



Revista de Pesquisa Cuidado é  
Fundamental Online

E-ISSN: 2175-5361

rev.fundamental@gmail.com

Universidade Federal do Estado do Rio  
de Janeiro  
Brasil

Diniz Lima, Susan Caroline; Pereira de Jesus, Ana Cristina; do Amaral Gubert, Fabiane;  
Silva de Araújo, Thábyta; Neyva da Costa Pinheiro, Patrícia; Cunha Vieira, Neiva  
Francenely

CHILDCARE AND NURSING CARE: PERCEPTIONS OF NURSES OF FAMILY HEALTH  
STRATEGY

Revista de Pesquisa Cuidado é Fundamental Online, vol. 5, núm. 3, julio-septiembre,  
2013, pp. 194-202

Universidade Federal do Estado do Rio de Janeiro  
Rio de Janeiro, Brasil

Available in: <http://www.redalyc.org/articulo.oa?id=505750941014>

- How to cite
- Complete issue
- More information about this article
- Journal's homepage in redalyc.org

redalyc.org

Scientific Information System

Network of Scientific Journals from Latin America, the Caribbean, Spain and Portugal

Non-profit academic project, developed under the open access initiative



RESEARCH

CHILDCARE AND NURSING CARE: PERCEPTIONS OF NURSES OF FAMILY HEALTH STRATEGY

PUERICULTURA E O CUIDADO DE ENFERMAGEM: PERCEPÇÕES DE ENFERMEIROS DA ESTRATÉGIA SAÚDE DA FAMÍLIA

CUIDADO DE MENORES Y DE ENFERMERÍA: PERCEPCIONES DE LAS ENFERMERAS DE LA ESTRATEGIA DE SALUD FAMILIAR

Susan Caroline Diniz Lima<sup>1</sup>, Ana Cristina Pereira de Jesus<sup>2</sup>, Fabiane do Amaral Gubert<sup>3</sup>,  
Thábyta Silva de Araújo<sup>4</sup>, Patrícia Neyva da Costa Pinheiro<sup>5</sup>, Neiva Francenely Cunha Vieira<sup>6</sup>

ABSTRACT

**Objective:** To understand the perception of nurses of the Family Health Strategy about childcare, describing the actions taken during the nursing consultation. **Methods:** A qualitative study conducted in Imperatriz - MA, with 13 nurses through a semi-structured interview, which included: understanding of childcare, between March and May 2012. **Results:** Nurses perceive childcare with a focus on comprehensive evaluation and an emphasis on health promotion and disease prevention. Reported difficulties in the implementation of childcare, lack of compliance of the mothers and overload assignments and contributions as actions of health education, improvements in indicators of health care and social demands. **Conclusion:** Nurses understand child care and systematic monitoring / periodic child, however, the actual work process should be revised to improvements in health care of the child and the community. **Descriptors:** Child care, Nursing, Child health, Health promotion.

RESUMO

**Objetivo:** Compreender a percepção do enfermeiro da Estratégia de Saúde da Família acerca da puericultura, descrevendo as ações implementadas durante a consulta de enfermagem. **Métodos:** Estudo qualitativo, realizado em Imperatriz - MA, junto a 13 Enfermeiros, por meio de uma entrevista semiestruturada, a qual contemplou: compreensão de puericultura, no período de março e maio de 2012. **Resultados:** Os enfermeiros percebem a puericultura com enfoque no acompanhamento integral e ênfase na promoção da saúde e prevenção de doenças. Relataram dificuldades para a implementação da puericultura: falta de adesão das mães e sobrecarga de atribuições na equipe, e, contribuições como, ações de educação em saúde, melhorias nos indicadores de saúde e atendimento às demandas sociais. **Conclusão:** Os enfermeiros compreendem a puericultura como acompanhamento sistemático/períodico da criança, no entanto, o próprio Processo de Trabalho deve ser revisto a fim de melhorias na atenção à saúde da Criança e comunidade. **Descritores:** Cuidado da criança, Enfermagem, Saúde da criança, Promoção da saúde.

