁾.

Although the official policies and programs of the Brazilian government on child health are in line with the precepts of health promotion, highlighting its indispensability for a better quality of life for the child, it is observed that this practice is not fully performed yet in the services. Therefore, this study aimed to analyze the actions of health promotion implemented by the nurse in the nursing consultation to the child.

METHOD

Exploratory research with a qualitative approach that used the database of the Matrix Research entitled "Evaluation of child care in the Basic Health Network of Cuiabá-MT, with emphasis on its organization, assistance and nursing practices", developed by the Research Group "Child and Adolescent Health Studies", Nursing School, Federal University of Mato Grosso.

The matrix search database contains information from 21 nursing consultations for children from zero to two years-old. Data were collected in January and February 2012, in four health units of the family of Cuiabá-MT, randomly chosen by lot, considering a health unit of each health region of the municipality (North, South, East and West). Four nurses participated in the study, one being from each unit selected, using as inclusion criterion the

nurses who performed the nursing consultation to children from zero to two years of age continuously and programmatically for at least six months in the unit selected.

The following criteria were used to select the consultations: consultations with children aged between zero and two years-old, followed by mothers or relatives, registered and followed by the Family Health Units (FHU) selected for the study. We chose this age group since the child in this interval presents greater physical and psychic transformation, besides the follow-up of the GD being developed in greater frequency.

Data were collected through participant observation during the nursing appointments at the selected units. The observation process was carried out by three researchers, one of whom took the active position in the consultation and the other two dispersed in the clinic in a way that allowed the nurses, the mother/family, the child and the environment to see all the nuances of the interactive process.

During the consultations, each researcher recorded the journal entries in the field, which enabled three perspectives of the observed facts. The researchers used a script composed of questions related to the description of the consultation, such as: nursing history, physical examination, CSC use and the guidelines/care performed, which allowed the standardization of the records observed. The dialogues were recorded in audio which allowed the detail of the conversations, information transmitted, intonation of voice, etc. The completion of the fieldwork was determined by the inclusion criteria and when the number of participating nurses and the consultations offered enough data to respond to the study objective.

The data were analyzed through content analysis of the thematic type⁽¹¹⁾. Thus, to carry out the pre-analysis, a comprehensive reading of the dialogues and observations transcribed was made, allowing the allocation of those that are more significant to the objectives of this study. The material was analyzed by sharp reading of the selected statements and observations in order to capture the sense and classification/reclassification nuclei (empirical categories and subcategories).

In the final analysis, the thematic categories were constructed: Constructing practices based on the integral care and health of the child, with

subcategories: Mother and nurse relationship and Respect for popular beliefs and family culture; and the category Development of maternal and family skills for child care, with subcategories: Promoting family participation in child growth and development, Encouraging family involvement in child care and respect for family decisions and helping families develop habits the child.

For the discussion of the data, the literature produced on the nursing consultation in childcare and the conceptual principles of health promotion, foreseen in the National Health Promotion Policy (PNPS)⁽¹⁾, were used as reference.

The study was approved by the Ethics Committee with protocol nº 850.754/CEP HUJM/2014), and prior to the start of the data collection, all the participants were informed about the objectives of the study and those who agreed to participate signed the Free Consent Form and Clarified.

RESULTS AND DISCUSSION

About the 21 consultations analyzed, all were performed with different children, nine of whom had between 7 and 15 months of life and the others ⁽¹²⁾ were less than six months old. All the children were accompanied by the mothers and, in some cases, family members were also present, such as grandparents, aunts, siblings and parents of the child. Of the four nurses observed, two were male and two were female, two were between 20 and 30 and two between 40 and 50 years-old. The training time was between 4 to 15 years and they worked in the FHS between 10 months and 12 years, and the working time in the unit studied was on average two years. Only one nurse did not have a specialization course and two nurses were specialists in family health.

It was identified in this study that the actions performed by nurses during consultations with children under two years-old are related to some of the PNPS values and principles, such as: integrality, social participation, humanization, co-responsibility, autonomy, empowerment and inter-sectoriality⁽¹⁾.

