

## Nurses' practices in caring for children in Primary Health Care: an integrative review

### *Práticas do enfermeiro no cuidado à criança na Atenção Primária à Saúde: revisão integrativa*

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Metadata

#### ABSTRACT

Primary Health Care in Brazil is structured to ensure that all individuals have access to health services. The main provider of primary care is the nurse, who plays a key role in promoting health through a set of knowledge, skills, and attitudes that effectively support individuals throughout their lives. The nurse's essential role in child care is particularly highlighted during nursing and child health consultations. In this context, the study aimed to examine the scientific evidence on nursing practices in child care within Primary Health Care. This is an integrative review, with searches conducted in four databases in February 2023. Sample selection was carried out by two independent researchers using the Rayyan software. The analysis was supported by the WebQDA software. A total of 33 articles met the eligibility criteria and were included for thematic analysis. From the thematic analysis of the selected studies, the phenomenon "Child Care Practices in Primary Health Care" emerged, systematized into three analytical categories: "Nurse's Role and Perception," "Child Nursing Consultation," and "Challenges in Child Health Care." The study highlights the potential of nursing actions in child care, emphasizing the need for a comprehensive and family-centered approach, despite limitations in child health follow-up due to a lack of training, workload burden, and scarcity of specific protocols.

**KEYWORDS:** Nursing; Child Health; Child Care; Primary Health Care.

#### RESUMO

A Atenção Primária à Saúde no Brasil é estruturada para que todas as pessoas tenham acesso à saúde. O principal ator para fornecer cuidados primários é o enfermeiro, ao exercer um papel primordial de promover a saúde, por meio de um conjunto de conhecimentos, habilidades e atitudes que atuam de maneira eficaz ao longo de toda a vida da pessoa. Destaca-se o seu papel essencial no cuidado à criança, durante as consultas de enfermagem e puericultura. Diante disso, este estudo teve como objetivo examinar as evidências científicas sobre as práticas do enfermeiro no cuidado à criança no contexto da Atenção Primária à Saúde. Trata-se de uma revisão integrativa, com buscas em quatro bases de dados em fevereiro de 2023. A seleção da amostra foi realizada por dois pesquisadores independentes, por meio do software Rayyan. A análise foi realizada com o apoio do software WebQDA. No total, 33 artigos preencheram os critérios de elegibilidade, incluídos para análise temática. A partir da análise temática dos estudos selecionados, emergiu o fenômeno "Práticas de cuidados para crianças na Atenção Primária à Saúde", o qual foi sistematizado em três categorias analíticas: "Concepção e papel do enfermeiro", "Consulta de enfermagem à criança" e "Dificuldades para atenção à saúde da criança". O trabalho destaca as potencialidades nas ações do enfermeiro no cuidado à criança, ressaltando a necessidade de uma abordagem integral e familiar, mesmo diante de limitações na puericultura pela falta de capacitação, acúmulo de funções e escassez de protocolos específicos.

**PALAVRAS-CHAVE:** Enfermagem; Saúde da Criança; Cuidado da Criança; Atenção Primária à Saúde.

## INTRODUCTION

Universal health coverage refers to the right of all people to access essential health services, such as health promotion, prevention, treatment, rehabilitation, and palliative care<sup>1</sup>. In this context of achieving Universal Health Coverage, Primary Health Care (PHC) gains prominence, as it enables equitable and quality access to health services<sup>2</sup>.

PHC is the gateway to the health system, with care that goes beyond the treatment of diseases at its core<sup>2</sup>. According to the World Health Organization (WHO)<sup>3</sup>, health services organized based on the PHC model ensure health and well-being equitably and efficiently.

In this context, among the professionals in the multidisciplinary team, nurses stand out as protagonists in the provision of primary care. Their role is essential in health promotion, integrating knowledge, skills, and attitudes throughout a person's life cycle<sup>4</sup>. The main dimensions of nurses' work in PHC include care and management<sup>5</sup>. Concerning children's health<sup>6</sup>, care is mainly focused on nursing consultations.

Nursing consultation is a direct clinical activity that encompasses, among other aspects, childcare<sup>5</sup>. This activity is the exclusive responsibility of nurses and involves providing person-centered care, which covers not only illness but also individual and collective contexts<sup>5</sup>. Given this, nurses could develop advanced practice in nursing consultations for children in PHC.

Advanced Practice Nurses (APNs) in PHC contribute to expanding universal access to health services and improving the quality of care provided. Thus, implementing Advanced Nursing Practice (ANP) is a promising strategy for enhancing childcare in this context<sup>6</sup>. APNs have the skills and competencies to make complex clinical decisions, working with an expanded practice acquired through specialized training<sup>8</sup>. The Pan American Health Organization (PAHO) and the WHO support expanding and professionalizing APNs, emphasizing training nurses to work effectively in implementing Universal Health Coverage<sup>8</sup>.

It is understood that, with a well-structured PHC, APN can gain visibility and be effectively implemented<sup>9</sup>. For this, the practices and roles of nurses must be defined<sup>9</sup>, to enable the development of these practices. The organization of these guidelines promotes the advancement of professional practices, particularly in childcare. In this context, it is relevant to identify and analyze which practices are being performed by nurses in PHC, with a focus on child health. This investigation enables us to understand the demands of the public health system, the profile of the populations it serves, and the challenges faced at the local, regional, and national levels. Mapping these practices contributes to the construction of a robust theoretical foundation that can guide the implementation of APN in childcare while also strengthening PHC and improving the quality of services provided.

This study is justified by the need to expand knowledge about nursing practices in PHC,

especially in child care. By addressing a topic that is still in its infancy in the scientific literature—the characterization of nursing practices focused on children in primary health care (PHC)—this research seeks to fill knowledge gaps, support the formulation of public policies, improve service organization, and enhance professional training. By identifying and analyzing these practices, the study provides an empirical basis that supports the expansion of nursing practice, promoting more effective primary health care (PHC) and supporting the implementation of advanced practice nurses (APN) with a focus on universal health coverage, equity, and quality. Given this, the objective of this study was to examine the scientific evidence on nursing practices in childcare within the context of Primary Health Care.

## METHODS

This is an integrative literature review based on the six stages of Ganong's theoretical and methodological framework<sup>10</sup>. Thus, the following steps were followed: 1) Formulation of the research question; 2) Selection of articles; 3) Extraction of data from articles; 4) Critical analysis of studies; 5) Discussion and interpretation of results based on scientific literature; 6) Report the integrative review in a clear and complete manner<sup>10</sup>.

The guiding question of this research was developed based on an adaptation of the PICO<sup>11</sup> strategy to the acronym PIC, where “P” (Population = Children); “I” (Intervention = Nursing Practices); and “C” (Context = Primary Health Care). Given this, the central question that guided the study was: “What is the scientific evidence on nursing practices in child care in Primary Health Care?”.

The following inclusion criteria were adopted for the selection of articles: qualitative and quantitative studies published in Portuguese, Spanish, or English whose full texts addressed nursing practices in childcare within the context of Primary Health Care. To obtain an up-to-date sample, articles published between January 2013 and February 2023 were included. Duplicate articles, incomplete articles, theses, dissertations, literature reviews, experience reports, editorials, books, book chapters, protocols, manuals, and other publications that did not answer the research question were excluded.

