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ORIGINAL ARTICLE

Child Health Booklet: experiences of professionals in primary health care*

CADERNETA DE SAÚDE DA CRIANÇA: EXPERIÊNCIAS DOS PROFISSIONAIS DA ATENÇÃO PRIMÁRIA À SAÚDE

LIBRETA DE SALUD DEL NIÑO: EXPERIENCIAS DE LOS PROFESIONALES DE LA ATENCIÓN PRIMARIA A LA SALUD

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ABSTRACT

Objective: Understanding the experiences of health professionals in primary care with the Child Health Booklet in child health care. **Method:** A qualitative study with a phenomenological approach, in which participated nurses and doctors from six teams of the Family Health Strategy (FHS) in Belo Horizonte, MG. In total, were carried out 12 non-directive interviews, using two guiding questions. **Results**: A comprehensive analysis of the speeches enabled the construction of three categories that signal the experiences of the professionals with the booklet. The experiments revealed difficulties arising from the limitations of knowledge about the instrument; incomplete filling out of the booklet by many professionals that care for children; the daily confrontations of the process and the organization of work teams; disinterest of families with the instrument. **Conclusion:** The research points possible and necessary ways to improve the use of booklets as an instrument of full child health surveillance.

RESUMO

Objetivo: Compreender as experiências vividas por profissionais de saúde da atenção primária com a Caderneta de Saúde da Criança no cuidado à saúde infantil. **Método:** Estudo qualitativo de abordagem fenomenológica do qual participaram enfermeiros e médicos de seis equipes de Saúde da Família de Belo Horizonte, MG. Foram realizadas 12 entrevistas não diretivas, guiadas por duas questões norteadoras. **Resultados:** A análise compreensiva das falas possibilitou a construção de três categorias que sinalizam as experiências vividas pelos profissionais com a caderneta. As experiências revelaram dificuldades que são derivadas das limitações de conhecimento sobre o instrumento; da não complementaridade na caderneta das ações de diversos profissionais que assistem a criança; dos enfrentamentos cotidianos do processo e da organização do trabalho das equipes; do desinteresse das famílias com o instrumento. **Conclusão:** A pesquisa aponta caminhos possíveis e necessários para melhorar a utilização da caderneta como instrumento de vigilância integral à saúde da criança.

RESUMEN

Objetivo: Comprender las experiencias vividas por los profesionales de salud de la atención primaria con la Libreta de Salud del Niño en el cuidado a la salud infantil. **Método:** Estudio cualitativo de abordaje fenomenológico del que participaron enfermeros y médicos de seis equipos de Salud de la Familia de Belo Horizonte, MG. Fueron realizadas 12 entrevistas no directivas, guiadas por dos preguntas orientadoras. **Resultados:** El análisis comprensivo de las charlas posibilitó la construcción de tres categorías que señalan las experiencias vividas por los profesionales con la libreta. Las experiencias revelaron dificultades que se derivan de las limitaciones de conocimiento acerca del instrumento; el hecho de no rellenar en la libreta las acciones de los distintos profesionales que asisten al niño; los enfrentamientos cuotidianos del proceso y la organización del trabajo de los equipos; y el desinterés de las familias con el instrumento. **Conclusión:** La investigación apunta caminos posibles y necesarios para mejorar la utilización de la libreta como instrumento de vigilancia integral a la salud del niño.

DESCRIPTORS

Child health
Family Health Strategy
Comprehensive Health Care
Primary Health Care
Primary Care Nursing

DESCRITORES

Saúde da criança
Estratégia Saúde da Família
Assistência Integral à Saúde
Atenção Primária à Saúde
Enfermagem de Atenção Primária

DESCRIPTORES

Salud del niño
Estrategia de Salud Familiar
Atención Integral de Salud
Atención Primaria de Salud
Enfermería de Atención Primaria

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INTRODUCTION

The implementation of the Program of Comprehensive Assistance to Children's Health (PAISC - Programa de Assistência Integral à Saúde da Criança) in the 1980s, was the first milestone in the struggle to improve the poor health conditions of the Brazilian children population. As a proposal to unify the basic health actions determined by the program – such as the presumptive diagnosis of protein-energy malnutrition and the monitoring of the immunization schedule for children up to five years of age - was launched the child card, that should act as an instrument of awareness, opening space for the family participation in child health promotion. This instrument has been improved over the years with the aim of integrating the diverse actions for promoting the health of children, with the monitoring of growth and development, the central axis of primary care[1-2].