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BUILDING PRACTICES BASED ON THE INTEGRALITY OF CHILD CARE AND HEALTH

In this category, we highlight actions taken by the nurses based on the interpersonal relationship of co-responsibility, based on listening and communication to promote the mothers' understanding and the sharing of essential information for the individual to take care of the other with autonomous and empowered property, centered on their wants and needs⁽¹⁾.

Mother / nurse relationship

The nursing consultation that is effective in the precepts of health promotion develops through a relationship in which there is dialogic communication and attentive listening to satisfy the needs of the child/mother/family. When the professional promotes this type of relationship, the family acquires trust, an important factor for the guidelines to be followed. This can be observed in the following speech, in which the mother, at the end of the consultation, asks if the next one will be with the nurse, since she feels safer and clearer in her doubts with this professional than with the doctor:

Mom – Next month I'll make an appointment

again, and it's going to be with you, right?

Nurse – *Yes, it will.*

Mom – *Because I like to come here because of your guidelines.*

Nurse – *Really?! (speaks surprised).*

Mom – *Yeah! I even told my husband, I thank God this time it's with the nurse. Because with the doctor, so ... he explains, but he's not like the nurse. The nurse gives us more security, right, we feel more comfortable. (Appointment 17).*

The result presented here corroborates a study carried out in Barcelona, Spain, which identified that mothers value the participation of nurses in maternal and child care⁽¹²⁾. On the other hand, it contrasts with the results of a study carried out in the city of Maringá, state of Paraná, Brazil, which, when analyzing the perceptions of family members about the child care consultation, pointed out that the relatives indicated preference for consultation with the physician, especially the pediatrician⁽³⁾.

The organization of the services in the FHS promotes the proximity between children/families/staff, favoring the development, improvement and systematization of the nursery consultation by the nurse⁽³⁾. This proximity was visualized in the mother's speech, because in demonstrating the preference for the nurse's consultation, it is inferred that the family feels safer with their orientations and that this professional attends to the maternal and family needs related to the accompaniment of the children's GD. This is only possible in an environment open to dialogue, where decisions are respected and there is a family empowerment to take care of the child, essential elements for the promotion of children's health. Furthermore, it reinforces the importance of the role of the nurse as a member of the health team, allowing the recognition of their professional identity by the population and the managers.

Another attitude that favors the mother/nurse relationship and provides the development of relationship and safety in the professional is when it is open to maternal/family demand in case of doubts, besides being responsible for the care of the child:

Nurse – *You're taking good care of her. Congratulations! Keep striving with breastfeeding. Every time you have doubts you*

can come and look for me, okay? And as for the navel question, if I do not have security I can come and you can show me, there is no problem. (Appointment 6)

Nurse – *If you do not get better, come back here, ok? Or any change in her health, okay? Fever, so... When she gets ill, or does not want to suck more, fast breathing, these are signs of danger that you or the grandmother can watch out, ok? In the case of agitation, irritability, seek a health unit. Scheduling it or not, look for a hospital unit. And in the next appointment you see the Dr. H., from the first day, right?*

Mom – *Aham. (Appointment 4)*

The results are similar to the study that analyzed the mothers' perception of the child's health care from the follow-up of the children's GD and showed that the nurses were welcoming, responsible and committed to the resolution of the child's state of health and that this brought satisfaction to mothers⁽¹³⁾. When the nurse becomes available and the patient receives care during the care, the nurse returns to the service more frequently, since her needs were answered, revealing an effective and quality care⁽¹³⁾.

In addition to being available to care for the mothers, even without scheduling, it was observed that, sometimes, the nurses informed the mothers about the other levels of care available for the care of the child:

Nurse – *If she/he does not get better, come back here, all right? [...] If it's the night or the weekend, look for the Polyclinic. Ok?*

Mom – *Aham.*

Nurse – *Polyclinic and then, if you go to the Polyclinic at the end of the week, the next day you come here to do a reevaluation of the child, okay?*

Mom – *Ok. (Appointment 4)]*

The nurse during the child care consultation should have a broad vision of care, ensuring integrality and inter-sectoriality. The inter-sectoriality must be presented not only as the structuring of articulated actions in the health sector, but also in continuous and integral actions in other levels of assistance in order to assure the resolvability of health problems. In this sense, a health action is only considered complete in its integrality when it is articulated to other sectors and other professionals of the team⁽¹³⁾.