The bibliographic survey was conducted between January and February 2023 in the following databases: MEDLINE/PubMed (via the National Library of Medicine), Latin American and Caribbean Health Sciences Literature (LILACS), EMBASE (Elsevier), and Scopus. To systematize the search in the databases, descriptors in Portuguese, Spanish, and English were used, selected from DeCS (Descriptors in Health Sciences) and MeSH (Medical Subject Headings), combined with the Boolean operators “AND” and “OR.” Chart 1 presents the search strategies adopted, and the descriptors used for each database. A librarian supported the

construction of this strategy.

**Chart 1 – Search strategy**

Source of information	Search strategy
PubMed	((("Child"[Title/Abstract] OR "Children"[Title/Abstract]) AND ("Nurses"[Title/Abstract] OR "Nursing"[Title/Abstract] OR "Nursing Care"[Title/Abstract]) AND ("Primary Care Nursing"[Title/Abstract] OR "Primary Health Care"[Title/Abstract])) AND ((y_10[Filter]) AND (english[Filter] OR portuguese[Filter] OR spanish[Filter])))
Scopus	(ABS ('child' OR 'children' OR "child health" OR "child care") AND ABS ('nursing' OR 'nurses' OR "nursing care") AND TITLE-ABS-KEY ("primary health care" OR "primary health nursing")) AND PUBYEAR > 2012 AND (LIMIT-TO (SUBJAREA, "NURS"))
LILACS	("child health" OR "saúde da criança" OR "salud infantil" OR "child" OR "crianças" OR "niño") AND ("enfermagem" OR "nursing" OR "enfermería") AND ("atenção primária à saúde" OR "primary health care" OR "atención primaria de salud") AND ( db:("LILACS") AND la:("en" OR "pt" OR "es")) AND (year_cluster:[2013 TO 2023])
EMBASE	('child':ab OR 'child'/exp OR 'children':ab) AND ('nursing':ab OR 'nursing'/exp OR 'nursing care':ab OR 'nursing care'/exp OR 'nurse'/exp OR 'nurses':ab) AND ('primary health care'/exp OR 'primary health care':ti,ab,kw OR 'primary care nursing':ti,ab,kw) AND ([english]/lim OR [portuguese]/lim OR [spanish]/lim) AND [embase]/lim AND [2013-2023]/py AND [article]/lim

Source: prepared by the authors.

After collecting the articles from the databases, the studies were exported to the Rayyan®<sup>12</sup> software, which facilitated the organization of the screening process<sup>12</sup>, excluded duplicate studies, and enabled subsequent manual checking by the researcher. Then, with the help of the software, two independent reviewers conducted the screening and selection of the sample by reading the titles and abstracts under the eligibility criteria. Studies presenting discrepancies were discussed between the two reviewers, and no third reviewer was required. In the next step, with the same methodological rigor, the articles were read in full to define their inclusion or exclusion.

Data extraction from the articles was performed using a tool developed by the authors, which included a table in Microsoft Word. The table contained the following information: article code, year of publication, journal of publication, country of publication, study objective, methodological approach, levels of evidence, and main results.

For data analysis, we employed the categorical thematic analysis methodology proposed by Bardin<sup>13</sup>. Thus, the extracted data were organized and classified into subcategories based on thematic similarity. Initially, a preliminary reading of the data was performed to familiarize ourselves with the material. Next, relevant excerpts from the study results were grouped by similar keywords and then organized into thematic categories according to their affinities.

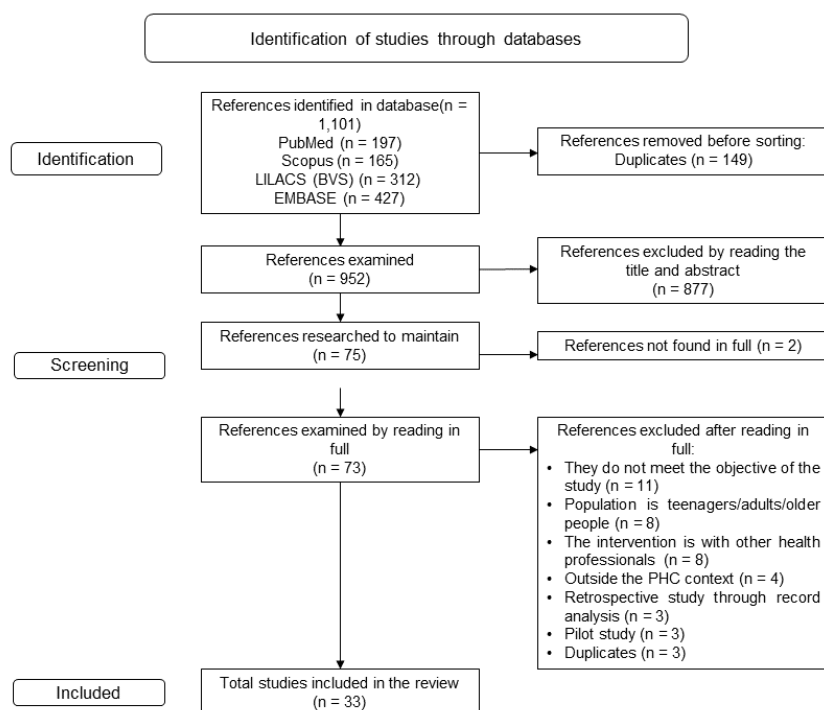
The instrument used to collect information and the categorized excerpts were incorporated

into the qualitative analysis software WebQDA, which supports analysis through its coding system. To structure and interconnect the data, tree coding was used.

## RESULTS AND DISCUSSIONS

The database searches resulted in 1,101 potentially eligible articles. Following the eligibility criteria, the final sample consisted of 33 studies, as shown in Figure 1, adapted from PRISMA<sup>15</sup>.

**Figure 1** – Flowchart of the selection process for the studies in the review corpus.



Source: prepared by the authors

Regarding the characteristics of the included studies, there is a predominance of research originating in Brazil (87.9%), followed by Australia (6.1%), Sweden, and South Africa (each with 3.0%). Most of the studies are Brazilian, which can be explained by the recognition of PHC, for over 40 years, as a strategic and comprehensive approach to meeting the health needs of individuals and communities<sup>2</sup>. This model has been aligned with the 2030 Sustainable Development Goals, which aim to establish an environment conducive to countries' progress toward Universal Health Coverage<sup>1</sup>.

Regarding the Level of Evidence (LE), 32 articles presented LE four, and one quasi-experimental study presented LE three. Chart 2 presents the fundamental data characterizing the sample, including the authors, year of publication, method, objective, and a summary of the results corresponding to the research question.

