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**Contributions given by Child Development Agents to Primary Health Care****Contribuições das agentes de desenvolvimento infantil na atenção primária à saúde****Contribuciones de los agentes de desarrollo infantil en la atención primaria a la salud****Received: 10/03/2016****Approved: 18/08/2016****Published: 01/01/2017****Regina Lúcia Herculano Faustino<sup>1</sup>****Maria Dyrce Dias Meira<sup>2</sup>****Gina Andrade Abdala<sup>3</sup>**

This article aims to describe the work of Child Development Agents (CDA) from domestic visit reports in order to identify results in the monitoring of pregnant women and children in Primary Care centers, as a child development project. This is an experience report using documental analysis of records made by the CDA. This study included 179 domestic visits that indicated actions to be directed at pregnant women and children of 0-3 years. The analysis pointed out important contributions related to the identification of risk factors in early childhood and in the families of the children, including referrals to competent technical staff as a follow up. The CDA interventions were considered effective for health promotion, since families and caregivers of children can be oriented regarding the bases of the proper development of their children.

**Descriptors:** Primary Health Care; Family Health Strategy; Child development.

Este artigo tem como objetivo descrever o trabalho das Agentes de Desenvolvimento Infantil (ADIs), a partir dos relatórios de visita domiciliar, identificando resultados no acompanhamento de gestantes e crianças em unidades da Atenção Básica como projeto de desenvolvimento infantil. Trata-se de um relato de experiência que utilizou também a análise documental dos registros feitos pelas ADIs. Foram analisados 179 relatórios de visita domiciliar que apontaram ações direcionadas às gestantes e às crianças de 0-3 anos. A análise apontou contribuições importantes relacionadas à identificação de riscos precoces em crianças e famílias, com direcionamento às equipes técnicas competentes para dar seguimento. As intervenções realizadas pelas ADIs foram consideradas efetivas para a promoção da saúde, uma vez que, as famílias e cuidadores das crianças poderão ser orientados sobre as bases do desenvolvimento adequado dos seus filhos.

**Descritores:** Atenção Primária à Saúde; Estratégia Saúde da Família; Desenvolvimento infantil.

Este artículo tiene como objetivo describir el trabajo de los Agentes del Desarrollo Infantil (ADIs), a partir de los informes de las visitas domiciliarias, identificando los resultados en el control de mujeres embarazadas y los niños en las unidades de Atención Primaria como proyecto de desarrollo infantil. Se trata de un relato de experiencia que también utilizó el análisis documental de los registros efectuados por los ADIs. Se analizaron 179 informes de visita domiciliar que apuntaban acciones dirigidas a mujeres embarazadas y niños de 0-3 años. El análisis señaló importantes contribuciones relacionadas con la identificación de riesgos precoces en niños y familias, apuntando a los equipos técnicos competentes para dar seguimiento. Las intervenciones de los ADIs fueron consideradas efectivas para la promoción de la salud, ya que las familias y cuidadores de niños podrán ser orientados sobre las bases del desarrollo adecuado de sus hijos.

**Descriptorios:** Atención Primaria de Salud; Estrategia de Salud Familiar; Desarrollo infantil.

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## INTRODUCTION

Early childhood development is a theme which has been arousing the interest of scientists, and of society as a whole. Neuroscience scholars claim that the first three years of life influence child development and leave everlasting marks, because the architecture of the brain is directly affected by the stimuli and experiences that children receive and experience during this period. Also, the bases for a balanced and productive life start being established around this time, and depending on what are the experiences of the child, this stage can negatively or positively influence their entire adult life<sup>1,2</sup>.

That being, the promotion of healthy Child Development (CD) is one of the most effective ways to promote people's health, which, by its turn, is the main objective of the professionals who work in primary attention. Promoting health during early childhood can help reducing the social and economic burdens brought about by diseases, not only during childhood, but throughout one's entire adult life<sup>3-5</sup>.

In 2011, the Santa Catarina Social Organization (OS - Santa Catarina) and the Maria Cecília Souto Vidigal Foundation (FMCSV) became partners in order to set up the "Child Development Project" in the region of the city Cidade Ademar (SP), in traditional Primary Health Care Centers (UBS), and in Family Primary Health Care Centers (USF)<sup>6</sup>.