In proposing other means to care for the child, the nurse empowers parents to seek the necessary care, making them active and responsible for the maintenance and promotion of the child's health in all its aspects. The indication of new ways to take care of health is also an essential factor for the promotion of health.

Respect for popular beliefs and family culture

It was observed in this study that nurses, when faced with popular beliefs brought by families, did not immediately disregard them, they assessed the relevance of that conduct or assumption about the child and, if necessary, adapted them according to the scientific knowledge, without making any judgment of the mothers/families:

(The nurse, faced with the popular belief of the two-month-old son's "restless" sleep, probably due to age-specific reflexes, does not comment to avoid belittling maternal knowledge.)

Nurse – *How's his sleep? Is it restless or is it quiet?*

Mom – *No, he's often scared. I think it's normal, right?*

Nurse – *Scared, because of noise? Anyone? Because of kids playing?*

Mom – *No, alone. Sometimes he is scared. It's like the saying: they put hex on him* (speaks smiling).

Nurse – *Hum* (The nurse smiles and finishes the question). (Appointment 7)

(The nurse during physical examination of a newborn of 13 days is informed by the mother that the neonate has secretion in one of the eyes. He hears the mother's report and besides not belittling her opinion, uses the popular wisdom of her region to guide the caution).

Mom – *there is eye secretion, just in this eye.*

Nurse – *I see. You're going to drip milk from the chest, okay??*

Mom – *I've done this.*

Nurse – *So, that's ok, but if he doesn't get better, you come here.*

Mom – *He gets better and gets ill again, so people say it's the evil eye* (Appointment 11)

The professional needs to be sensitive and respects the cultural specificities of caring for individuals, meeting the aspirations of what they consider essential and supporting them in meeting their needs for a healthy life⁽¹⁴⁾.

Considering that popular and cultural beliefs in the process of caring for the child may be practices that span multiple family generations, professionals who work to build a relationship of trust and exchange with the family must respect and value the beliefs brought about by the family, adding to them scientific knowledge to promote quality care for the child's health⁽¹⁵⁾.

Although it was not the purpose of the study to evaluate whether the behaviors taken by the nurses during the consultations were adequate or not, in relation to the aspect that was highlighted in appointment 11 (ocular secretion), the nurse, besides considering the popular knowledge, could also add the scientific knowledge. In this specific situation of ocular secretion, the 33rd book of the Ministry of Health, "Child health: growth and development," recommends that the professional evaluate the possibility of reaction to instilled silver nitrate in the child's eyes after birth or presence of conjunctivitis. The procedure is indicated to collect the ocular secretion for examination and, if necessary, to refer the child to the pediatrician for medical treatment⁽¹⁶⁾.

A study that aimed to verify the influence of popular knowledge on care to the newborn, with a focus on health promotion, found that mothers associate some types of illness of children with negative forces present in the environment, or even from people⁽¹⁷⁾. It is fundamental that nurses integrate the knowledge brought by mothers to care and not depreciate, so that they do not feel constrained, seeing their knowledge being considered less important than that the professional's. To promote health, there must be exchange of experiences and sharing of knowledge in order to find a common denominator of what is considered appropriate for children's health.

In regard to the child's health, it is still incipient the unification of popular knowledge to scientific knowledge in nursing. However, in order to provide humanized care based on health promotion, the professional should consider the cultural context in which the mother and child

are inserted, associating the ways of life and the knowledge of the environment in which they live⁽¹⁵⁾.

DEVELOPMENT OF MOTHER AND FAMILY SKILLS FOR CHILD CARE

In this category we find situations in which nurses have offered relevant information to mothers and families about the children's GD, in order to empower them, reinforcing their capacity and skills to care for their children in a healthy way.

Health promotion encourages personal and social development through the transfer of information, health education and enhancement of life skills. Thus, it is essential to enable people to learn throughout their lives, in order to prepare them for the various phases of their existence⁽¹⁴⁾.