**Chart 2 – Characterization of the sample**

(Continues)

<b>AUTHORS AND YEAR OF PUBLICATION</b>	<b>METHOD</b>	<b>OBJECTIVE</b>	<b>OVERVIEW OF NURSES' PRACTICES</b>
Furtado MCC, Mello DF, Pina JC, Vicente JB, Lima PRD, Rezende VD, 2018 <sup>6</sup>	Qualitative study LE - 4	To understand how nursing care for children under five is configured in Family Health Units, with a focus on comprehensive care.	Care begins with a nursing consultation. It involves assistance actions such as examinations, guidance, and immunization. There is an exchange of knowledge with doctors, home visits are made after discharge, and referrals are provided to meet the child's needs.
Reichert APS, Collet N, Eickmann SH, Lima MC, 2015 <sup>16</sup>	Quasi-experimental before-after study with a quantitative approach LE - 3	To evaluate the effectiveness of an educational program on child development surveillance for nurses working in primary health care.	Following the educational activity, practices were expanded in childcare consultations, including monitoring of child development, guidance for mothers based on their perceptions, and the use of a systematized child assessment tool.
Andrade RD, Santos JS, Pina JC, Silva MAI, Mello DF, 2013 <sup>17</sup>	Exploratory study with a qualitative approach LE - 4	To analyze nurses' narratives about caring for children in childcare practice, in the light of care and the defense of the right to health.	It involves acting as an advocate for the child and supporting the family from pregnancy onwards, accompanying, guiding, and mediating care between professionals. Referrals to other services are frequent.
Moreira MDS, Gaíva MAM, 2017 <sup>18</sup>	Exploratory study with a qualitative approach LE - 4	To analyze the actions developed by nurses during the consultation and related to the child's life context and family environment to promote their health.	In nursing consultation, the nurse considers the context of the child and the family, carries out home visits, provides guidance, and makes referrals, but does not yet integrate the family's cultural knowledge with scientific and technical understanding.
Alves MDSM, Gaíva MAM, 2019 <sup>19</sup>	Exploratory study with a qualitative approach LE - 4	To analyze the health promotion actions implemented by the nurse in the nursing consultation with the child.	Nurses are seen as supporting mothers, considering the reality and needs of the family. During consultations, they use the Child Handbook, give advice on care, and try to involve the family.
Carvalho LM, Anjos DS, Rozendo CA, Costa LMC, 2013 <sup>20</sup>	Descriptive-exploratory study with a quantitative approach LE - 4	To analyze the health actions developed by nurses in family health teams based on the Agenda of Commitments for Comprehensive Child Health and Reduction of Infant Mortality.	It plays a role in encouraging breastfeeding and combating malnutrition and prevalent childhood diseases. It acts through home visits, conversation circles and oral health promotion, but guidance on neonatal screening is still infrequent.

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AUTHORS AND YEAR OF PUBLICATION	METHOD	OBJECTIVE	OVERVIEW OF NURSES' PRACTICES
Souza RS, Ferrari RAP, Santos TFM, Tacla MTGM, 2013 <sup>21</sup>	Qualitative approach study LE-4	To analyze the practice of nurses, as well as the facilities and difficulties, for the operationalization of the Child Development and Growth Monitoring Program in the Family Health Unit.	It involves guidance on breastfeeding, growth, development, nutrition, anemia and immunization, with a focus on prevention and early detection. Care begins during prenatal care and includes home visits and team supervision.
Pedraza DF, Santos IS, 2017 <sup>22</sup>	Assessment survey using a quantitative approach LE - 4	To evaluate the structural and procedural aspects of childcare consultations in the Family Health Strategy, in terms of growth monitoring.	Anthropometric measurements are taken, but there is little guidance for mothers based on this monitoring. The Child Handbook is underused, nursing diagnoses are not linked to guidance, and there is a lack of training in primary care.
Palombo CNT, Whitaker MCO, Solís-Cordero K, Duarte LS, Souza ASC, Oliveira MMC, 2022 <sup>23</sup>	Cross-sectional, descriptive study with a quantitative approach LE - 4	To describe the practices of Brazilian nurses in monitoring children's health at the beginning of the COVID-19 pandemic.	They address the recommended aspects of child health monitoring. However, the assessment of food consumption, promotion of physical activity, and play-related guidance were not practiced.
Duarte ED, Silva KL, Tavares TS, Nishimoto CLJ, Silva PM, Sena RR, 2015 <sup>24</sup>	Descriptive-exploratory study with a qualitative approach LE - 4	To analyze the model of care that guides the care of children with chronic conditions in primary health care.	In the nursing consultation, there is assessment, guidance, prevention of problems, and referrals. Team meetings and home visits support the care of children with chronic conditions, but there is a lack of protocols and specificity in the care of these cases.
Cavalheiro APG, Silva CL, Veríssimo MLÓR, 2021 <sup>25</sup>	Descriptive-exploratory study with a qualitative approach LE - 4	To describe the experience of Primary Health Care nurses in nursing consultations with children aged 0 to 24 months.	The nursing consultation is seen as support for the mothers and a welcome for the family, as well as an assessment of the child. However, the accumulation of functions and the difficulty in applying the nursing process compromise the quality of care.
Zanatta EA, Siega CK, Hanzen IP, Carvalho LA, 2020 <sup>26</sup>	Descriptive-exploratory study with a qualitative approach LE - 4	To identify the difficulties experienced by nurses in providing childcare consultations to Haitian children in Primary Health Care and the possibilities for overcoming these challenges.	It is necessary to understand the socio-economic and cultural aspects of immigrants to provide care that is congruent with the family's reality. Home visits are used to reach these families; however, there are difficulties in communication between nurses, children, and their families.

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AUTHORS AND YEAR OF PUBLICATION	METHOD	OBJECTIVE	OVERVIEW OF NURSES' PRACTICES
Brito GV, Albuquerque IMAN, Ribeiro MA, Ponte ECS, Linhares MGC, 2018 <sup>27</sup>	Descriptive-exploratory study with a qualitative approach LE - 4	To understand childcare from the perspective of nurses working in the area.	Childcare focuses on child development, prevention, and guidance for mothers. Nurses begin care during prenatal care, make home visits, and encourage maternal participation, but they face an overload of administrative tasks, in addition to low adherence to childcare practices.
Oliveira FFS, Oliveira ASS, Lima LHO, Marques MB, Felipe GF, Sena IVO, 2013 <sup>28</sup>	Observational and descriptive study with a quantitative approach LE - 4	To identify the actions implemented by nurses during childcare consultations at the FHS.	It involves recording information in the medical records and the booklet. The most frequent intervention is infant feeding. During the physical examination, anthropometric measurements are taken frequently. However, there is a lack of health education activities, vaccination assessments, and listening to mothers, which shows a lack of preparation in childcare.
Picco TM, Baggio MA, Hirano AR, Caldeira S, Ferrari RAP, 2022 <sup>29</sup>	Qualitative study LE - 4	To identify health care for children aged 0 to 24 months in primary care in a border region.	When PHC is unable to solve the problem, the nurse makes referrals. The nurse also schedules childcare appointments as part of his routine.
Malan MF, Rabie T, Muller CE, 2018 <sup>30</sup>	Observational and descriptive study with a quantitative approach LE - 4	To investigate how professional nurses provided counseling to caregivers of children under five based on the IMCI strategy in Primary Health Care (PHC) units in the Northwest Province.	During the consultation, nurses provide guidance on breastfeeding, feeding, and administering medication. However, nutritional counseling was unsatisfactory; there were no ways to improve lactation, and the mothers' concerns about breastfeeding were not considered.
Moura MÁP, Rocha SS, Pinho DLM, Guilhem D, 2015 <sup>31</sup>	Thematic oral history with a qualitative approach LE - 4	To understand, through the nurses' speeches, the facilities and difficulties in nursing care related to infant feeding in their daily lives in the context of primary health care.	They begin care in the prenatal period or within the first week, thereby strengthening the bond between the family and the child. They work in prevention, health promotion and in conjunction with the multi-professional team.
Andrade RD, Santos JS, Maia MAC, Silva MAI, Veríssimo MLÓR, Mello DFD, 2015 <sup>32</sup>	Exploratory study with a qualitative approach LE - 4	To identify elements of care for children in home visits, based on nurses' narratives, from the perspective of care and the defense of children's right to health.	Home visits are seen as a space for surveillance, prevention and coordination with other services. Nurses feel autonomous in this practice, which contributes to guaranteeing children's rights.