In 2005, with the adoption of the Resolution of MERCOSUR by the Ministry of Health (MOH), in which member countries agreed on common basic information for monitoring instruments of child health, the child card was revised, resulting in the Booklet of Child Health (CSC - Caderneta de Saúde da Criança)[3]. The booklet not only changed the contents of the child card, but also introduced a new concept of this type of instrument. The surveillance was no longer focused only on the nutritional and vaccination status of the child. The booklet arises in the scenario of health care for the child as an instrument for comprehensive health surveillance[4].

Thus, besides the information existing on the child card, the CSC also included information about pregnancy, childbirth and the postpartum period; information about the newborn; monitoring of oral, ocular and auditory health; monitoring of clinical complications and treatments received; health guidelines related to the prevention of accidents, violence and healthy development; feeding; graph of head circumference for age; monitoring of the development up to three years old; and monitoring of preventive supplementation with iron and vitamin A. In 2007, the instrument was re-designed to include the new growth charts developed by the World Health Organization, curves of growth monitoring of weight and height until ten years old and the head circumference curve up to two years. The material was diversified by adding more items to the content of the previous version[5].

The new version of the CSC was launched in 2009 with important changes, divided in two parts: the first for caregiver use; and the second, for the use of health professionals. Data such as the Graph of body mass index for age, instrument for development surveillance and guidance for special situations of monitoring children with Down syndrome and autism were included in the booklet[6].

Thus, the CSC is a privileged strategy in the policies to reduce child mortality by being anchored in health actions of follow-up and promotion. It is also an essential instrument of surveillance, since it belongs to children and their families, who take it to different services and levels of care[1,7].

Nevertheless, during the activities directed to health care of children, as nurses and teachers, it was noticed that the records in the CSC were precarious, as with information not correctly recorded, incomplete and even the absence of records. This led to difficulties in the assessment of significant health events of children, due to lack of foundation to draw the parameters of their evolution. Such fact could compromise the quality of child care and the achievement of the objectives of monitoring their growth and development.

Furthermore, studies with the child card and with the CSC, mostly seek to evaluate in which conditions these instruments are filled out and, in general, identify significant gaps in their use. Studies have shown the flaws in using the child card that involve a high proportion of gaps in the filling out of instruments[8-10].

In Belo Horizonte, Minas Gerais, a study aimed at assessing the completeness of data on pregnancy, childbirth and newborn in the CSC, showed important gaps in the filling out of the instrument[7]. Another study in the same municipality considered as unsatisfactory the percentage of completion of the growth curves, head circumference and development data in the CSC[1].

Given these problems, emerged some questions about the relationship of health professionals with the booklet of child health care: how do professionals experience the booklet in the health care of the child and work with it? What contributes for professionals not using this instrument, or using it in an incorrect and incomplete way? What do the information and records of that document mean for health professionals? Thus, this study aimed to understand the experiences of health professionals in primary care with the booklet of child health for child health care.

METHOD

As defined, the purpose of this research could not be understood from a positivist and determinist view. The road would open for a research dedicated to the meanings, experiences and lived experiences and, therefore, qualitative approach was the chosen path[11]. For the methodological approach of this scientific research, were adopted the phenomenology assumptions presented by Martins and Bicudo[12]. Thus, the intention was to enter in the experiences, in the world and life of health professionals with regard to the meanings of their experiences of using the health booklets for child health care. The choice of the phenomenological approach was guided by the need to understand the essence of a concrete experience, intentionally lived by the subjects.

