

## Interconsultas entre enfermagem e psicologia na puericultura: uma experiência de fortalecimento da vigilância do desenvolvimento infantil

*Nursing and Psychology inter-consultations in childcare: a child development surveillance strengthening experience*

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Experience Report

### RESUMO

Os aspectos psicossociais do desenvolvimento infantil têm sido negligenciados nas consultas de puericultura, sendo fundamental uma abordagem interdisciplinar para alcançar um adequado processo de vigilância do desenvolvimento infantil. Este artigo descreve uma experiência de interconsultas na puericultura em uma Unidade de Saúde da Família, envolvendo Enfermagem e Psicologia, tendo como foco o instrumento de vigilância do desenvolvimento da Caderneta da Criança. Realizou-se observação participante de interconsultas na puericultura, com foco na vigilância do desenvolvimento infantil e realização de Educação Permanente em Saúde com os profissionais da unidade. Verificou-se que as consultas de puericultura priorizavam aspectos do crescimento, cabendo, portanto, uma abordagem do desenvolvimento infantil de forma ampliada. A Educação Permanente em Saúde envolveu temáticas da Psicologia e Enfermagem com foco na saúde integral da criança, possibilitando construção do trabalho interprofissional. A experiência contribuiu para a educação em saúde e o fortalecimento da puericultura, entendendo a infância como um processo influenciado por aspectos multifatoriais.


**PALAVRAS-CHAVE:** Desenvolvimento Infantil. Sistema Único de Saúde. Psicologia. Enfermagem.


### ABSTRACT

The psychosocial aspects of child development should be addressed in childcare appointments, and an interdisciplinary approach is essential to achieve an adequate process of monitoring child development. This article describes a childcare inter-consultation experience in a Family Health Unit involving Nursing and Psychology, focusing on the development surveillance instrument of the Child Health Handbook. Participant observation of childcare inter-consultations was performed, focusing on child development monitoring and conducting Continuing Health Education with the Unit's professionals. We found that childcare appointments prioritized growth aspects. Thus, an expanded approach to child development was appropriate. The Continuing Health Education involved Psychology and Nursing themes, focusing on the child's comprehensive health, enabling the construction of interprofessional work. The experience contributed to health education and strengthened childcare, understanding childhood as a process influenced by multifactorial aspects.

**KEYWORDS:** Child Development. Unified Health System. Psychology. Nursing.

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## INTRODUCTION

The psychosocial understanding of child growth and development aspects and the corresponding health-disease-care process benefits from the attribute of developmental surveillance. Development aspects are still not correctly considered<sup>1</sup>, although the Comprehensive Child Health Care Program (PAISC) underscored the importance of development in 1984, and its recording was recommended in 1995.

While several services and actions underpin childcare in Primary Health Care (PHC), the childcare appointment is characterized by the possibility of addressing development and growth. Such appointments should cover health promotion, disease prevention, and contextual aspects of Child Development (CD), covering physical, social, and emotional aspects<sup>2</sup>. Childcare translates into a space that involves the participation of health professionals, the family, and the child, and it is vital to complete the Handbook and the developmental milestones for Child Development Surveillance (CDS).

Aiming at a current conception of comprehensive care in childcare, the Unified Health System (SUS) is an essential technology for the continuity and quality of collaborative care<sup>3</sup>. As a result, this robust space for consultation with other areas of knowledge allows for an interdisciplinary approach to developmental aspects. Among them, the knowledge of Psychology was crucial to increase care in PHC. Thus, the dialogue between Nursing and Psychology contributes to expanding child healthcare through the intersection of these professional areas, given the recognized brain plasticity and the respective window of opportunities during early childhood, confirming the importance of CDS.

This article describes an experience of inter-consultations in the childcare program at a Family Health Unit (USF) involving Nursing and Psychology, focusing on the developmental surveillance instrument adopted in the Child Health Handbook.