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AUTHORS AND YEAR OF PUBLICATION	METHOD	OBJECTIVE	OVERVIEW OF NURSES' PRACTICES
Fraser S, Grant J, Mannix T, 2016 <sup>33</sup>	Descriptive-exploratory study with a qualitative approach LE - 4	To explore and describe the perception of Maternal, Child and Family Health Nurses about their role in all states and territories of Australia.	Health promotion and early intervention are central to the work of nurses, who adopt a reflective approach and partner with families to support their well-being. Consultations involve the entire family, providing guidance on sleep, nutrition, and child development, utilizing specific tools that inform nursing practices.
Yakuwa MS, Andrade RD, Wernet M, Fonseca LMM, Furtado MCC, Mello DF, 2016 <sup>34</sup>	Exploratory study with a qualitative approach LE - 4	To characterize nurses' needs for scientific knowledge that supports nursing care in the clinical practice of primary health care for children.	It involves monitoring child development, addressing caregivers' concerns, conducting home visits, and participating in care management, such as negotiating with the team and allocating roles. However, some care protocols may be unattainable.
Vieira DS, Santos NCCB, Nascimento JA, Collet N, Toso BRGDO, Reichert APS, 2018 <sup>35</sup>	Exploratory, observational, descriptive study with a quantitative approach LE - 4	To analyze the care actions carried out by nurses during childcare consultations.	Childcare includes vaccination, supplementation, and growth. There are good records in the medical records and the Child Handbook; however, prevention, physical examination, developmental assessment, and health education are limited, resulting in unsatisfactory and incomplete care.
Yakuwa MS, Neill S, Mello DF, 2018 <sup>36</sup>	Qualitative study LE - 4	Understand the strategies promoted by nurses in the context of child health surveillance that are relevant to early childhood development.	Childcare is considered essential for monitoring children's health, with follow-up from prenatal care and attention to prevalent diseases and environmental factors. There are home visits and teamwork, but no mention was made of nurses using children's health records.
Laws R, Campbell KJ, Van Der Pligt P, Ball K, Lynch J, Russel G, Taylor R, Denney-Wilson E, 2015 <sup>37</sup>	Mixed methods study LE - 4	To examine the childhood obesity prevention practices of maternal and child health nurses and to explore the main factors influencing these practices.	During consultations, nurses provide guidance on nutrition, breastfeeding, and active play, encouraging family interaction. However, they rarely use growth charts and rely on visual assessment to identify childhood overweight.

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AUTHORS AND YEAR OF PUBLICATION	METHOD	OBJECTIVE	OVERVIEW OF NURSES' PRACTICES
Isma GE, Bramhagen AC, Ahlstrom G, Östman M, Dykes AK, 2013 <sup>38</sup>	Phenomenographic study with a qualitative approach LE - 4	To elucidate the perceptions of pediatric nurses regarding their work involving the prevention of childhood overweight and obesity in pediatric healthcare.	Nurses face difficulties in caring for overweight children, relying more on visual assessment than BMI. They limit themselves to general counseling as a preventive strategy, lacking the specific skills and tools necessary for this type of care.
Favaro LC, Marcon SS, Nass EMA, Reis PD, Ichisato SMT, Bega AG, Paiano M, Lino IGT, 2020 <sup>39</sup>	Descriptive- exploratory study with a qualitative approach LE - 4	Understand how nurses in the Family Health Strategy perceive themselves in terms of their knowledge and preparedness to assist children with special health needs and their families, and how they assess their access to health services.	Nurses do not understand their role and feel unprepared to care for children with special needs, face difficulties with devices, and welcome families. There is a clear need for training and continuing education.
Araujo-Filho A, Rocha S, Gouveia M, 2019 <sup>40</sup>	Descriptive study with a qualitative approach LE - 4	To analyze how nurses from the Family Health Strategy develop comprehensive care in nursing consultation with children.	Nurses value the environment and family relationships in their care, which begins during prenatal care, continues with puerperal visits, includes preventive actions, and involves anthropometric measurements. There is guidance and referrals, but challenges persist, including poor infrastructure, inadequate resources, insufficient training, and a lack of systematized care.
Lucena DBA, Guedes ATA, Cruz TMAV, Santos NCCB, Collet N, Reichert APS, 2018 <sup>41</sup>	Descriptive- exploratory study with a qualitative approach LE - 4	Description of the actions of nurses from the Family Health Strategy regarding the First Week of Comprehensive Health Care for Newborns.	Nurses conduct home visits to mothers and newborns, providing guidance that begins during prenatal care to ensure optimal care and breastfeeding support. The visits focus on basic care and advice, but the complete physical examination of the newborn is not mentioned.
Vieira DS, Dias TKC, Pedrosa RKB, Vaz EMC, Collet N, Reichert APS, 2019 <sup>42</sup>	Descriptive study with a qualitative approach LE - 4	To investigate the work process of nurses in childcare consultations concerning the surveillance of child development in family health units.	During childcare appointments, the nurses take an anamnesis, perform a physical examination and anthropometry, provide guidance, and record the information in a booklet. There is a partnership with doctors, but the excessive duties and bureaucratic activities limit the monitoring of child development.

(Conclusion)

AUTHORS AND YEAR OF PUBLICATION	METHOD	OBJECTIVE	OVERVIEW OF NURSES' PRACTICES
Pereira MDM, Penha TP, Vieira DS, Vaz EMC, Santos NCCB, Reichert APS, 2015 <sup>43</sup>	Descriptive-exploratory study with a qualitative approach LE - 4	To identify the concept of health education that guides the educational practice of nurses working in Primary Health Care, to promote healthy child development.	It involves implementing educational practices in consultations, waiting rooms, and lectures, providing guidance on hygiene, vaccination, and nutrition. However, the accumulation of functions hinders the continuous promotion of health.
Souza MHN, Nóbrega VM, Collet N, 2020 <sup>44</sup>	Descriptive study with a qualitative approach LE - 4	To identify the knowledge and practice of primary care nurses on the social network approach of families of children with chronic diseases.	In nursing consultations, guidance is provided to families, including health promotion, test requests, and referrals for children with chronic illnesses. However, there is a lack of professional training and bonding, which weakens the continuity of care.
Camboim FF, Toso BRGO, Caldeira S, Silva MAI, 2021 <sup>45</sup>	Descriptive-exploratory study with a qualitative approach LE - 4	Analyzing the perception of primary health care nurses on the prevention of traffic accidents involving children as a component of care.	Child accident prevention typically occurs after the incident. Nurses play an essential role in reducing injuries and promoting health education, but primary health care (PHC) still prioritizes curative actions. Health promotion and educational activities are conducted on an occasional and individualized basis, such as through campaigns tailored to demand.
Neto GGP, Nunes WB, Andrade LDF, Reichert APS, Santos NCCB, 2020 <sup>46</sup>	Descriptive-exploratory study with a qualitative approach LE - 4	To analyze how child development surveillance is implemented in the care process of nurses from the Brazilian Health Strategy Family.	When monitoring child development, nurses observe the child's behavior, consult the mother, and check milestones in the health record book, referring to the child for further care when necessary. Guidance on nutrition, breastfeeding, and hygiene begins during prenatal care. Physical examination is not mentioned as a tool for assessing development.
Siega CK, Adamy EK, Toso BRGO, Zocche DAA, Zanatta EA, 2020 <sup>47</sup>	Action research with a qualitative approach LE - 4	To analyze the meanings attributed to the Nurse's Consultation in childcare in Primary Health Care in the light of Wanda Horta's Theory and to learn about the experiences of these professionals regarding its operationalization.	Nurses view childcare as a means of getting to know the child and their family, with assessment facilitated through physical examination. However, the lack of routine, staff turnover, and insufficient training compromise the systematization of the practice.