Promoting family participation in child growth and development

It can be seen in the following statements that the nurse, in addition to evaluating the child's GD data, is concerned with explaining to the mothers this evaluation:

Nurse - *Let's see if he grows, gain weight, one year and nine months, the weight is good, okay? The weight is good, always remember that underweight is undernourished, overweight is obese, but as he is in the curve is good (speaks indicating the lines of the weight chart of the CSC).* (Appointment 3)

Nurse - *Look, here we are going to mark the cephalic perimeter because the body grows, the skull also grows. It is logical that each one within the measures and proportions suitable for age, okay? So one of them is the skull, if the skull does not grow, he may be developing an illness if it does not grow with age. If he grows older than expected, there are signs that he needs to get a medical evaluation to see if he does not have any disease, right?*

Mother - *Aham.* (Appointment 4)

In working with the promotion of child health, nurses should empower families and children so that those responsible for their health can perceive problems and make decisions to promote their growth and development⁽⁹⁾. In this

sense, CSC is a tool that enables communication, education, surveillance and promotion of children's health.

One way to care for the child and to promote the continuity of this care is to involve the family in the explanations and records about the child's health conditions. The family, when involved in this process, is able to understand the importance of the instruments for the monitoring of children's health, as well as to discover and value CSC as a tool in caring for their child⁽¹⁸⁾.

In addition to guiding the mothers regarding GD using CSC, the nurse showed that it contains important information for care, as observed in excerpts:

Nurse - *Did he grow up, didn't he?*

Mom - *He grew and gained weight*

Nurse: *He did not gain weight fat as he grew up. The head is normal, normal head circumference, keeps gaining weight at the same pace... it's okay.*

Mom - *Yeah.*

Nurse - *This green part here is all intended for parents, right? (it refers to the part of the CSC that has information on child care for parents).*

Mom - *I've never read that part.*

Nurse - *Here's a lot of interesting stuff for parents to read.* (Appointment 1)

This concern of the nurse can be seen as a way to support the personal development of the mother, either through the dissemination of information or educational actions to qualify maternal skills for the promotion of child health.

A study that sought to understand the experiences of PHC health professionals with CSC for children's health care revealed that they consider that this tool contributes to the process of producing care for children by presenting relevant information in their content⁽¹⁹⁾.

The book presents preventive and promotional actions that are comprehensive to children's health and does not focus only on biological and curative aspects, and it is therefore committed to providing quality of life for the child⁽¹⁹⁾. In this sense, during the consultation the nurse can use the information present in the CSC to assist in the promotion of the child's health. However, in addition to raising parents' interest in the instrument, it is important to know if their knowledge allows reading and

understanding information.

Authors emphasize that, when orienting the orientations in instruments produced, one must be careful not to disqualify the knowledge of the individual. This is justified in order to avoid that the way of caring presented by the professional is the only correct way to take care of the children and any pattern deviated from the idealized is considered abnormal, causing parents to feel devalued and depreciated in this process⁽²⁰⁾.

In this way, it is important that nurses use different educational strategies and technologies during the follow-up visit of the child, but should be focused on a dialogic, collaborative relationship aimed at transforming knowledge in order to promote autonomy and empowerment of the family to take care of the child's health.

Stimulating the participation of the family in the care of the child, and respecting their decisions

It was observed in some consultations the concern of nurses to provide guidance to mothers/families on child care, seeking to involve them in the decision process, to adapt to the reality and needs lived by them, so that educational actions promote the autonomy.

(After the mother reports that she offers the child's dinner, who is 1 year and 3 months-old, at 8 pm, the nurse talks about the child's ideal dinner time, emphasizing that the schedule depends on the routine and the context of the family's life.)

Nurse - *Between five and six in the afternoon, if you can, of course (it is the ideal time for the baby to have dinner), if you can offer dinner, okay? If you can, there are things that have to be suited sometimes, depending on the circumstances and the routine of the family, right? So, if you could, would you?* (Consultation 12)

(The nurse advises the mother about the use of the glass to offer the milk to the child instead of the bottle, in order not to harm the breastfeeding, but emphasizes that this decision is the responsibility of the mother).