It was believed that the monitoring of children and their families, starting with the Domestic Visits (VD) conducted by Community Health Agents (CHAs), who are part of the teams of Family Health Care Strategy (ESF), would facilitate the proposed actions. In order to address the lack of Domestic Visits and the demands of traditional UBSs, the insertion of Child Development Agents (CDAs) was proposed. These would be professionals responsible to visit the houses of families with pregnant women and/or children between zero and three years of age, which have been previously identified as under risk of unhealthy development.

This article aims at describing the work of Child Development Agents (CDAs), starting with the analysis of domestic visit reports, identifying results in the monitoring of both pregnant women and children in Primary Health Care Centers as a project for child development.

## METHOD

This is an experience report whose empirical base was the analysis of the reports of domestic visits created by the CDAs who are part of the database of the "CD Project of the Social Organization Santa Catarina". The reports were selected in the community of the area covered by each Primary Health Care Center. It should be highlighted that the CDAs were trained on the fundamental knowledge regarding child development, and were given guidelines for the observations of pregnant women, as well as for the observation of children between zero and three years of age. Such guidelines were to be applied during the Domestic Visits.

179 reports by CDAs were analyzed, from two Primary Units. A highlight were the notes which referred to actions conducted by the CDAs, including their observations, their professional conduct, as well as the evaluation of possible results reached along the monitoring.

Data from the reports were analyzed considering the actions taken by the CDAs regarding the situation of the mothers during their cycle of pregnancy and puerperium, considering those which could impact in the development of the fetus. When it comes to children between zero and three years old, the actions taken by the CDAs regarding the risk factors of a healthy child development were also analyzed.

## RESULTS

The 179 CDAs records were analyzed, and from them, the information regarding the pregnancy/puerperium cycle was used, as it reported socio-demographic and psychological conditions, as well as health/sickness history, reproducibility, and data regarding the development of the children between zero and three years of age.

Most of the pregnant women visited were teenagers, with an age average of between 14 and 17 years of age, single or without a stable partner.

Reports pointed at violent situations involving the pregnant women. For instance, during one of the DVs, a case of "aggression between mother and daughter" was reported, being that both mother and daughter were pregnant. The daughter was a teenager, under 16 years old, and had an aggressive attitude towards her mother, which generated frequent familial conflicts.

Reading the reports also allowed for the surveying of information such as: emotional changes, drug addiction, and smoking. These data gave valuable information regarding the life of the pregnant women, helping thus to promote actions which can diminish the occurrence of situations which put in risk both the women and their children.

There was also the occurrence of abortions (5.6%), including one abortion of twins. The obstetric history of this woman indicated that she had had six abortions and three children which were born alive, one of them a newborn, weighing 3.665kg and 48cm. In a joint consultation with the CDAs, it was noted that this child had gained only 300 grams of weight after the first month of life.

Reports have also pointed at risk factors which interfere in the physical and emotional health of the pregnant woman and her fetus, as well as important actions of the CDAs which were conducted alongside the pregnant women, in the context of their own lives.

In a specific report, a woman claimed to not have the patience needed to endure her child's crying, being that in some occasions she held the child's mouth with her hands so that the crying would stop. This mother would also have confessed to feel like throwing the kid at a wall. However, once she stopped and thought about it, she would start caressing her child again.

There was a clear absence of records with more complete information regarding situations observed along the domestic visits, such as: complaints and, mainly, observations

regarding the familial bond with the mother/tutor of the child.

## DISCUSSION

The inclusion of data regarding the socio-demographic conditions of the population and the pregnancy/puerperium cycle was seen as very important, since, usually, the investigation of social determinants of the prenatal monitoring has not been addressing psychosocial data as it should, and it is a relevant factor for the establishment of health interventions<sup>7</sup>.

The use of harmful substances in the pregnancy/puerperium period, whether they be illicit or licit drugs, such as cigarettes and alcohol, must be surveyed and discouraged, since the use and abuse of such substances can bring about consequences such as restricted fetal growth, abortion, premature birth, cognitive deficiencies in the fetus, among others<sup>8</sup>.

Monitoring the newborn's weight gain is also considered to be important, as this information is an important tool to measure the healthy development of children during their first years of life, and can be related to the health conditions of the mother during the pregnancy/puerperium cycle<sup>9</sup>.