Source: prepared by the authors.

After thematic analysis of the selected studies, the phenomenon “childcare practices in primary health care” emerged, organized into three categories: “concept and role of nurses,” “nursing consultations with children,” and “difficulties in child health care.”

In some studies, childcare is understood by nurses as a moment that transcends weight and measurement<sup>17</sup>, considering not only the physical aspects of child growth and development but also the psychological and cognitive aspects of the child and their family<sup>27</sup>. In addition, it is perceived as an opportunity to learn about the child's life trajectory and family context<sup>47</sup>, to identify needs, and to implement effective care<sup>27</sup>

In this scenario, the role of nurses is to provide personalized care, which requires specificity in each action<sup>34</sup>, aiming to resolve potential problems or meet the child's actual needs<sup>45</sup>. Also noteworthy is the potential for nurses to advocate for children<sup>17</sup>, as it is their role to ensure children's rights. Some studies indicate that the role of nurses in childcare adopts a family-centered approach<sup>06,34</sup>.

Some studies indicate that the role of nurses in childcare adopts a family-centered approach<sup>17,31,33,34</sup>. Other articles<sup>36,37,40</sup> emphasized the concern with including the family in the care process, highlighting the importance of looking, listening, and dialogic communication<sup>17,19</sup> in child health consultations as strategies to promote active family participation in child health consultations<sup>27</sup>.

In Australia<sup>33</sup>, for example, nurses specializing in maternity and childcare adopt an approach that prioritizes the family group, empowering caregivers based on their prior knowledge and integrating the family into the consultation. This practice transcends the traditional authoritarian perspective, promoting recognition of the role of nurses as care promoters who work in partnership with family members, incorporating the information provided into their daily care<sup>33</sup>. This practice is characterized as a process of mutuality, in which the dynamic reciprocity between the nurse and the family contributes uniquely to childcare, a typical characteristic of Advanced Practice Nurses<sup>48</sup>.

The core practice of nurses in child health consultations involves continuous monitoring of a child's growth and development<sup>16-17,21,23,34,40</sup>. This monitoring begins in the prenatal period<sup>21,36,40</sup>, allowing for continuity of care after birth<sup>27</sup>. Actions include medical history, physical examinations, and anthropometric assessments<sup>06,22,28,35,40,42,47</sup>. In addition, nurses use the child's behavior or family reports as a basis for clinical assessment<sup>19,25,46</sup>.

These practices enable the early detection of developmental milestones or health problems<sup>21,36,46</sup>, as well as the identification of vulnerabilities and needs, allowing appropriate interventions<sup>06,32-33,36</sup>. Among the interventions, family guidance<sup>19,42,44</sup> and health promotion<sup>33,43</sup> stands out. Nurses provide guidance on home care<sup>24,44</sup>, child hygiene<sup>28,43,46</sup>, primarily oral hygiene<sup>20,41</sup>, and updating vaccination schedules<sup>20,21,35,40,43</sup>.

Guidance on promoting healthy eating among children is recurrent<sup>18,37,40,43,46</sup>, covering everything from the introduction of food<sup>17,40</sup> to monitoring adequate weight gain in different age groups<sup>44</sup>, considering the daily reality of children<sup>28</sup>. Noteworthy is also the promotion of exclusive breastfeeding, which begins during prenatal consultations and is reinforced during childcare consultations<sup>21,28,30,36,37,40,41,46</sup>, as well as during child monitoring activities.

This approach to child monitoring by nurses converges with the concept of the life course, advocated by PAHO. This perspective examines life trajectories influenced by social and structural factors that impact health and development<sup>49</sup>.

The most desirable life trajectories are the result of interventions carried out in childhood<sup>50</sup>. Good health results from minimizing risk factors and increasing protective factors. Thus, imbalances during childhood, a sensitive period, can positively or negatively influence the entire life course<sup>49,50</sup>.

In this sense, the practice of nurses continuously monitoring children, incorporating the family into care, and considering social determinants is a potential for promoting health from childhood to adulthood. Both aspects are highlighted in this review as potential opportunities for nursing practice<sup>51</sup>.

To support these actions, nurses use different strategies. One of these is the use of systematized instruments, such as the Child Health Booklet (CSC, in Portuguese) and the medical record, for data recording<sup>19,28,35,42,46</sup>. These tools guide professional practice and enable the monitoring and assessment of child development and growth<sup>16,33</sup>.

Multiprofessional coordination is another strategy that has been widely highlighted. Nurses undertake various actions aimed at joint decision-making,<sup>36</sup> often through case studies or discussion circles with the team.<sup>20,24</sup> These actions promote the exchange of experiences and knowledge, the establishment of bonds, and the inclusion of the entire team in the child's care.<sup>06,31,33,40,42</sup> This practice, recognized as an innovation in healthcare, is based on evidence that demonstrates its effectiveness in improving continuity of care<sup>52</sup>.

Referral to other professionals, services, or levels of care is also a common practice among nurses, especially when needs are identified that go beyond the nurse's competence<sup>17-18,24,29,32,40,44,46</sup>. In this process, nurses advise families on appropriate care flows<sup>19,40</sup>.

Another common action performed by nurses is home visits<sup>06,18,20,21,24,32,34,36,41</sup>. This action is an essential strategy for learning about the reality of families, identifying early risks to child health, and conducting active searches<sup>06,18,26,27</sup>. This practice strengthens health surveillance and ensures that children's rights are observed<sup>32</sup>. In addition, nurses strive to tailor care to the sociocultural context of the child, considering socioeconomic and environmental factors, as well as family values<sup>18,21,32,36,40</sup>. This approach increases adherence to guidelines and reinforces the role of the health system in promoting the long-term well-being of children, families, and

communities<sup>19,26,53</sup>.

Despite the potential, evidence suggests weaknesses in nurses' performance in childcare. Difficulties in communication and interaction with families<sup>26,39</sup> are observed, associated with a lack of coordination between care practices and cultural knowledge, hindering the response to maternal needs<sup>18,21,28</sup>. In addition, reception and medical history are partially performed<sup>35</sup>, with gaps in the assessment of environmental and biological risk factors<sup>41,46</sup>. Actions aimed at infant neuropsychomotor development are often poorly implemented, and there are reports of failures in nutritional assessment, particularly in the prescription of additional or substitute milk, as well as in guidance on lactation and alternative foods<sup>30</sup>.

