

Mothers' perception regarding the nursing consultation in childcare*Percepción de las madres sobre la consulta de enfermería en la puericultura**Percepção das mães frente à consulta de Enfermagem em puericultura***Abstract**

This study aimed to seek the perception of mothers about the puerperal consultation with children up to 2 years of age to show different understandings about this procedure from the maternal perspective. This is a qualitative exploratory study carried out in the city of Guarapuava-PR, which involved a semi-structured interview based on an elaborated questionnaire. Data analysis was performed using the Bardin method. Two study categories were listed, namely: Knowledge about childcare consultation and Assistance performed during childcare consultation. When analyzing, it was possible to perceive that mothers have knowledge limitations regarding puerperal consultations and their importance, both in the woman's and the baby's lives. It is observed that, for the most part, women see routine monitoring of the child's weight and development. It appears that, despite the interviewees recognizing the importance of nurses in carrying out childcare, this activity could still be used more efficiently, avoiding so many absences in the appointments.

Descriptors: Child Care; Health Education; Nursing.

Resumén

Este estudio tuvo como objetivo buscar la percepción de las madres sobre la consulta puerperal con niños hasta los 2 años de edad para mostrar diferentes entendimientos sobre este procedimiento desde la perspectiva materna. Se trata de un estudio exploratorio cualitativo realizado en la ciudad de Guarapuava-PR, que involucró una entrevista semiestructurada a partir de un cuestionario elaborado. El análisis de los datos se realizó mediante el método de Bardin. Se enumeraron dos categorías de estudio, a saber: Conocimiento sobre la consulta de cuidado infantil y Asistencia realizada durante la consulta de cuidado infantil. Al analizar, se pudo percibir que las madres tienen limitaciones de conocimiento sobre las consultas puerperales y su importancia, tanto en la vida de la mujer como del bebé. Se observa que, en su mayor parte, las mujeres ven un seguimiento rutinario del peso y desarrollo del niño. Parece que, a pesar de que los entrevistados reconocen la importancia de las enfermeras en la realización del cuidado de los niños, esta actividad aún podría utilizarse de manera más eficiente, evitando tantas ausencias en las citas.

Descritores: Cuidado de los Niños; Educación para la Salud; Enfermería.

Resumo

Este estudo teve como objetivo buscar a percepção de mães sobre a consulta puerperal com crianças até os 2 anos de idade a fim de evidenciar diferentes entendimentos sobre este procedimento a partir do olhar materno. Trata-se de um estudo qualitativo de caráter exploratório realizado na cidade de Guarapuava-PR, que envolveu entrevista semiestruturada a partir de questionário elaborado. A análise dos dados foi feita através do método de Bardin. Foram elencadas duas categorias de estudo, sendo: Conhecimento sobre a consulta de puericultura e Assistência realizada durante a consulta de puericultura. Ao analisarmos, foi possível perceber que as mães possuem limitações de conhecimento sobre as consultas puerperais e sua importância, tanto na vida da mulher quanto na do bebê. É observado que, em sua maioria, as mulheres veem como acompanhamento rotineiro sobre peso e desenvolvimento da criança. Verifica-se que, apesar das entrevistadas reconhecerem a importância do enfermeiro na execução da puericultura, ainda assim essa atividade poderia ser utilizada de maneira mais eficiente, evitando tantas faltas nos agendamentos das consultas.

Descritores: Cuidado da Criança; Educação em Saúde; Enfermagem.

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Introduction

The newborn (NB) is considered a vulnerable being that needs a comprehensive approach to guarantee his general well-being and improve the quality of children's life in the long term¹⁻³. Primary care has a direct focus, both for the newborn and the family, developing health promotion and disease prevention actions in order to reduce the risks to the binomial and maternal and child mortality^{4,5}.

The care given to the child is centered on the family, since it is a constant element in the life of this developing being^{1,2}. Thus, the Family Health Strategy (FHS) establishes, as a Basic Health Unit (BHU), that the child should receive care to promote health and prevent diseases, as well as the first assistance in any aggravations or complications in the childhood^{4,6}.