The study was carried out in two health centers of the municipality of Belo Horizonte, state of Minas Gerais,

between September and November 2010. The subjects were doctors and nurses of six teams of the Family Health Strategy (FHS) from the studied health centers, plus the pediatricians that comprise the support team. As inclusion criteria, the subjects should have at least six months of work in the teams and provide child care in their daily work in the health centers. The open interview was used for data collection, guided by the following questions: *Tell us how is your experience with the booklet in child health care? For you, how is the filling out of the booklet?* Before being interviewed, the subjects were informed about the research, its objectives and forms of participating. After clarification, they were invited to participate and, in case of accepting, they provided their written consent, thereby meeting the formalities established by Resolution 196/96 of the National Health Council, which deals with research involving human beings[13].

The recorder was used as a methodological resource, which allowed recording the testimonies in full. The interviews were transcribed in their entirety and were discontinued when the content became repetitive, signaling the unveiling of the phenomenon, thus totaling 12 interviews.

The excerpts of speeches of professionals are identified first by the professional category - FHT Nurse (Family Health Team Nurse), FHT Doc. (Family Health Team Doctor) and FHT Sup. Ped. (Family Health Team Support Pediatrician), and then the number that corresponds to the order in which the interview was carried out.

The descriptions obtained from the interviews were analyzed based on authors[12], who define how to do the comprehensive analysis of the speeches of research subjects, from the viewpoint of qualitative methodology, phenomenological approach. Firstly, the speeches of the subjects were taken attentively, and through vertical reading was apprehended the meaning of the whole without seeking an interpretation; then came the horizontal reading, in order to identify the units of meaning present in the speeches of participants, which is called phenomenological reduction. After obtaining the units of meaning, these were transformed into an articulated language, more elaborated but faithful to the underlying ideas of professionals. By the convergence of meaning units were reached the themes of analysis that, again due to the phenomenological reduction, unveiled the analytical categories (essence of the phenomenon), which were interpreted. They are: 1) the booklet of child health in the experience of professionals; 2) the challenges in using the CSC: difficulties experienced in the professional world; 3) how professionals perceive the involvement of mother and family with the CSC.

The study was approved by the Research Ethics Committee of Belo Horizonte City Hall and the Committee of the UFMG (number 0008.0.410.203-10).

RESULTS

The booklet of child health in the experience of professionals

In this category the study professionals revealed their conceptions on the purpose of the booklet in their practices of health care for the child.

The understanding of the CSC as a means of monitoring the growth of children and their vaccination status was the only conception present in the speech of all professionals and even for some, this understanding turned out to be the only value of the booklet in their health practices with the child:

> (...) as a professional, I check the vaccines and graphs. What would be of value for me here [in the CSC] is the part of the vaccine schedule and the graph (...) (FHT Nurse 1).

The monitoring of growth and immunization is one of the main demands in child health care provided in the primary care network. These statements are concerning not only for understanding that the experiences of professionals with the child health booklet are limited to growth and vaccination data, but also for suggesting that child health care remains focused on these actions.

Despite the monitoring of development through the booklet having been revealed in the experiences of professionals, the fact of only three having mentioned the booklet as an instrument for this purpose in their descriptions draws the attention.

It was also aprehended that professionals consider the booklet a contribution to the process of care production during child assistance by means of the information in its content:

> (...) for the professionals too, so that we pay attention to some information which we sometimes overlook, which are not in our routine of care (...) (FHT Doc. 5).

In this perspective, the booklet contributes for intervening in child health due to the extension of its proposal, shifting the focus from only biological and curative aspects and operating preventive and promotional actions that indicate a commitment to provide quality of life for the child.

Another point raised by the study participants is the importance of the booklet as a tool to talk to mothers about the health conditions of children:

> (...) I use [the CSC] to show mothers how's the graph there, (...) to show mothers how's the physical development of their child, what range is the ideal for children, I show so they have an idea if it's okay or not, how's it it going (...) (FHT Nurse 2).

Thus, in the encounters between professionals, children and their families, the dialogue about the health conditions of children through information generated in

the booklet, is experienced as the action desired and aimed by the investigated professionals.