Nurse - *We recommend the cup for not confusing the child and not having the risk of weaning, because she will use the bottle and won't want the breast anymore. It is an orientation that I always give, but so, the daughter is yours; it is your reality, so you see*

what is easier, what is best for the child. But it usually happens much of the child confuse and give preference to bottle, and at 6 months-old the child will already drink in the glass, so up to 6 months-old we do not recommend the bottle. (Appointment 6)

A study that analyzed the child care in the mothers' view revealed that a factor that generates dissatisfaction in the consultations is when the professional does not stimulate or favor their participation in the caring process. This lack of care participation creates a distancing between mothers/professionals and makes it difficult to develop the protagonism of the subjects that should be included as co-responsible and active participants in the health care of their children⁽²¹⁾.

The professional who imposes the guidelines without at least considering whether they are possible to be performed by the mothers/families will have made a scientifically correct speech, but empty and without return, because it will not achieve the goal of promoting a healthy life for the child. Explaining what is proposed, showing the benefits, taking the parents to reflect on the caring process and considering the context/reality in which they live can make the guidelines offered by the nurse be practiced by the parents and achieve the goal of promoting the child's health.

Helping the family develop healthy child habits

In order to develop healthy habits of life in childhood, it is important that the professional encourages the integration of the routine of the child and those of the family. In this sense, it is necessary to identify what is accomplished by it and from there to offer the orientations directed to the child so that these can be implemented in the family day by day.

In the following speeches, the nurse's concern is to involve family members in children's eating habits, reinforcing that they tend to reproduce what their parents do:

Nurse - *Give this food at your meal times, so that he gets into the habit of having lunch and dinner with you, so he can get into the habit of the house, your routine, okay?* (Appointment 8)

Nurse - *At home he will do what he sees you doing, right?! So if he sees you eating candy, alcohol,*

chewing gum, he'll want it too because kids are human beings, and we're programmed to imitate what others do! (Appointment 19)

Nurse - *Is he having lunch with you? (Mother affirms positively with her head). It's this, bringing home habits, lunch together with parents, develops bond with family and this is routine for child. Having lunch at the same time, okay? Do not eat while watching TV, neither you nor him. Ah! But he is small and does not watch TV yet, but if you watch TV he will grow up watching TV and there he will develop bad habits.* (Appointment 19)

A study that aimed to identify the perceptions of health professionals about the role of society and the family in the attention to overweight and obesity in the SUS shows that there is greater success in eating guidelines when parents and family get involved in the activities planned. On the other hand, when the guidelines are not part of the routine and the habits of the families, there is a greater difficulty of adherence to them, since they do not count on the participation of the family as everything⁽²²⁾.

It is important to obtain relevant information about the family's habits and, from these data, to triangulate with the professionals' information in order to establish effective interventions for the child's food health⁽²²⁾.

Another time in which the participation of the family should be stimulated in order for the child to acquire good habits is during oral hygiene. The nurse's concern to encourage the family to participate in this care is observed in the following lines:

Nurse – *Yes! Hygiene, bathing, brushing teeth, he already has tooth, right! You need to brush his teeth, even if it's just a tooth, you need to brush it. Don't you, adults, have to brush your teeth after meals? Then take him, and he will see you brushing your teeth and he will want to brush his teeth too! Ah! At brushing times, let's brush together, everyone, to get good habits.* (Appointment 19)

Nurse – *Toothbrush, if you can buy some funny ones, if she likes pets, this helps to make the habit as a funny thing, you will brush the teeth with her, when she will brush her teeth she has to see that the adults also do, I did not say that the child imitates what she sees others doing? She needs to see to do it.* (Appointment 17)

These findings in relation to oral health corroborate with results of a study that evaluated the oral health knowledge of a group of mothers

of infants according to the economic situation and observed that the habits of the parents influence the oral health behaviors reinforcing that good family practice can interfere positively⁽²³⁾.

To promote health, the key concept is empowering people to improve the control they have over their lives. In the case of children, the practitioner needs to provide families with support for decision-making in child care⁽²⁴⁾, enable them to adequately care and encourage them to participate in those moments to achieve good results and better quality life to the child care⁽²³⁾.

FINAL CONSIDERATIONS

In this study, it was observed that the actions of nurses were based on the integral care and child's health and developed through the good relationship with the mother/family, reflecting in the establishment and maintenance of bond and trust in the professional. Another aspect observed was the appreciation and respect of nurses to popular beliefs and family culture in child care, favoring humanized, sensitive and respectful care.