Among child growth and development (GD) promotion activities, childcare consultations stand out, which, according to the Ministry of Health, are an inherent part of comprehensive child health assessment, being an integral part of childcare^{5,6}. However, in addition to assessing anthropometric measures (weight, height, head and chest circumference), childcare consultations should also address neuropsychomotor development, vaccination, nutritional status, as well as the practice of health education on all care with the child in every care⁶⁻⁸.

At the time of the prenatal consultation, it is essential for the mother to receive clarification not only about the gestation period, but also about the puerperium and care for the child, facilitating maternal adherence to the childcare consultation⁹. This procedure is part of the nurse's private care practice, which must carry out periodic and systematic care aimed at the health and well-being of the newborn^{5,8}.

This study had as a guiding question: What is the mothers' perception regarding the importance of the nursing consultation in childcare? The objective was to highlight the perception of mothers about the puerperal consultation with children up to 2 years of age to show different understandings about this procedure from the maternal perspective.

Methodology

This is an exploratory qualitative study carried out at a Family Health Strategy (FHS) unit in the city of Guarapuava-PR, which involved a semi-structured interview based on a questionnaire, which consists of an instrument with open and easy-to-understand questions to the participants¹⁰. The interview was carried out with mothers over 18 years old and who had their children between zero and two years of age registered in the childcare program of an ESF, during the period from September to October 2016, totaling 15 women.

The interviews were recorded using a digital recorder and later transcribed using the Microsoft Word software. Through the transcriptions and critical and detailed readings of the data, a corpus was generated to separate the study into categories. The speeches were submitted to thematic analysis by Bardin, which is divided

For the application of the questionnaire, the research was previously collected by the Research Ethics Committee (CEP) of the State University of the Midwest, through Opinion No. 1,657,946 / 2016. To maintain ethical conduct and hide the name of the interviewees, their names were changed to names of flowers.

Results and Discussion

Characterization of the study population

Initially, when evaluating the studied population, a sociodemographic survey was carried out which made it possible to show that 73.3% of women were aged 20-30 years, 100% were married or in a stable relationship, 86.66% were Catholic, the predominant profession was (66.66%) and 83.33% already had 2 children.

After a critical and detailed reading of the corpus collected during the interview, it was possible to detect two categories, which will be described below:

Knowledge about childcare consultation

The mother-child binomial is related to humanized care that must be provided from the Prenatal period, Childbirth to the Puerperium. The puerperal consultations aim to establish maternal and child well-being, being able to detect and evaluate the physiological limits of the puerperal woman and provide guidance on the importance and manner of carrying out breastfeeding, with emphasis on prevention, protection and health promotion, with a view to the child reaches adulthood without negative interventions in childhood. In addition, it addresses doubts regarding baby care, vaccination, breastfeeding and encouragement for exclusive breastfeeding up to six months, postpartum and family planning, aiming to promote the health of women in the postpartum period, enabling the attempt of a lifetime beneficial to the woman and the baby^{11,12}.

When analyzing the 1st Category, the mothers' knowledge about the puerperal consultation was raised. It was possible to notice that these have limitations of knowledge about puerperal consultations and their importance, both in the life of the woman and the baby. It is observed that, in most cases, women see routine monitoring of the child's weight and development, basing the nursing consultation only on anthropometric data according to the following reports:

"[...] monitoring the child's development, how the child is developing, right?" (Iris).

"From what I understand, it is to monitor the child's growth, see how they are doing, that's it" (Bromeliad).

"[...] because it controls the food, the size and everything [...] because it measures the head, and the breast" (Tulip).



Although growth and development data are extremely important, the nurse's performance should not be restricted only to these points, it also covers aspects such as health education and the identification of diseases, so he can act immediately and try to guarantee the baby's health. The puerperal consultation should be understood as maintaining a good quality of life for the child with a view to promoting child health.