When the professionals problematized their own practices in relation to the CSC, they also acknowledged not using the instrument in all its possibilities, by valuing only the data related to anthropometry, not registering the information or not using the booklet in all consultations for child care:

> (...) even myself, I sometimes tend to devalue it by simply focusing on anthropometry and sometimes I leave out the other information from the CSC (...) (FHT Doc. 5).

The challenges in using the CSC: difficulties experienced in the professional world

The development of the CSC for child health care brought operational changes in the design, content and form of the instrument[7]. Hence, professionals and the families could rely on a set of data and information in a single instrument with the scope of surveillance, prevention and promotion of health, many of which had been scarcely discussed and addressed in the production area of primary care to children's health.

However, in their daily work in child health care, the study participants experience difficulties with the new concepts brought by the booklet:

> (...) to be honest I don't know in the case of graphics, what should I use, I don't know about these percentiles yet [refers to z scores] I really don't know (...) (FHT Nurse 1).

Some study participants are not sure about how to make use of the various information available in the instrument and cannot find meaning to its contents; they also have difficulty with handling the book, are unable to work the new incorporated concepts, such as reference curves represented in z scores and the graph of body mass index, plus not knowing the instrument contents.

The studied professionals feel burdened due to bureaucratic tasks in the management of work in the FHT, the required productivity, and the demand generated in service, which according to them, are situations that hinder adhesion to the booklet in its entirety in child health care:

> (...) You need to have some time to read it, explain to the mothers, which is the availability that we don't have, the greatest demand of it [CSC] is the time to use it, you know, a booklet of this size (...) (FHT Nurse 8).

Another point aprehended in the speeches of professionals are some experiences resultant from the unavailability of the CSC in the health service. They find it difficult to carry out some actions in health, because they do not have other support materials and live with the demands and disappointment of mothers whose children did not receive the booklet:

> (...) what I think is very sad, for example, is that the Ministry launched this booklet, it was great. After a while it stopped and there was a huge gap and then came another batch, you know, so, you have an interrupted instrument (...) (FHT Sup Ped 10).

The experiences of professionals show that the actions with the CSC in the Family Health Teams (the present study scenario), are fragmented, without complementary actions of each professional of the team:

> (...) But it's not a habit of professionals yet, using this instrument. It is not incorporated into the routine of all professionals here yet (...) (FHT Nurse 3).

> (...) It is very important to evaluate and record, but there should be a sequence that we often don't see at the health center, for lacks of records from previous professionals. Then it loses the meaning for us, professionals, and for parents (...) (FHT Doc. 11).

Besided the mismatching actions of the team professionals in the CSC, the participants revealed the lack of participation of professionals from different institutions such as maternity hospitals, hospitals and the emergency services:

> (...) When a child who is assisted in a private clinic remains hospitalized, for example, or in the UPA [emergency service], there they don't put any records (...) (FHT Doc. 4).

> (...) Sometimes we come across a booklet without any birth information. When we have access, we fill out whatever we can (...) (FHT Nurse 8).

How professionals perceive the involvement of mother and family with the CSC

The participants significantly highlighted how the CSC enables the mothers' understanding on some aspects of the health of their children. They realize that the instrument allows mothers to view and monitor the growth and development of their children through graphics and developmental milestones:

> (...) the booklet is very important to show the mother how is the child's development, to show the curve. She says that the milk is not being good, then I show her, *No, take a look over here, how's your baby's weight, the growth*; sometimes the booklet is the only way to convince the mother to continue breastfeeding. When they see it in the booklet, they get calmer (...) (FHT Doc. 4).

The actions proposed in the CSC are built in opportunities of exchanging and articulating knowledge about the health and life conditions of the child. Such opportunities arise in the encounter and commitment of professionals, services, children, mothers and families.