Hearing and neonatal screening represent another difficulty<sup>20</sup>. A study<sup>20</sup> that quantitatively analyzed the health actions performed by nurses found that guidance on hearing screening is rarely provided. Regarding neonatal screening, the heel prick test is primarily performed by nursing technicians; however, the importance of nurses in monitoring the mother-child day is also emphasized, ensuring guidance, monitoring, and supervision of neonatal tests.

Also noteworthy is the limited understanding of the role of nurses, coupled with a lack of specific knowledge<sup>28,41,47</sup>, particularly in the care of children with special needs and chronic conditions<sup>24,39,44</sup>. These weaknesses compromise health education practices, as well as prevention and promotion actions<sup>28,35,41</sup>, especially in monitoring child growth and development<sup>43</sup>. In addition, they hinder adequate care and bonding with these populations, compromising professional support to families and comprehensive care<sup>44</sup>.

Regarding difficulties in organizing the service, studies highlight challenges in applying the nursing process and systematizing care in PHC<sup>25,40,47</sup>. This context results in fragmentation of the care provided to children<sup>47</sup>. An indication of this lack of coordination is the failure to perform a complete physical examination in daily practice,<sup>35,41,46</sup> which compromises the identification of nursing diagnoses and, consequently, the prescription of guidelines appropriate to the child's actual health condition<sup>25,22</sup>.

An example of this scenario is when nurses rely solely on visual assessment as the primary resource to identify the risk of overweight and obesity<sup>37-38</sup>. This highlights the limited use of systematic tools for diagnostic indicators<sup>22,37-38</sup>, such as growth charts and body mass index measurements. Although the CSC is mentioned, two studies<sup>22,36</sup> indicate that its use is limited or underutilized, especially in data recording for possible monitoring. This scenario may contribute to the inconsistency of an accurate diagnosis.

The difficulties addressed are related to the accumulation of administrative and bureaucratic tasks performed by nurses<sup>27,42,43</sup>, which leads to overload and physical and mental exhaustion, in addition to a shortage of professionals, poor structural conditions, and insufficient qualifications to perform nursing consultations<sup>9</sup>. The lack of a defined routine for childcare

consultations, combined with the constant turnover of professionals, makes it challenging to establish meaningful bonds with families and the healthcare team. Furthermore, a study indicates that 60% of nurses in a specific health unit do not perform childcare consultations due to a lack of training in childcare, which is identified as a key factor in these difficulties<sup>47</sup>.

Finally, there is a problem related to the use of care protocols. In some cases, existing protocols are not fully adhered to<sup>34,41</sup>. In others, there is a lack of knowledge or specific guidelines, especially in more complex situations, such as caring for children with chronic conditions<sup>24</sup> or those with special health needs<sup>39</sup>. Given this, some nurses are unable to provide systematic healthcare to children, in addition to structural issues in personnel management.

The limitations of this study refer to the variability of the contexts of the included studies, since the review covers research conducted in different geographical regions. Additionally, despite extensive and comprehensive searches in the databases, some studies may not have been identified.

## FINAL CONSIDERATIONS

The present study aimed to examine nurses' practices in childcare within the context of primary health care (PHC), based on scientific evidence. The analysis identified actions that can support the implementation of Advanced Nursing Practices in this setting, as well as limitations in the performance of these professionals. These aspects should be considered when planning training strategies aimed at consolidating APN, especially in Brazil, which had the highest percentage of published studies.

The evidence analyzed revealed that the most prevalent practices involve welcoming and monitoring child growth and development, based on the principle of continuity of care. To this end, nurses assess children and their families to identify needs and vulnerabilities and offer guidance contextualized to their lived reality. Nurses view childcare as a privileged moment for in-depth investigation of the child and family, which enables them to transcend the technical and procedural dimensions. In this context, the role of nurses in providing comprehensive and individualized care, as well as advocating for children's rights, is highlighted through a family-centered approach.

However, evidence also points to significant limitations in the work of nurses, as specific actions provided for in the scope of childcare are not fully implemented, revealing a practice that remains fragmented and poorly systematized. Insufficient specific training, excessive bureaucratic tasks, and the lack of clear clinical protocols tailored to the service's reality are significant obstacles, compromising the effectiveness of comprehensive and decisive care. Given these challenges, the adoption and strengthening of good practices in child healthcare, especially

in the context of Primary Health Care (PHC), is recommended as a strategy to improve the quality of care and promote the implementation of Advanced Practice Nursing.




## REFERENCES

1. Primary health care on the road to universal health coverage: 2019 global monitoring report. World Health Organization; 2021
2. Primary Health Care - PAHO/WHO | Pan American Health Organization [Internet]. Disponível em: <https://www.paho.org/en/topics/primary-health-care>.
3. WORLD HEALTH ORGANIZATION: WHO. Primary health care [Internet]. Who.int. World Health Organization: WHO; 2019. Disponível em: [https://www.who.int/health-topics/primary-health-care#tab=tab\\_2](https://www.who.int/health-topics/primary-health-care#tab=tab_2).
4. State of the world's nursing 2020: investing in education, jobs and leadership. World Health Organization; 2020.
5. Matumoto S, Fortuna CM, Kawata LS, Mishima SM, Pereira MJB. A prática clínica do enfermeiro na atenção básica: um processo em construção. Rev. Latinoam. Enferm. [Internet]. 2011 [acesso em 2023 mai. 22];19(1):123-130. DOI: <https://doi.org/10.1590/S0104-11692011000100017>
6. Furtado MCC, Mello DF, Pina JC, Vicente JB, Lima PRD, Rezende VD. Nurses' actions and articulations in child care in primary health care. Texto & contexto enferm. [Internet]. 2018 [acesso em 2023 mai. 22];27(1). DOI: <https://doi.org/10.1590/0104-07072018000930016>
7. Bustos Alfaro E. Enfermería de Práctica Avanzada para el fortalecimiento Ações e articulações de la atención primaria de salud en el contexto de Latinoamérica. Enferm. Actual Costa Rica [Internet]. 2019 [acesso em 2023 mai. 22];37:234-244. DOI: <https://doi.org/10.15517/revenf.v0i37.34645>
8. Schober M, Lehwaldt D, Rogers M, Steinke M, Turale S, Pulcini J, Stewart D. Guidelines on advanced practice nursing. International Council of Nurses [Internet]. 2020 [acesso em 2023 mai. 22]. Disponível em: [https://www.icn.ch/system/files/documents/2020-04/ICN\\_APN%20Report\\_EN\\_WEB.pdf](https://www.icn.ch/system/files/documents/2020-04/ICN_APN%20Report_EN_WEB.pdf)
9. Ferreira SRS, Périco LAD, Dias VRFG. The complexity of the work of nurses in Primary Health Care. Rev bras enferm [Internet]. 2018 [acesso em 2023 mai. 22];71(1):704–709. DOI: <https://doi.org/10.1590/0034-7167-2017-0471>
10. Ganong LH. Integrative reviews of nursing research. Res Nurs Health [Internet]. 1987 [acesso em 2023 mai. 22];10(1):1-11. DOI: <https://doi.org/10.1002/nur.4770100103>
11. Santos CMC, Pimenta CAM, Nobre MRC. A estratégia PICO para a construção da pergunta de pesquisa e busca de evidências. Rev. Latinoam. Enferm [Internet]. 2007 [acesso em 2023 mai. 22];15(3):508-511. DOI: <https://doi.org/10.1590/S0104-11692007000300023>
12. Ouzzani M, Hammady H, Fedorowicz Z, Elmagarmid A. Rayyan—a web and mobile app for systematic reviews. Systematic reviews [Internet]. 2016 [acesso em 2023 mai. 22];5(1):1-10. DOI: <https://doi.org/10.1186/s13643-016-0384-4>
13. Bardin L. Análise de conteúdo. 4 ed. Lisboa: Edições 70; 2010.
14. Neri Souza F, Costa AP, Moreira A. Análise de dados qualitativos suportada pelo software webQDA. In: Atas da VII Conferência Internacional de TIC na Educação: Perspetivas de Inovação. 2011:49-56
15. Haddaway NR, Page MJ, Pritchard CC, McGuinness LA. PRISMA2020: An R package and