RESUMEN

**Objetivo:** Conocer la percepción de los enfermeros de la Estrategia Salud de la Familia sobre el cuidado de niños, describiendo las acciones realizadas durante la consulta de enfermería. **Métodos:** Estudio cualitativo realizado en Imperatriz - Maranhão, con 13 enfermeras, a través de una entrevista semi-estructurada, que incluye: la comprensión del cuidado de los niños, entre marzo y mayo de 2012. **Resultados:** Las enfermeras perciben cuidado de los niños con un enfoque en el seguimiento y la atención completa de promoción de la salud y prevención de enfermedades. Reportado dificultades en la implementación de la atención infantil: la falta de adherencia de las madres y las asignaciones de sobrecarga en el equipo y las contribuciones a las acciones de educación para la salud, las mejoras en los indicadores de salud y las demandas sociales. **Conclusión:** Las enfermeras constituyen cuidado de los niños como un acompañamiento sistemático / diario del niño, sin embargo, el proceso de trabajo actual debe ser revisado para permitir mejoras en la salud de los niños y la comunidad. **Descriptores:** Cuidado de niños, Enfermería, Salud Infantil, Promoción de la Salud.

<sup>1</sup> Enfermeira. Universidade Federal do Maranhão. Email: susancadili@hotmail.com. <sup>2</sup> Enfermeira. Especialista em Enfermagem Obstétrica e Neonatal. Mestranda em Enfermagem do Programa de Pós-Graduação em Enfermagem da Universidade Federal do Ceará. Email: anacristina\_itz@hotmail.com. <sup>3</sup> Enfermeira. Doutora em Enfermagem. Docente da Universidade Federal do Ceará. Email: fabianegubert@hotmail.com. <sup>4</sup> Graduanda em Enfermagem. Universidade Federal do Ceará. Email:

thabyta.araujo@hotmail.com. <sup>5</sup> Enfermeira. Doutora em Enfermagem. Docente da Universidade Federal do Ceará. Email: neyva.pineiro@yahoo.com.br. <sup>6</sup> Enfermeira. PhD em Educação em Saúde. Docente da Universidade Federal do Ceará. Email: neivafrancenely@hotmail.com.

## INTRODUCTION

According to the United Nations Fund for Children (UNICEF), in Brazil and worldwide, there is progress in relation to actions for child health in combating infant mortality. Despite this finding, ensure the health of the child is still a big challenge. In this perspective is the monitoring of healthy child, held during childcare, which is expected to reduce the morbidity and mortality rates in this period of life, through regular and systematic assessment of children in order to immediately identify potential hazards, and assess their growth and development.<sup>1-3</sup>

The term Latin etymology Childcare has wide significance (puer - child; cults - creation, care of someone), however, is defined as a set of rules and concepts that aim to ensure perfect physical, mental and social development.<sup>4-5</sup>

Studies show the effectiveness of childcare when well implemented. In a period of 10 years, Brazil has Falling deaths among children under one year old, from 29.7 to 15.6 per thousand live births, a decrease of 47.6% in the rate of infant mortality in Brazil. The northeast, despite being the region with the largest indicator, showed the most significant decrease between regions, from 44.7 to 18.5 deaths. Soon, the child care is essential, because of their vulnerability to disease.<sup>3,6-8</sup>

In this perspective, nursing consultation, legal assistance practice nurse, becomes a facilitator of care during Childcare, with support in the National Health Care for Children which addresses aspects of prevention, rehabilitation and health promotion the child. Upon insertion of the Family Health Strategy (FHS) within the primary health care (PHC), whose philosophy relates to the redirection of health care practices,

there is an advance deployment of nursing consultation throughout the country and, consequently, of the childcare.<sup>9</sup>

In addition, the nurse, during the execution of care, acts early detection of health problems, prescribing care, subsidized by the health indicators of its coverage area and the physical assessment and basic needs of the child. The repercussions of injuries to children, families and society should also be considered as a major problem area enrolled, preventable.<sup>5-6,8</sup>

Given the above, despite the understanding that the nursing consultation is focused, on most occasions, the care of injuries, it is observed in daily practice that a significant proportion of nurses FHS does not understand the purpose of the childcare as part of the nursing consultation the child. As the ESF operates among other purposes, the promotion of community health in general, called prioritizing vulnerable groups such as children, the professionals who make up the ESF should assume the role of facilitating agents for users, families and groups develop skills to a conscious act to promote their health.<sup>5,7-8</sup>

Given this, nursing is a profession that has an educational dimension to the promotion of self-care, such policies must ensure that health and welfare programs and child health, to run during childcare. Therefore, the nurse, as an educator should not only emphasize care in pathological dimension, but, especially, should realize that the child, like being in social development, preferably needs to be answered before the illness, taking into account all its amplitude social, cultural, psychological, economic.<sup>7</sup>

Whereas nursing consultation is a key activity in promoting changes in health care practices of the child, the question on which this study is to understand the nurse FHS regarding

childcare activities during nursing consultation. Thus, based on this context, the study was conducted with the purpose of knowing the perception of nurses FHS on childcare, describing the actions implemented during nursing consultation to child.