The respondents reveal they experience the disinterest of mothers and families with the CSC, portrayed as forgetfulness and loss of the instrument and the consequent difficulty of professionals in proceeding with the

actions of child health surveillance in certain situations. Besides the lack of interest of parents in the instrument content or only identifying the CSC as a vaccination card:

> (...) the father and the mother, I notice they only use the part of the vaccine. For them, this [CSC] did not make much of a difference from what was that old card (...) (FHT Nurse 1).

> (...) there is the fact that mothers forget it, don't care about it [the CSC] (...) (FHT Doc. 4).

However, the professionals revealed they do not sensitize mothers on the importance of the booklet and reckon that this attitude hinders the appreciation of instrument by the family:

> (...) from the time that as a professional, I didn't get excited about this [CSC] I won't be able to make a mother or a father enthusiastic with it (...) (FHT Nurse 1).

Moreover, the meanings of the experiences of professionals not only show lack of interest and information of mothers in relation to the CSC, but allow visualizing the establishment of a link between mothers and the instrument for health care of the child. The professionals realize that some mothers adopt the instrument as their own when they demand that data is recorded in the booklet, monitor the notes taken by professionals, and bring themes related to the booklet in conversations:

> (...) some mothers, you see that they come with the booklet all wraped, they write everything down, make sure the notes of weight are made, read, ask, if the baby doesn't develop those skills, they ask *why's that?* (...) (FHT Sup. Ped. 10).

Thus, it was perceived that the materials produced with focus on child care, especially the CSC, can contribute to changes in child health care, as long as their meanings are aprehended by professionals, mothers and families.

Professionals and families must be equally responsible partners in the search for strategies to incorporate behaviors and attitudes defined as responsibility. In this context, for the full child health surveillance through the CSC, the co-responsibility of families and professionals is important and necessary.

DISCUSSION

From the essential aspects that emerged, it was possible to understand that the perception of professionals regarding the CSC is closely related and limited to surveillance actions of growth and immunization. In view of the comprehensive health care of children, the MOH proposes the strategy of 13 care lines as pillars of assistance, which shall be provided for the proper functioning of services and all the network of child health actions[14]. Most actions described in the 13 lines of care are covered throughout the booklet, both with information and guidance for professionals and caregivers, as for monitoring and surveillance through records. Thus, its adoption in practices of child health care is an important support for child assistcen within the comprehensive care.

Other meanings of the booklet in practices of child health care emerged from the speeches of professionals, but with less force than the surveillance of growth and vaccination, such as understanding that the instrument extends the field of professional practice with the actions in its content, as a means of access to references on the conditions of birth and for monitoring the development, which were mentioned by only three professionals. In a study on the filling out of the booklet in the city of Belo Horizonte, only 18.9% of the instruments had at least three records on neuro psychomotor development[1].

In primary care, there is a lack of tools and a methodological system for the proper monitoring of child development[15]. The systematic monitoring of child development through simple methodologies can be an important means of early detection of deviations and their consequent prevention[16]. The booklet comprises activities related to the promotion of normal development and the detection of problems in development, allowing the intervention and work on the line of prevention. In this sense, by increasing the use of this feature, it is possible to improve the care provided in relation to the monitoring of development.

The dialogue with mothers and families about the health conditions of the child, from information generated in the instrument, is experienced as an attitude desired and sought by the studied professionals. This aspect is fundamental in the care, by understanding that child care is always a cooperative and coordinated action among professionals, mothers and families[17]. Many materials (posters, booklets, brochures and others) focused on health are produced. However, they need to be incorporated as a starting point for the development of work based on effective meetings between health professionals and the population, in order to discuss the issues raised and find solutions[18].

The weaknesses were evident in the experiences of professionals with the CSC. The participants showed having difficulties with innovations and expansions that occurred in the instrument and consider the updating and training of professionals important and necessary for those working in the FHT. Some studies have revealed the difficulties of professionals in understanding the growth curves, concepts of reference and with operating the instruments available[19-20].

Experiences due to the unavailability of the CSC in the health service were revealed by professionals, such as difficulty in carrying out some actions of health. One of the biggest limiting factors of the Family Health Strategy is the lack of tools and minimal structure to equip the work of health professionals. This problem leads to low efficiency

in the family health units and generates the dissatisfaction and insecurity of professionals and mothers[15,21].