- Shiny app for producing PRISMA 2020-compliant flow diagrams, with interactivity for optimised digital transparency and Open Synthesis. *Campbell Syst Rev* [Internet]. 2022 [acesso em 2023 mai. 22];18 (2):e1230. DOI: <https://doi.org/10.1002/cl2.1230>
16. Reichert APS, Collet N, Eickmann SH, Lima MC. Child development surveillance: intervention study with nurses of the Family Health Strategy. *Rev. latinoam. enferm.* [Internet] 2015 [acesso em 2023 mai. 22];23(5):954-962. DOI: <https://doi.org/10.1590/0104-1169.0272.2636>
  17. Andrade RD, Santos JS, Pina JC, Silva MAI, Mello DF. A puericultura como momento de defesa do direito à saúde da criança. *Ciênc. cuid. saúde* [Internet]. 2013 [acesso em 2023 mai. 22];12(4):719-727. DOI: <https://doi.org/10.4025/cienccuidsaude.v12i4.21037>
  18. Moreira MDS, Gaíva MAM. Abordagem do contexto de vida da criança na consulta de enfermagem. *Rev. Pesqui. (Univ. Fed. Estado Rio J., Online)* [Internet]. 2017 [acesso em 2023 mai. 22]; 9(2):432-440. DOI: <https://doi.org/10.9789/2175-5361.2017.v9i2.432-440>
  19. Alves MDSM, Gaíva MAM. Ações de promoção da saúde na consulta de enfermagem à criança. *Ciênc. cuid. saúde* [Internet]. 2019 [acesso em 2023 mai. 22];18(2):e45101-e45101. DOI: <https://doi.org/10.4025/cienccuidsaude.v18i2.45101>
  20. Carvalho LM, Anjos, DS, Rozendo CA, Costa LMC. Agenda de compromissos para a saúde integral e redução da mortalidade infantil em um município de Alagoas. *Rev. bras. promoç. saúde (online)* [Internet]. 2013 [acesso em 2023 mai. 22]; 26(4):530-538. DOI: <https://doi.org/10.5020/3119>
  21. Souza RS, Ferrari RAP, Santos TFM, Tacla MTGM. Atenção à saúde da criança: prática de enfermeiros da saúde da família. *REME rev. min. enferm* [Internet]. 2013 [acesso em 2023 mai. 22];17(2):95-103. DOI: <http://dx.doi.org/10.5935/1415-2762.20130025>
  22. Pedraza DF, Santos IS. Avaliação da vigilância do crescimento nas consultas de puericultura na Estratégia Saúde da Família em dois municípios do estado da Paraíba, Brasil. *Epidemiol. serv. Saúde* [Internet]. 2017 [acesso em 2023 mai. 22];26(4):847-855. DOI: <https://doi.org/10.5123/S1679-49742017000400015>
  23. Palombo CNT, Whitaker MCO, Solís-Cordero K, Duarte LS, Souza ASC, Oliveira MMC. Brazilian nurses' practices in monitoring child health at the beginning of the COVID-19 pandemic. *Rev. Cuba. enferm.* [Internet]. 2022 [acesso em 2023 mai. 22];38
  24. Duarte ED, Silva KL, Tavares TS, Nishimoto CLJ, Silva PM, Sena RR. Care of children with a chronic condition in primary care: Challenges to the healthcare model. *Texto & contexto enferm.* [Internet]. 2015 [acesso em 2023 mai. 22]; 24(4):1009-1017. DOI: <https://doi.org/10.1590/0104-0707201500003040014>
  25. Cavaleiro APG, Silva CL, Veríssimo MLÓR. Consulta de enfermagem à criança: atuação do enfermeiro na Atenção Primária à Saúde. *Enferm. foco (Brasília)* [Internet]. 2021 [acesso em 2023 mai. 22];12(3):540-545. DOI: <https://doi.org/10.21675/2357-707X.2021.v12.n3.4305>
  26. Zanatta EA, Siega CK, Hanzen IP, Carvalho LA. Consulta de enfermagem em puericultura à criança haitiana: dificuldades e possibilidades. *Rev. baiana enferm.* [Internet]. 2020 [acesso em 2023 mai. 22]; 34:e35639-e35639. <https://doi.org/10.18471/rbe.v34.35639>
  27. Brito GV, Albuquerque IMAN, Ribeiro MA, Ponte ECS, Linhares MGC. Consulta de puericultura na estratégia saúde da família: percepção de enfermeiros. *Rev. APS* [Internet]. 2018 [acesso em 2023 mai. 22];21(1):48-55. DOI: <https://doi.org/10.34019/1809-8363.2018.v21.16040>
  28. Oliveira FFS, Oliveira ASS, Lima LHO, Marques MB, Felipe GF, Sena IVO. Consulta de puericultura realizada pelo enfermeiro na Estratégia Saúde da Família. *Rev Rene* [Internet]. 2013 [acesso em 2023 mai. 22]; 14(4):694-703. Disponível em: <https://www.redalyc.org/pdf/3240/324028459005.pdf>