METHODOLOGYA

A descriptive, cross-sectional, qualitative approach, conducted in the municipality of Empress, located in the southwest region of the state of Maranhão, with nurses making up the ESF.

The city has 247,505 inhabitants of the study, being 94.77%, distributed in urban areas and 5.23% in rural areas. The public health care facilities in the city currently has 30 UBS, having 42 teams FHS and divided into five territorial districts: Bacuri, Vila Lobão, Vila Nova, Santa Rita e Zona Rural.<sup>2,11</sup>

The FHS Municipality has 42 nurses, and the selection of study participants, performed by invitation directed to them, getting to the final, FHS 13 nurses who agreed to participate voluntarily, after receiving information about the study, and, agreed to sign the Instrument of Consent.

Information was collected from March to May 2012, using a semi-structured interview, which included questions that investigated: the understanding of childcare, the actions taken in the query, the conceptions and educational activities, vocational training, contributions and difficulties. All interviews were recorded with permission of the participants and later transcribed verbatim for analysis procedures.

For data analysis we used the referential content analysis which constitutes a set of analysis techniques of communication. To maintain the confidentiality of information reported by participants, these were identified by the letter of the professional category, followed by a number. J. res.: fundam. care. online 2013. jul./set. 5(3): 194-202

Content analysis of participants 'speech emerged the following themes: understanding the nurse about childcare FHS, FHS nurses' difficulties in the implementation of childcare and childcare contributions of nurses according to the FHS.

Preceding data collection, the study was approved by the Research Ethics Committee of the University Hospital of the Federal University of Maranhão, in opinion No. 366/11, as well as having been authorized by the Department of Primary Care in the city of Imperatriz, Maranhão, following the provisions of Resolution 196/96 of the National Health Council.<sup>13</sup>

RESULTS AND RESULTS

Characterization of the participants

Nurses, the age ranged between 23 and 57 years, of these, 12 have training time over three years. With respect to operating time at FHS, 11 participants reported having between three and 18 years, and two nurses from six to seven months.

On the issue related to training, 12 reported having specialization in Family Health. Only one nurse denied owning any kind of expertise. Thus, it is clear that these professionals mostly have specific training in the area of Family Health Strategy.

Understandings of nurses EFS on childcare

Nurses comprise childcare as the evaluation of growth and development, which includes measurable procedures like weight, height and nutritional assessment, and preventive actions to childhood illness. There is therefore ample perception of childcare, whose approach is based on the monitoring of the child, based on aspects of health promotion and disease prevention, as can be evidenced in the statements below:

Childcare is monitoring the growth and development of children, to avoid injuries that could be identified during this evaluation. (E3)

The child care is monitoring growth and development and guidance to the child, as well as care for opportunistic diseases. (E8)

Childcare is monitoring the child, which prioritizes according to the standards of the Health Ministry, the issue of healthy habits, to emphasize immunization, nutrition, health care, child care healthy. (E11)

Childcare is that the growth and development of children seeing the state food, nutritional, height, weight [...]. (E5)

Depending on the results, the literature contextualizes the childcare as the periodic and systematic monitoring of the child, with goals focused on maintaining their health, where they belong: the evaluation of growth and development, including actions of health education aimed at prevention domestic accidents, personal hygiene and environment, breastfeeding and / or proper nutrition, and immunization to prevent the early health problems.