The experiences of professionals described here, show that the work with the booklet is fragmented, without complementary actions by professionals of the same team and professionals from different institutions, such as maternity hospitals, hospitals, private clinics and emergency services. In order that the CSC fulfills its role as an instrument of communication, surveillance and promotion of child health, it is essential that it is properly used by all professionals, which includes, among other things, the correct and complete record of information[7]. Failure to use the booklet by the health team is unjustifiable and demonstrates a weak link of professionals with basic health care, measures of proven effectiveness[10].

It is known that the phenomenon of child growth and development is an ongoing process and that the most appropriate and effective way of its monitoring is to regularly record all the information regarding the health history and development of the child[2]. The CSC has evolved in order to provide more opportunities for records and information and enables that the monitoring happens in coordination with the actions for promotion, prevention and surveillance of health.

In the city of Belo Horizonte, data on pregnancy, childbirth and the newborn of the child booklets, which should be generated in the maternity ward, showed flaws in the filling out in all instruments, especially with fields left blank. In the information about pregnancy, childbirth and the postpartum period there was precarious filling out of all fields[7]. The importance of the actions of various professionals from different services in the CSC translates into the possibility that each of them can coordinate their actions with those from others and with each level of care, forming a network of health where children and their families are assisted.

Although the records are to be made by all professionals, and all scenarios of health care should be responsible for checking and filling out the CSC, it is in maternities and primary care services that the proper management of this instrument constitutes a permanent challenge because these are the places where much of the information is generated[1].

Regarding mothers and families, the professionals realize that they can monitor and visualize the growth and development of children and expand the knowledge and practices with the instrument contents when they adopt the booklet as their own. However, in their experiences, the neglect and disinterest of families with the CSC are significant. Corroborating some perceptions of the study participants, researchers assessed the knowledge of mothers on the CSC functions, and identified that 45% of surveyed mothers refer to the booklet as a vaccination card, and around 10% of them believe that the CSC is useless[7].

Also in this sense, the speeches of professionals show that the actions to sensitize and guide the mother on the relevance of the instrument is not part of their practices in child health care. In order that families value and adopt the CSC as their own, some authors refer to be essential that the function of this instrument in child health monitoring is understood by such families. For this reason, the health professionals are responsible for the sensitization of parents and the proper instrument use, in order that with it, the families realize its function[1,10]. Some health professionals, pediatricians and nurses consider the child booklet a source of record and consultation for professionals, and that time is wasted trying to make parents know how to interpret it[8].

CONCLUSION

The speeches of nurses and doctors allowed us to understand how these professionals are interacting with the CSC to develop their professional practices directed to child health care. This study identified some meanings of the booklet for practitioners, as understanding that the instrument expands the field of professional practice with the actions present in its content, and it enables to dialogue with mothers and families on the health conditions of the child, from information generated in the instrument. However, some difficulties were revealed by the subjects, as the limitation of knowledge about the instrument; the incomplete filling out of the booklet by many professionals who care for children; the daily confrontations of the process and organization of the work of the Family Health Teams, which make the use of the booklet difficult; disinterest and neglect of families with the instrument.

In this sense, it becomes necessary to invest in education and training of health professionals to work in the basic actions for health surveillance of children registered with the booklet. It is recommended that FHT professionals jointly reflect on the needs that are often not visible, but essential for the promotion of child health, such as the use of CSC. Furthermore, it is recommended that professionals act with the view of encouraging mothers and families to adopt the CSC as their own for the health care of their children, in order that professionals, services and families can be equally responsible partners in putting into practice the use of the booklet for health surveillance of the child.

It is believed that some gaps in knowledge regarding the experience and expertise of health professionals with the child health booklet were filled with this study. Further research is needed on the child health booklet with professionals and families, in an attempt to understand how the instrument has truly contributed for an improved quality of care to the child, seeking guidance to improve its use and the practices of child health surveillance.

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