Another part of the sample reported understanding the puerperal consultation as something other than anthropometric data, also involving the importance of other care through the guidelines developed by the professional nurse:

"I think so, for us to know about the care you have to take with the baby, how to feed, the way to breastfeed, the main care they have to take with the baby, vaccination [...]" (Violet).

The baby needs to be considered in the family, socioeconomic and cultural environment where it is inserted. One of the moments of greatest human potential development is during childhood, thus, the puerperal consultation should not only be for obtaining anthropometric data, but should also be seen as the child's right to receive follow-up on their vaccination coverage, growth and development, disease prevention and breastfeeding, for example^{13,14}.

The first consultation consists of a complete physical examination of the baby, covering the child's anthropometric measurements, social and psycho-affective development. Parents should be informed and provided with as much important data regarding their child as possible so that they know about the baby's individual health^{13,15}.

Another point raised with the interview participants was how important these consultations are. Even without having real knowledge about the importance, they still recognized its benefits as demonstrated in their statements:

"Very important, because then I see if it is evolving" (Daisy).

"Ah, I think it's important as a mother [...] I think it's cool to follow, it's on top of what's happening, what can, what can't" (Orchid).

"I do see importance, to see if the baby is okay, how can I explain [...] if he has low resistance, these things, that's why I think it's important" (Acacia).

Postpartum consultations should address broad aspects of the child's life, such as: safety, communication, sleep, hygiene, nutrition, affection, and love. Thus, childcare recognition becomes extremely important to maintain good child health¹⁶.

Assistance performed during puerperal consultation

Second Category analyzes how the puerperal mother evaluates the nursing professional's assistance during the consultation. It was possible to observe the existence of guidelines on breastfeeding, clarifying the doubts and concerns of the puerperal woman about possible breast complications, such as insufficient milk, in addition to informing the general benefits during the child's six months of age and promoting the children's GD.

"He said he's the main one, right? Main to give to the child from the beginning, which was for me to avoid giving another type of milk [...]" (Iris).

"He said it was essential [...] breastfeeding has to be exclusive in the breast, it wasn't meant to give food yet, to give some time later" (Dahlia).

[...] the ideal is that we breastfeed for at least six months, the longer the better, up to two years" (Jasmine).

Regarding the child's health, breastfeeding is essential due to its nutritional, emotional, immunological, economic-social, and developmental benefits, in addition to the numerous benefits to maternal health¹⁷.

In Brazil, it appears that, although most women initiate breastfeeding, more than half of the children are no longer exclusively breastfeeding in the first month of life. Despite the upward trend in breastfeeding in the country, we are far from complying with the WHO recommendation on exclusive breastfeeding until the sixth month of life and the continuation of breastfeeding until the second year of life or more¹⁸.

Breastfeeding is seen as a major challenge for the health professional, since it was not prepared and requires sensitivity and skill in its treatment, so it is important to train the health professional to work in this assistance in an approach that goes beyond the boundaries of the biological and understand all its dimensions of "being a woman"¹⁹.

In a study, it was possible to conclude that mothers are advised about breastfeeding, however, information is not always passed on properly, since nurses are not trained and prepared to provide this knowledge. In other words, the difficulties presented in the breastfeeding process are associated with the lack of follow-up according to their needs, evidencing the lack of the service of promotion, protection and support during the breastfeeding process by the health team²⁰.

According to the puerperal women, bathing and changing diapers were also the issues addressed regarding child hygiene. Making them aware of their common actions and how to carry them out, promoting maternal and child well-being and preventing too many health risks.

"It was talked about the bath, the water, not to make it too hot" (Daisy).

"[...] you have to change several times, apply ointment, clean your ear, cut nails" (Acacia).

"[...] said to clean well, a lot of people use a wet wipe, but the best thing is to wet a diaper with warm water" (Gardenia).

During the childcare consultation, it is necessary to guide the mother about the daily bath and cleaning of the newborn, explaining the importance of washing hands before handling the baby and teaching how to clean the anal and perineum region after each diaper change, in order to avoid the occurrence of ammoniac dermatitis^{21,22}.