In this perspective, knowledge and practice of healthcare, childcare constituents, aimed at protecting and promoting the healthy growth and development of the child should also consider their skills and capabilities in order to facilitate the conditions necessary for health. It is during the childcare that is able to assist systematic, globally and individually identifying health problems - disease, executing and evaluating care that contribute to the promotion and protection of child health.<sup>15-6</sup>

There also have to consider that, during the execution of childcare, some techniques are seen as essential and routine maintenance of child health, such as checking weight and height. According to the Ministry of Health, assessments of height and weight are considered programmatic J. res.: fundam. care. online 2013. jul./set. 5(3): 194-202

components and estimating the growth of the child. In line with this proposition, the results are driven in producing the expanded care from the perspective of health promotion based on scientific evidence.<sup>5,17</sup>

Although nurses demonstrate participants understand the importance of assessing growth and development, the design is still insufficient childcare that goes beyond purely paternalistic actions and biologicist, since, should prioritize the promotion of child health through education actions health, valuing the socioeconomic issues and cultural context of each particular child. In this regard health education is an important working instrument for childcare, especially when set in questioning the reality experienced by the child in pursuit of building awareness and critical users, focusing on the exchange of knowledge, where knowledge and professional common sense unite to benefit the welfare of the child.<sup>15,18-20</sup>

**Difficulties of nurses of ESF for childcare**

Although they understand the importance of child care in the context of the actions of the ESF, nurses participating in this study revealed some difficulties in its implementation, highlighting the lack of adherence to the mothers in attendance schedules. According to them due to the fact that mothers / caregivers disregard the importance of bringing a healthy child to the health service, as can be glimpsed in the statements below:

For me, the difficulty of making childcare are mothers, they always put obstacles, cannot come at the scheduled time, give many excuses. (E5)

The mothers said they did not have time, it's a waste of time [...] It's because they do not have availability, they do not have the same interest! (E12)

Mothers have a culture that is to bring the child only when she is sick [...] The childcare is just to bring the child still healthy. (E8)

Non-attendance at routine visits scheduled at UBS should be seen not only as a difficulty, but also as a reference guide for health professionals and managers to re-evaluate strategies to meet the child healthy, both including and understand that the main contributors to this difficulty are: impregnation community vision curative own the biomedical model, the dispensation of child care to others, and the lack of understanding on childcare.

Similar studies corroborate these results, where one of the biggest difficulties pointed out by nurses to carry out the childcare is the non-adherence of families to this proposed health. Mothers as primary caregivers of the child indicate numerous obstacles to the realization of child care, such as forgetfulness, lack of time, irrelevance of consultation, disinterest, failed appointments for lack of UBS routines, lack of information about the day of consultation and unexpected events.

In this sense, attention to children's health should be developed by the nurse and the other members of the FHS, so that not only the mother but the whole family is encouraged and included in the development and effective maintenance of good health practices, especially in order to prevent possible injuries. At present, we experience the phenomenon of transmission of child care to others at the expense of accountability given to natural parents, which explains in some situations the child's absence during routine visits. Given this finding, the nurse needs to invest in home visits as a tool to update the queries of children defaulting, even if the child assessment is performed before a distinguished parental caregiver. Furthermore, it is essential that at every opportunity to care for the child, the meaning of childcare are described and / or emphasized, highlighting the positive aspects of their continuity.<sup>9,21-3</sup>

J. res.: fundam. care. online 2013. jul./set. 5(3): 194-202

Among the difficulties for the implementation of child care, the nurses interviewed also report compliance with the programmatic agenda of their other professional duties within the ESF. The statement below contains this understanding:

The overload of responsibilities of the nurse in the unit difficult, because the program itself asks this because you have to make the call to the other groups that the health ministry also recommends. This difficult time for childcare. (E10)

**Childcare subsidy according to the nurses of the ESF**

The nurse FHS has numerous duties, acts as a professional generalist, so give solvability of UBS and the demands of the household. In addition to the health care demands defined, are your responsibility activities of the organization and functioning of UBS. Regarding this situation, the overload of activities, conditions the nurse, on most occasions, the option to prioritize patient care and management. In this situation, the actions of childcare become dynamic due to the overlapping of work focusing on producing procedures and not in the production of care to promote child health.

Without ignoring the other activities of the ESF, it is essential that the nurse review during the planning of their actions, specific times and days to all groups that need attention in order to organize their actions that they are not only prioritized few groups and administrative actions on UBS.