## METHODS

This experience report-type research on childcare inter-consultations between Nursing and Psychology was conducted at a USF in Salvador (BA), Brazil, from June to November 2019. The experience is nested in the [BLIND REVIEW] project, which aimed to evaluate the neurological repercussions in children affected by Congenital Zika Virus Syndrome based on a community cohort study focused on PHC. It also joined the Multidisciplinary Residency in Collective Health project with an Emphasis on Early Childhood in the Context of the Zika Virus, working in four health districts in Salvador, Bahia.

The intervention field was selected from some aspects, namely, previous performance of [BLIND REVIEW] in the territory; recent opening of the USF, with a high number of registered families with children between zero and two years old; availability of a nurse member of one of the Unit's three teams to participate in building this proposal, with prompt acceptance by the Psychology scholarship holder, who was in the sixth semester of the course. The participants in this experience consisted of the nurse from the Family Health (eSF) team of one of the units that were the research field of the project and the Multidisciplinary Residency, and children and caregivers who attended the participating nurse's childcare.

An observation roadmap, a field diary, guidance materials from the Ministry of Health, the Child Health Handbook, and electronic medical records from the Vida System, an information system used in primary care in Salvador, were employed as instruments. The roadmap was constructed to guide the participant observations at the onset of the experience to characterize the children linked to that eSF who attended childcare. It focused on data related to age, gender, diet type, and child companion and aimed to retrieve information from clients who attended childcare and complement field diary notes. These were used during the experience and contained notes from the viewpoint of the Psychology scholarship holder. The collected and registered data supported supervisions with the Project's Psychology researchers, and the content of these supervisions outlined the inter-consultations and the Continuing Education in Health (CHE) process.

The different materials from the Ministry of Health (MS), in turn, grounded the Psychology scholarship holder's knowledge on what was recommended in PHC regarding care and CDS contained in the following publications: *Cadernos de Atenção Básica*, issues 23<sup>4</sup> and 33<sup>5</sup>; National Policy for Comprehensive Child Health Care<sup>6</sup>; Prenatal and Puerperium Care – Qualified and Humanized Care – Technical Manual<sup>7</sup>; Early Stimulation Guidelines – for children from zero to three years old with delayed neuropsychomotor development<sup>8</sup>. Furthermore, the Child Health Handbook was used in the model distributed until 2019, with the instrument for the surveillance of development of children aged 0 to 36 months, which was presented to the nurse and included in the routine of inter-consultations to contribute to the guidance to caregivers. Finally, the electronic medical record was used. It was allocated on the Vida Platform after the experience of inter-consultations to provide data on skin color/ethnicity.

As for ethical aspects, the experience report nested in a research project was approved by the [BLIND REVIEW] ethics committee (Opinion N° 1.659.107), per Resolution N° 466/12 of the National Health Council on Human Research.

## **Psychology and Nursing inter-consultation: potential for child development surveillance**

During participant observations, the observer intervenes between the experienced reality and theory<sup>9</sup>. Thus, the observations were essential for the Psychology scholarship holder to understand the work routine in that space before the inter-consultation's joint elaboration.

Inter-consultations emerged in mental health from the psychiatric reform, giving evidence to this procedure to secure comprehensive care for the patient. Given the scope of this strategy, it has become a facilitating tool for Continuing Education among different health professionals, thus gaining a pedagogical nature<sup>10</sup>.

We observed four nurse treatment sessions that underpinned the observation roadmap<sup>11</sup>. At this stage, the objective was to establish a bond with the nursing professional. From the observations, we found that childcare actions prioritized aspects such as height, weight, and immunization, with little use of the Child Health Handbook, and this reality is congruent with the findings of other studies<sup>1</sup>.