In addition to the guidelines given on breastfeeding, hygiene and comfort and care with the umbilical cord, they were identified as conducts for health promotion. The parents of newborns are faced daily with the diversity of recommendations of health professionals in the care of the



newborn's umbilical stump, there is divergence in the clinical practice of care for the umbilical stump, based on beliefs, instead of scientific studies²³. However, the guidance provided on caring for the umbilical stump should go beyond the use of alcohol or water as hygiene as identified in the following reports:

"It was said that I had to clean with alcohol 70 [...]" (Sunflower).

"Yes, everything was said right, I had to make 70 alcohol, right?" (Mimosa).

"[...] had to clean with alcohol 70 and leave it up, without touching the diaper" (Bromeliad).

The umbilical cord is the link between the embryo and the placenta, being responsible for ensuring the nutrition of the fetus and gas exchange through three blood vessels, two arteries and an umbilical vein, protected by a gelatinous substance. The umbilical arteries carry the baby's blood to the placenta and the umbilical vein carries blood rich in oxygen and nutrients from the placenta²⁴.

Therefore, it is necessary to emphasize the importance of the nurse's role in teaching parents during pregnancy and in the puerperium related to proper practice in relation to the care of the umbilical stump, to prevent infection²⁵.

The method of cleaning the newborn's umbilical stump depends on the protocols practiced in the different health institutions, ranging from soap and water to antimicrobial agents, such as povidone-iodine, bacitracin and alcohol²⁶. Regardless of the method used to care for the newborn's umbilical stump, the crucial point and objective of all care is to prevent infections of the umbilical stump, thus hand hygiene is essential in caring and is of utmost importance when perform care for the newborn's umbilical stump²⁷.

Thus, the correct cleaning of the umbilical stump is a measure that must be adopted to reduce the exposure of newborns to the risks associated with the healing process of the umbilical stump - such as omphalitis - which can progress to sepsis and, consequently, to infant death²⁷.

About the infection prevention actions, it is known that childhood vaccination is one of the greatest public health achievements. Thanks to the successful implementation of childhood vaccination programs, the incidences of preventable diseases are now at their lowest level, such as measles and polio, which are no longer spread in the Americas²⁸.

In relation to the guidelines on this topic, the mothers understood the importance of keeping the vaccination schedule up to date, as well as the adverse reactions that children may have and nursing care in these cases.

"It was said to control the vaccines to keep up with these vaccines" (Tulip).

"The vaccine was mentioned on the arm, which is marked. Within two months the reactions of pain, fever [...]" (Acacia).

Vaccination is a recommended prevention service for virtually all children in the world, even though

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vaccination schedules vary between countries, they all establish a series of basic vaccines for children to grow up and develop in a healthy way^{28,29}.

The very success of childhood vaccination poses the challenge of communicating to parents the importance of protecting their children, even when the diseases targeted by the vaccine are no longer occurring²⁹.

It is important to note that no vaccine is totally free from causing adverse events, but the risks of serious complications caused by vaccines are much lower than those of the diseases they protect against, as non-immunized people are at risk of becoming ill and, in addition, represent a risk to the community, as they may be a link in the transmission chain³⁰.

As for the prevention of childhood accidents, most of the interviews revealed the lack of information during the guidance given on this criterion.

"Preventing childhood accidents? Nobody said anything yet!" (Daisy).

"Childhood accidents didn't say anything" (Hydrangea).

Injuries and deaths resulting from accidents related to traffic, poisoning, drowning, falls, burns and others are the main cause of death with children from the first year of life in Brazil²⁹. Only two mothers reported having been instructed on the subject:

"It was said not to leave small things alone, near the stove, these things [...]" (Begonia).

"It was talked about avoiding the child falling, always taking care not to happen that" (Mimosa).

According to WHO and the Ministry of Health, accidents are all unintentional injuries identified as traffic events, drowning, poisoning and intoxication, burns and electric shocks, in addition to firearm accidents^{5,29}.

It is known that the reduction of the incidence of accidents in childhood can be achieved through the commitment of health professionals, where the nurse must guide the mother on how to prevent childhood accidents according to each age group, such as: cradle, poisoning, risk of suffocation with bottles, with small toys; and always be attentive to any and all abnormalities, going to the health care unit closest to your residence²².