**Contributions of childcare according to nurses FHS**

Despite some difficulties to excel practice of child care, the nurses study participants realize their importance and highlight some contributions to the health of children in the area under its responsibility, as seen in the statements below:



Contribution is paramount to health education, enlightenment pass to the mother, the importance of maintaining health, because it will benefit both the mother and the child. (E12)

When it is not done adequate care to children without observing it, evaluating markers that are important, I'll have a child with health problems, which then can give me more work [...] I believe that one of the advantages child care is paramount to improving health indicators in my area. (E4)

Decrease in acute respiratory infection, decrease in complaints of worms. And another, is the question of anemia, it was one of the things I noticed that was greatly diminished, is an important result. (E9)

I can evaluate, for example, in my area mistreatment, abuse [...] So I can detect social problems and make the referral of the child immediately. (E10)

Among the many contributions of childcare, the individual and collective actions of health education emerge as mediators in the disease process, strengthening the actions of families to influence the healthy development of children, and superimpose the potential risks for the disease. It is during health education that has the possibility of exchanging knowledge between both parties, nurses and users, and is an occasion to review the care implemented by the caregiver to the child. Depending on the results is a chance to contemplate guidelines that respond to the concerns and / or questions brought by the families to be discussed with the nurses.

Given this input, consultation childcare becomes a propitious moment to stimulate significant changes in the care provided to children. In this perspective, the mothers come to understand its importance. Consequently it has a positive impact on child health indicators, such as breastfeeding, immunization, growth and development, health and other appropriate care, ensuring that children stay healthy. Moreover, by acting on early detection and treatment of health problems of children, childcare during the

consultation, the nurse FHS directly contributes to reducing morbidity and mortality of children.

Thus, it is increasingly necessary to invest with families about the importance of following the consultation childcare, describing, as appropriate, the successful results with health maintenance the child.

Still among the reported contributions of childcare, it is clear the service calls social demands included external causes such as violence and abuse. This new scenario of the phenomenon of violence and child abuse, is inserted into the reality of nurses' activities FHS. In this regard, the Ministry of Health recommends that the ESF teams accountable for the identification and reporting of cases of violence, abuse and sexual abuse, whose conduct must be translated by the communication and reference of suspected or confirmed cases to the agencies and professionals competent. On occasion, must be guaranteed to the family and the child, the reception, care, treatment and referrals necessary to support existing network.

Why consider reality in areas covered by the ESF, violence and abuse of children represent the solidification of real gaps produced due to the negligence of public policy, social and cultural inequality, poverty, unemployment, among other reasons. Thus, it is urgent that the FHT professionals contribute to the formation and strengthening of a network of social support child victims. It is emphasized that, while childcare is an opportunity the actions of nurses trained to detect and respond directly and indirectly to these victims and family members of the child victim.

CONCLUSION

It can be observed in this study, that the understanding of child care by nurses FHS consists of a systematic monitoring and periodic child contemplating their growth and development,

thus following the recommendations of the Ministry of Health While acknowledging the low compliance parents and / or guardians of the child following the appointments, highlight a number of contributions of childcare for ensuring child health.

The study provides a limitation to the inability of the investigator to follow the daily actions of childcare performed by nurses FHS, especially because of the choice of a cross-sectional study. Therefore, it is essential that further studies be conducted, preferably longitudinal, in order to assess the childcare program in the city followed by nurses.

Thus, you can also identify the needs of these professionals, in order to broaden improving the quality of health care to the child. Note also that research and analysis of the quality of nursing consultation, attention to child health in the region Tocantina could provide information for the reorganization of the work process aimed at children in childcare nurses FHS.

REFERENCES

1. Ministério da Saúde (BR). Secretaria de Atenção à Saúde, Departamento de Atenção Básica. Saúde da criança: nutrição infantil, aleitamento materno e alimentação complementar. Brasília: Editora do Ministério da Saúde, 2009.

2. Instituto Brasileiro de Geografia Estatística (IBGE). Imperatriz - MA, indicadores sociais municipais: uma análise dos resultados do universo do Censo Demográfico 2010. [acesso em 2012 mai 3]. Disponível em: <http://www.ibge.gov.br/cidadesat/topwindow.htm?1>.

3. Fundo das Nações Unidas para a Infância (Unicef). Situação da Infância Brasileira 2006. Crianças de até 6 anos: o direito à sobrevivência e ao desenvolvimento. [acesso em 2011 ago 5]. J. res.: fundam. care. online 2013. jul./set. 5(3): 194-202

Disponível em: [http://www.unicef.org/brazil/pt/resources\\_10167.htm](http://www.unicef.org/brazil/pt/resources_10167.htm)

4. Correia WTF, Rodrigues AFSF, Mesquita VLS. A assistência de Enfermagem na puericultura frente a casos de escabiose. Rev. APS [periódico na internet]. 2010 abr/jun [acesso em 2012 fev 8];13(2):224-30. Disponível em: <http://www.aps.ufjf.br/index.php/aps/article/view/513/318>.