Thus, there were eleven weekly childcare appointments. The process of observation and previous study of the Handbook, based on the instrument for the surveillance of the development of children aged 0 to 36 months, guided the introduction of the tatami, a sensorial mat produced with stationery materials, picture books for children from 12 months, colored pencils, A4 paper, and colorful toys available in the unit. To guarantee the CDS, the joint work of the Psychology scholarship holder and the Nursing professional was based on guidance to caregivers regarding the use of the Handbook and evaluation of the development and bond between professionals and clients. The effort aimed to incorporate Psychology knowledge into the Unified Health System (SUS) as a science in an interprofessional practice to expand the concept of health care and CD in childcare appointments.

Therefore, including Psychology knowledge in child development in the exercise of appointments allowed for building an interdisciplinary care experience, integrating psychosocial aspects into development assessment procedures, and expanding the child development surveillance perspective. The child's handbook, in turn, was designed from an interdisciplinary and intersectoral perspective to monitor child growth and development from motherhood onwards. The correct management of this document is crucial for the longitudinal follow-up of the child in early childhood.

The Instrument's potential for monitoring the development of children aged 0-36 months for assessing Neuropsychomotor and Socio-Affective Development supported the introduction of tools in inter-consultations as a strategy for training and sensitizing health professionals and caregivers to CDS. The milestones related to language, socialization, and motricity were evaluated on the tatami, a sensory mat, toys, picture book, and colored pencils with A4 paper.

Language is fundamental for developing higher psychological functions, along with motor skills, which offer physical support to these functions, besides socialization, which is influenced by the quality of the child-caregiver bond<sup>11</sup>.

### **Continuing Health Education (CHE)**

Continuing Health Education corroborates the perspective of building interprofessional work. The strategy intertwines recognized scientific knowledge with daily work to reflect and discuss meaningful learning<sup>12</sup>. These gatherings were based on case discussions, covering two areas of knowledge. The first two meetings were held to discuss the initial care sessions and Psychology and Nursing participation in the childcare appointment; the third meeting discussed the use of assessment tools and was entitled “Materials and instruments used in childcare appointments”, with the participation of another USF nurse; the fourth meeting addressed the “Attachment Theory and early childhood bond”, presenting possibilities for applying a theory of psychology in childcare appointments; the last meeting gathered the unit manager and discussed the potential for expanding the care offered in childcare, called “Intersectoriality and child development”.

The subjects to be worked on in the CHE sessions were in tune with the demands of the USF. These meetings contributed to incorporating the nurse into the initial project proposal and building the intervention based on her experience. We underscore the relevance of childcare in Nursing and training in this service<sup>2</sup>.

Continuing Education can be a way forward to seeking comprehensive health care based on transdisciplinarity for the creative resolution of problems and improvements for and with the population<sup>13</sup>. It was also essential for a rapprochement between Nursing and Psychology, ensuring work continuity. We observed greater autonomy of the nurse throughout the experience period from significant learning, resulting from the dialogue between the different knowledge areas, aiming at comprehensive childcare, prioritizing care longitudinality after 24 months.

### **CONCLUSION**

Childcare performed through interprofessional action with Nursing and Psychology knowledge was based on the link between the subjects involved and the promotion of Child Development. The dialogue between these knowledge areas led to health education actions, establishing a dialogue with users, benefiting the monitoring of the children involved, and providing greater complexity to care.

Study limitations are the short duration of the experience and the restricted initiative to only one of the nurses working in the Unit, which prevented expansion to other USF teams, with probable differences in the process advancement. The experience potential was demonstrated by the bonding process, which permeated the work between the two professional categories and benefited the use of the Child Health Handbook. It allowed expanding the evaluation of children and strengthening child development surveillance, resulting in the drafting of the “Protocol of childcare inter-consultations: A Nursing-Psychology dialogue” and contributed to strengthening childcare as a space that promotes health, development, and bonding by understanding childhood as a plural process influenced by economic, social, racial, and cultural aspects.

This inter-consultation experience shows the relevance of childcare and professional interlocution in PHC for comprehensive childcare and the Handbook as a child’s right that must be guaranteed to exercise citizenship. It also enables transdisciplinary discussions and practices in primary health care units.

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