The CD programs which include domestic visits, in most cases, aim at reaching families which are more susceptible to developmental problems, referring them to the adequate services and, mainly, providing parents and tutors with the information needed for them to offer to the children a positive familial environment for their growth<sup>10</sup>.

Considering the factors mentioned above and registered in the reports, the importance of CDAs acting during the pregnancy cycle becomes clear, since it is because of them that support teams can precociously intervene in the risk factors that can affect a healthy CD in a domestic environment, diminishing the risk of future complications for children in all stages of their development, and supporting the mother/tutor in the establishment of the

affective bonds which are so important for proper care.

The Natural Childbirth Humanization Program (PHPN) establishes the puerperal consultation as an important criterion in health care<sup>11</sup>. Among the guiding principles for integral child health care, the commitments related to adequate embracement and referral should be highlighted, as they are paramount for the resolution of the problems which affect the different stages of a child's development. In order for a global approach to child care to be achieved, the teams cannot be restricted to the coming demands, provide an adequate and problem-solving monitoring of the entire trajectory of the child, when it comes to the parameters of their development<sup>12</sup>.

In the context of the Family Health Strategies, it is recommended that the CDAs accompany the child's development between zero and three years of age, identifying familial competences and taking action to remedy any health problems that are found, aiming at helping the families to overcome their difficulties. The interventions of the CDAs are not restricted to the practical care offered to newborns, as they are taught and trained to observe the indicators of the children's psychomotor development, properly registering them in their reports.

Neuroscience points out that children who develop in healthy environments, filled with love, attention and safety, when exposed to situations which stimulate fear, activate only trace amounts of hormones which provoke the "Toxic Stress". In contrast, children who maintain untrustworthy relationships activate a much greater quantity of those hormones when exposed to the same event, and that is extremely detrimental to their development<sup>3</sup>.

Starting from the embracement of mothers and tutors, it was possible to analyze important reactions by the mothers, allowing for the establishment of priorities when it comes to the elaboration of strategies of intervention, education, prevention and assistance.

Emotional risk situations evidence the importance of precociously detecting risk

factors during prenatal care, during the puerperium, and throughout child care, since such situations can generate "Toxic Stress" and compromise the child's adequate development<sup>13-15</sup>.

According to Shonkoff<sup>13</sup>, children who live in a situation of extreme poverty, who suffer physical or emotional abuses, chronic negligence, who live through their mothers profound depression, and who witness substance abuse and violence within their families, are exposed to the "Toxic Stress". Identifying situations which generate "Toxic Stress" for the child, in most cases, is only possible within the context of their lives, and requires knowledge about their familial relationships and the issues which influence their domestic environment.

Thus, familial support and the adequate training of the child health care providers can improve the results of health promotion throughout their lives, as well as increase the current quality of life of both small children, and the adults who care for them<sup>3,16,17</sup>.

## CONCLUSION

The greatest contribution of the present study was evidencing the importance of the CDAs observations, when directed at families with small children, with the objective of finding risk factors which could increase the chance of precocious inadequate child development, in order to promote more effective interventions.

The inclusion in the teams of Primary Care and Family Health centers of professionals with distinguished views regarding pregnant women and children between zero and three years of age, considering these people's own life contexts, has shown itself to be a potent precocious intervention tool for an adequate development during early childhood. Though the CDAs are placed in a health care service, they are also presumed to be potential articulatory links of the social support network to early childhood in the community, involving caregivers in nurseries, infant schools and social services which provide

support to mothers and families which are likely to be affected by risk factors.

The need for a better training of professionals (including CHAs) to carry on domestic visits should be reflected upon, so the services can address the most important issues which affect the adequate development of children who are in such a vulnerable stage of their life.

As a recommendation for further studies related to this theme, a comparative analysis of the reports written by CHAs and CDAs is suggested. Such a research, in order to validate the premise derived from this study, should be focused on the care offered to the mother and to the children between zero and six years of age.

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#### CONTRIBUTIONS

**Regina Lúcia Herculano Faustino, Maria Dyrce Dias Meira and Gina Andrade Abdala** contributed equally to the conception, analysis and interpretation of data, as well as in the critical reading and in the writing of the article.

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