5. Assis WD, Collet N, Reichert APS, Sá LD. Processo de trabalho da enfermeira que atua em puericultura nas unidades de saúde da família. Rev. Bras Enferm. [periódico na internet]. 2011 jan-fev [acesso em 2011 jul 27]; 64(1):38-46. Disponível em: <http://www.scielo.br/pdf/reben/v64n1/v64n1a06.pdf>.

6. Abe R, Ferrari RAP. Puericultura: problemas materno-infantis detectados pelos enfermeiros numa unidade de saúde da família. remE - Rev. Min. Enferm. [periódico na internet]. 2008 out/dez [acesso em 2012 Fev 10];12(4): 523-30. Disponível em: [http://www.enf.ufmg.br/site\\_novo/modules/top\\_publish/files/files\\_4c0e44e2ac0fd.pdf](http://www.enf.ufmg.br/site_novo/modules/top_publish/files/files_4c0e44e2ac0fd.pdf).

7. Novaczyk AB, Dias NS, Gaíva MAM. Atenção à saúde da criança na rede básica: análise de dissertações e teses de enfermagem. Rev. Eletr. Enf. [periódico na internet]. 2008 [acesso em 2011 ago 2];10(4):1124-37. Disponível em: <http://www.fen.ufg.br/revista/v10/n4/v10na25.htm>.

8. Campos RMC, Ribeiro CA, Silva CV, Saporoli ECL. Consulta de enfermagem em puericultura: a vivência do enfermeiro na Estratégia de Saúde da Família. Rev Esc Enferm USP [periódico na internet]. 2011 [acesso em 2011 ago 3];45(3): 566-74. Disponível em: <http://www.scielo.br/pdf/reeusp/v45n3/v45n3a03.pdf>