It is inferred that the guidelines developed by the nurses in this study can facilitate the development of maternal and family skills, since they were not imposed and allowed the participation and decision of the family, which favors the development of autonomy, a fundamental element for the individual to promote health.

It was also noticed that nurses became available and provided information to mothers/families about other services that could access care for their children, favoring the integrality and inter-sectoriality of actions. Another behavior of the nurses observed was the encouragement to the involvement of the family members in the formation of healthy habits in the child, in order to promote the responsibility and approximation of these for integral care.

The implementation of child health promotion involves several aspects and, therefore, it is not possible to be fully implemented in one-off child care in the office. However, by intentional attitudes based on respect, dialogue, bonding, active participation,

family involvement, accountability, guidance, clarification of doubts, among others, conditions are created for it to be developed, since they are actions that aim to train and empower parents and families to care for their child.

It should be emphasized that although the study was carried out with a reduced number of nurses and the limitations inherent to the qualitative methodological approach, the results found allow reflections for health professionals, especially nurses, on the development of health promotion in the consultation at the FHS. The

results also provide subsidies for the training of health professionals and may encourage the development of new research on the subject, in view of the gap in the scientific production of nursing and the relevance of the theme in the health care practices for children.

FINANCING

FAPEMAT – Fundação de Amparo à Pesquisa de Mato Grosso.

AÇÕES DE PROMOÇÃO DA SAÚDE NA CONSULTA DE ENFERMAGEM À CRIANÇA

RESUMO

Objetivo: analisar as ações de promoção da saúde implementadas pelo enfermeiro na consulta de enfermagem à criança. **Métodos:** trata-se de uma pesquisa descritiva de abordagem qualitativa em que participaram quatro enfermeiros que realizavam essa atividade em unidades de saúde da família em Cuiabá, Mato Grosso. Os dados foram coletados por meio da observação participante de 21 consultas no período de janeiro a fevereiro de 2012. Utilizou-se, como método de análise, a análise de conteúdo do tipo temática, que resultou em duas categorias: “Construindo práticas pautadas na integralidade do cuidado e na saúde da criança” e “Desenvolvimento de habilidades maternas e familiares para o cuidado da criança”. **Resultados:** observou-se que as ações dos enfermeiros durante a consulta relacionaram-se a alguns dos princípios da Política Nacional de Promoção da Saúde, tais como integralidade, autonomia, participação social, empoderamento e intersetorialidade. **Considerações finais:** O enfermeiro, por meio de atitudes baseadas no respeito, diálogo, envolvimento familiar e participação ativa, favorece a promoção da saúde infantil, visto que capacita e empodera os pais e a família para o cuidado integral da criança.

Palavras-chave: Promoção da saúde. Saúde da criança. Atenção primária à saúde. Enfermagem no consultório.

ACCIONES DE PROMOCIÓN DE LA SALUD EN LA CONSULTA DE ENFERMERÍA AL NIÑO

RESUMEN

Objetivo: analizar las acciones de promoción de la salud implementadas por el enfermero en la consulta de enfermería al niño. **Métodos:** se trata de una investigación descriptiva de abordaje cualitativo en que participaron cuatro enfermeros que realizaban esta actividad en unidades de salud de la familia en Cuiabá, Mato Grosso-Brasil. Los datos fueron recolectados por medio de la observación participante de 21 consultas en el período de enero a febrero de 2012. Se utilizó, como método de análisis, el análisis de contenido del tipo temático, que resultó en dos categorías: “Construyendo prácticas basadas en la integralidad del cuidado y en la salud del niño” y “Desarrollo de habilidades maternas y familiares para el cuidado del niño”. **Resultados:** se observó que las acciones de los enfermeros durante la consulta se relacionaron a algunos de los principios de la Política Nacional de Promoción de la Salud, tales como integralidad, autonomía, participación social, empoderamiento e intersectorialidad. **Consideraciones finales:** el enfermero, por medio de actitudes basadas en el respeto, diálogo, envolvimento familiar y la participación activa, favorece la promoción de la salud infantil, dado que capacita y empodera a los padres y a la familia para el cuidado integral del niño.

Palabras clave: Promoción de la salud. Salud del niño. Atención primaria a la salud. Enfermería en el consultorio.

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Submitted: 25/10/2018

Accepted: 01/04/2019