29. Picco TM, Baggio MA, Hirano AR, Caldeira S, Ferrari RAP. Cuidado em saúde à criança na atenção primária em região de fronteira. *Esc. Anna Nery Rev. Enferm.* [Internet]. 2022 [acesso em 2023 mai 22]; 26:e20210104-e20210104. DOI: <https://doi.org/10.1590/2177-9465-EAN-2021-0104>
30. Malan MF, Rabie T, Muller CE. Evaluating the Integrated Management of Childhood Illness counselling skills of professional nurses in the North West Province of South Africa. *Health SA* [Internet]. 2018 [acesso em 2023 mai 22]; 23:1074. DOI: <https://doi.org/10.4102/hsag.v23i0.1074>
31. Moura MÁP, Rocha SS, Pinho DLM, Guilhem D. Facilidades e dificuldades dos enfermeiros no cuidar da alimentação infantil na atenção básica. *Mundo saúde (Impr.)* [Internet]. 2015 [acesso em 2023 mai. 22]; 39(2):231-238. DOI: <https://doi.org/10.15343/0104-7809.20153902231238>
32. Andrade RD, Santos JS, Maia MAC, Silva MAI, Veríssimo MLÓR, Mello DFD. Home visit: Care technology used by nurses to advocate for child's health. *Texto & contexto enferm.* [Internet]. 2015 [acesso em 2023 mai 22]; 24(4):1130-1138. DOI: <https://doi.org/10.1590/0104-0707201500000120015>
33. Fraser S, Grant J, Mannix T. Maternal Child and Family Health Nurses: Delivering a Unique Nursing Speciality. *Matern Child Health J* [Internet]. 2016 [acesso em 2023 mai 22]; 20(12):2557-2564. DOI: <https://doi.org/10.1007/s10995-016-2081-2>
34. Yakuwa MS, Andrade RD, Wernet M, Fonseca LMM, Furtado MCC, Mello DF. Nurses' knowledge in child health primary care primary. *Texto & contexto enferm* [Internet]. 2016 [acesso em 2023 mai 22]; 25(4):e2670015-e2670015. DOI: <https://doi.org/10.1590/0104-07072016002670015>
35. Vieira DS, Santos NCCB, Nascimento JA, Collet N, Toso BRGDO, Reichert APS. A prática do enfermeiro na consulta de puericultura na estratégia saúde da família. *Texto & contexto enferm* [Internet]. 2018 [acesso em 2023 mai 22]; 27(4). DOI: <https://doi.org/10.1590/0104-07072018004890017>
36. Yakuwa MS, Neill S, Mello DF. Nursing strategies for child health surveillance. *Rev. latinoam. enferm.* [Internet]. 2018 [acesso em 2023 mai 22]; 26:e3007-e3007. DOI: <https://doi.org/10.1590/1518-8345.2434.3007>
37. Laws R, Campbell KJ, Van Der Pligt P, Ball K, Lynch J, Russel G, Taylor R, Denney-Wilson E. Obesity prevention in early life: An opportunity to better support the role of Maternal and Child Health Nurses in Australia. *BMC Nursing* [Internet]. 2015 [acesso em 2023 mai. 22]; 14(1). DOI: <https://doi.org/10.1186/s12912-015-0077-7>
38. Isma GE, Bramhagen AC, Ahlstrom G, Östman M, Dykes AK. Obstacles to the prevention of overweight and obesity in the context of child health care in Sweden. *BMC family practice* [Internet]. 2013 [acesso em 2023 mai. 22]; 14:143. DOI: <https://doi.org/10.1186/1471-2296-14-143>
39. Favaro LC, Marcon SS, Nass EMA, Reis PD, Ichisato SMT, Bega AG, Paiano M, Lino IGT. Percepção do enfermeiro sobre assistência às crianças com necessidades especiais de saúde na atenção primária. *REME rev. min. enferm.* [Internet]. 2020 [acesso em 2023 mai. 22]; 24:e-1277. DOI: 10.5935/1415-2762.20200006
40. Araujo-Filho A, Rocha S, Gouveia M. Possibilidades para a integralidade do cuidado da criança na atenção básica. *Rev. cuba. enferm.* [Internet]. 2019 [acesso em 2023 mai. 22]; 35(1):e1765-e1765. Disponível em: <https://revenfermeria.sld.cu/index.php/enf/article/view/1765>
41. Lucena DBA, Guedes ATA, Cruz TMAV, Santos NCCB, Collet N, Reichert APS. Primeira semana saúde integral do recém-nascido: ações de enfermeiros da Estratégia Saúde da

- Família. *Rev. gaúch. enferm* [Internet]. 2018 [acesso em 2023 mai. 22]; 39:e20170068-e20170068. DOI: <https://doi.org/10.1590/1983-1447.2018.2017-0068>
42. Vieira DS, Dias TKC, Pedrosa RKB, Vaz EMC, Collet N, Reichert APS. Processo de trabalho de enfermeiros na vigilância do desenvolvimento infantil. *REME rev. min. enferm.* [Internet]. 2019 [acesso em 2023 mai. 22]; 23:e-1242. DOI: <https://doi.org/10.5935/1415-2762.20190090>
  43. Pereira MDM, Penha TP, Vieira DS, Vaz EMC, Santos NCCB, Reichert APS. Prática educativa de enfermeiras na atenção primária à saúde, para o desenvolvimento infantil saudável. *Cogitare Enferm.* [Internet]. 2015 [acesso em 2023 mai. 22]; 20(4):01-07. DOI: <http://dx.doi.org/10.5380/ce.v20i4.41649>
  44. Souza MHN, Nóbrega VM, Collet N. Social network of children with cronic disease: knowledge and practice of nursing. *Rev. bras. enferm.* [Internet]. 2020 [acesso em 2023 mai. 22]; 73(2):e20180371-e20180371. DOI: <https://doi.org/10.1590/0034-7167-2018-0371>
  45. Camboim FF, Toso BRGO, Caldeira S, Silva MAI. Traffic accidents in childhood: prevention from the nurse's perspective. *Rev. gaúch. enferm* [Internet]. 2021 [acesso em 2023 mai. 22]; 42(spe):e20200171. DOI: <https://doi.org/10.1590/1983-1447.2021.20200171>
  46. Neto GGP, Nunes WB, Andrade LDF, Reichert APS, Santos NCCB. Vigilância do desenvolvimento infantil: implementação pelo enfermeiro da Estratégia Saúde da Família. *Rev. Pesqui. (Univ. Fed. Estado Rio J., Online)* [Internet]. 2020 [acesso em 2023 mai. 22]; 12:1309-1315. DOI: <http://dx.doi.org/10.9789/2175-5361.rpcfo.v12.9885>
  47. Siega CK, Adamy EK, Toso BRGO, Zocche DAA, Zanatta EA. Vivências e significados da Consulta do Enfermeiro em puericultura: análise à luz de Wanda Horta. *Rev. enferm. UFSM* [Internet]. 2020 [acesso em 2023 mai. 22]; 10:65-65. DOI: <http://dx.doi.org/10.5902/2179769241597>
  48. Bissonette S, Tyerman J, Chartrand J. Mutuality in nurse-caregiver relationships in pediatric nursing: A concept analysis. *J Pediatr Nurs* [Internet]. 2023 [acesso em 2023 mai. 22]; 70:26-33. DOI: <https://doi.org/10.1016/j.pedn.2023.01.008>
  49. Pan American Health Organization. Building Health Throughout the Life Course: Concepts, Implications, and Application in Public Health. 2021.
  50. Halfon N, Duplessis H, Barrett E. Looking back at pediatrics to move forward in obstetrics. *Curr opinion in obstetrics & gynecology* [Internet]. 2008 [acesso em 2023 mai. 22]; 20(6):566-573. DOI: <http://dx.doi.org/10.1097/GCO.0b013e3283184638>
  51. Garner AS, Forkey H, Szilagyi M. Translating developmental science to address childhood adversity. *Acad pediatr* [Internet]. 2015 [acesso em 2023 mai. 22]; 15(5):493-502. DOI: <https://doi.org/10.1016/j.acap.2015.05.010>
  52. Boland L, D Graham I, Légaré F, Lewis K, Jull J, Shephard A, et al. Barriers and facilitators of pediatric shared decision-making: a systematic review. *Implement Sci* [Internet]. 2019 [acesso em 2023 mai. 22]; 14:1-25. DOI: <http://dx.doi.org/10.1186/s13012-018-0851-5>
  53. Ellis WR, Dietz WH. A new framework for addressing adverse childhood and community experiences: The building community resilience model. *Acad pediatr* [Internet]. 2017 [acesso em 2023 mai. 22]; 17(7):S86-S93. DOI: <https://doi.org/10.1016/j.acap.2016.12.011>

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