Lima SCD, Jesus ACP, Gubert FA *et al.*

*Puericulture and nursing...*

9. Saporolli ECL, Adami NP. Avaliação da qualidade da consulta de enfermagem à criança no Programa de Saúde da Família. *Acta Paul Enferm* [periódico na internet]. 2007 [acesso em 2012 fev 12];20(1):55-61. Disponível em: <http://www.scielo.br/pdf/ape/v20n1/a10v20n1.pdf>.
10. Lima GGT, Silva MFOC, Costa TNA, Neves AFGB, Dantas RA, Lima ARSO. Registros do enfermeiro no acompanhamento do crescimento e desenvolvimento: enfoque na consulta de puericultura. *Rev. Rene* [periódico na internet]. 2009 [acesso em 2011 ago 2];10(3):117-124. Disponível em: <http://www.revistarene.ufc.br/10.3/html/13.htm>.
11. Prefeitura Municipal de Imperatriz (MA). Secretaria Municipal de Saúde/ SUS. Departamento de Atenção Básica. Planilha de Entrega da Produção Mensal. Imperatriz, 2012.
12. Bardin L. A análise de conteúdo. 3ª ed. Lisboa: Edições 70; 2004.
13. Ministério da Saúde (BR). Conselho Nacional de Saúde. Diretrizes e normas regulamentadoras da pesquisa envolvendo seres humanos: Resolução nº 196/96. Brasília (DF); 1996.
14. Avila LK. A promoção da saúde na organização das ações de enfermagem em saúde da criança no município de São Paulo [tese]. São Paulo (SP): Escola de Enfermagem, Universidade de São Paulo; 2009.
15. Pedroso MLR, Rosa NG. Consulta de enfermagem em um programa de vigilância à saúde: vivências do Pré-Nenê. *Rev Gaúcha Enferm*. [periódico na internet]. 2009 jun [acesso em 2012 jan 20];30(2):221-7. Disponível em: <http://seer.ufrgs.br/RevistaGauchadeEnfermagem/article/view/7077/6679>.
16. Torres LMP, Álvarez MS, Losada AR, Ortiz EC. Calidad de la Consulta de Puericultura en J. res.: fundam. care. online 2013. jul./set. 5(3): 194-202 escolares. *MEDISAN* [periódico na internet]. 2011 jun [acesso em 2012 mai 20];15(6):780-8. Disponível em: <http://scielo.sld.cu/pdf/san/v15n6/san08611.pdf>.
17. Ministério da Saúde (BR). Agenda de Compromissos para a Saúde Integral da Criança e Redução da Mortalidade Infantil. 2º reimpressão. Série A. Normas e Manuais Técnicos. Brasília: Ministério da Saúde, 2005.
18. Giroti SKO, Nunes EFPA, Ramos MLR. As práticas das enfermeiras de uma unidade de saúde da família de Londrina, e a relação com as atribuições do exercício profissional. *Semina: Ciências Biológicas e da Saúde* [periódico na internet]. 2008 jan/jun [acesso em 2012 jan 26];29(1):9-26. Disponível em: [http://www.uel.br/proppg/portal/pages/arquivos/pesquisa/semina/pdf/semina\\_29\\_1\\_20\\_26.pdf](http://www.uel.br/proppg/portal/pages/arquivos/pesquisa/semina/pdf/semina_29_1_20_26.pdf).
19. Carvalho PMG. Educação em saúde: prática dos enfermeiros na estratégia saúde da família [dissertação]. Teresina (PI): Curso de Mestrado em Enfermagem, Universidade Federal do Piauí; 2009. Disponível em: [http://www.ufpi.br/subsiteFiles/mestenfermage/arquivos/files/Patrícia Maria Gomes de Carvalho \(Segura\).pdf](http://www.ufpi.br/subsiteFiles/mestenfermage/arquivos/files/Patrícia Maria Gomes de Carvalho (Segura).pdf).
20. Silva MM, Rocha L, Silva SO. Enfermagem em puericultura: unindo metodologias assistenciais para promover a saúde nutricional da criança. *Rev Gaúcha Enferm*. [periódico na internet]. 2009 mar [acesso em 2012 mar 11];30(1):141-4. Disponível em: <http://seer.ufrgs.br/index.php/RevistaGauchadeEnfermagem/article/view/4466/6550>.
21. Vitolo MR, Gama CM, Campagnolo PD. Frequency of public child care service use and associated factors. *J. Pediatr. (Rio J)* [periódico na internet]. 2010 fev [acesso em 2012 fev 8];86(1):80-4. Disponível em: <http://www.scielo.br/pdf/jped/v86n1/v86n1a14.pdf>.

Lima SCD, Jesus ACP, Gubert FA *et al.*

*Puericulture and nursing...*

22. Ximenes Neto FRG, Aguiar DT, Martins FR, Silva RCC, Cunha ICKO. Práticas do Enfermeiro da Estratégia Saúde da Família na atenção à Saúde da Criança, Cariré-Ceará. Rev. Soc. Bras. Enferm. Ped. [periódico na internet]. 2011 jul [acesso em 2012 mar 30];11(1):9-16. Disponível em: [http://www.sobep.org.br/revista/images/stories/pdf-revista/vol11-n1/v.11\\_n.1-art1.pesq-pratica-do-enfermeiro-da-estrategia-saude-da-familia.pdf](http://www.sobep.org.br/revista/images/stories/pdf-revista/vol11-n1/v.11_n.1-art1.pesq-pratica-do-enfermeiro-da-estrategia-saude-da-familia.pdf).
23. Silva JAP, Freire DG, Machado MFAS. Cuidados maternos à saúde da criança em ambiente domiciliar frente ao serviço de saúde. Rev. Rene [periódico na internet]. 2010 [acesso em 2012 jan 10];11(número especial):186-94. Disponível em: [http://www.revistarene.ufc.br/edicao especial/a21v11esp\\_n4.pdf](http://www.revistarene.ufc.br/edicao especial/a21v11esp_n4.pdf).
24. Santos SMR, Jesus MCP, Amaral AMM, Costa DMN, Arcanjo RA. A consulta de enfermagem no contexto da atenção básica de saúde, Juiz de Fora, Minas Gerais. Texto Contexto Enferm [periódico na internet]. 2008 jan-mar [acesso em 2012 fev 5];17(1):124-30. Disponível em: <http://www.scielo.org/pdf/tce/v17n1/14.pdf>.

**Received on: 24/08/2012**

**Reviews required: No**

**Approved on: 27/02/2013**

**Published on: 01/07/2013**