Coming from a scenario in which care was fragmented and divided between pregnancy, the puerperium and the child's health. The Stork Network emerged in 2011 as an innovative strategy that aims at integration through the implementation of a care network that reaches women at all stages of the life cycle, ensuring the right to reproductive planning, to humanized care during the pregnancy, childbirth and the puerperium³⁰.

The quality of care for women in prenatal care and in the puerperium implies guaranteeing the woman a satisfactory life experience during this period, with health enjoyment on the part of her and the newborn^{30,31}.

Therefore, care consists of assessing anthropometric measures (weight, height, head and chest circumference), as well as neuropsychomotor development,



vaccination, nutritional status and hygiene, including the baby's social and psycho-affective monitoring^{31,15}. In this way, health education practices on all care identify health-disease risks and problems and thus contribute to the promotion, prevention and rehabilitation of children³².

Conclusion

The results indicate that mothers do not have misinformation about childcare consultations, however, they are restricted to monitoring anthropometric measures. It is emphasized that childcare must go beyond the assessment of child growth, involving the analysis of child development, the practice of health guidelines and observing the link between the mother and child binomial.

As for the guidelines for health promotion and disease prevention, it is possible to infer that, in general, the statements reveal the practice of health education, since most mothers were instructed on breastfeeding, child hygiene, dressing umbilical stump and vaccination. The only subject with guidelines considered unsatisfactory was related to the prevention of childhood accidents.

Given the above, it appears that, although the interviewees recognize the importance of nurses in carrying out childcare, this activity could be used more efficiently, avoiding so many absences in the appointments. Thus, the study calls for a critical reflection by nurses about their care practice in childcare.

References

1. Campos RMC, et al. Consulta de enfermagem em puericultura: a vivência do enfermeiro na estratégia de saúde da família. *Rev. Esc. Enferm. USP*, 2011; 45(3):566-74.
2. Vasconcelos LM, et al. Puericultura: percepção de mães atendidas em unidade básica de saúde em sobral, Ceará, Brasil. *Rev. Enferm. UFPE*, 2010; 4(3):1492-7.
3. Viana MR, et al. Atenção à Saúde da Criança. SAS/DNAS. Belo Horizonte – MG, 2005, 224p.
4. Pinto, JP, et al. Cuidado centrado na família e sua aplicação na enfermagem pediátrica. *Rev. Bras. Enferm.* 2010; 63(1):132-5.
5. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica (BR). Saúde da criança: nutrição infantil: aleitamento materno e alimentação complementar. Brasília: Editora do Ministério da Saúde, 2009.
6. Ministério da Saúde (BR). Cadernos de Atenção Básica. Departamento de Atenção Básica. NÚCLEO DE APOIO À SAÚDE DA FAMÍLIA – VOLUME 1: Ferramentas para a gestão e para o trabalho cotidiano. Brasília- DF, 2014.
7. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas (BR). Agenda de compromissos para a saúde integral da criança e redução da mortalidade infantil. Brasília: Ministério da Saúde, 2005.
8. Assis WD, et al. Processo de trabalho da enfermeira que atua em puericultura nas unidades de saúde da família. *Rev. Bras. Enferm.* 2011; 64(1): 38-46.
9. Malaquias TSM, Gaíva MAM, Higarashi IH. Percepções dos familiares de crianças sobre a consulta de puericultura na estratégia saúde da família. *Rev. Gaúcha Enferm.* 2015; 36(1):62-8.
10. Teixeira JG. A realização do atendimento de puericultura e o conhecimento dos pais sobre o atendimento. 2015. Trabalho de Conclusão de Curso (Graduação) – Faculdade Guairacá, Guarapuava, 2015.
11. Ravelli APX. Consulta puerperal de enfermagem: uma realidade na cidade de ponta grossa, Paraná, Brasil. *Rev. Gaúcha Enf.* 2008; 29 (1): 55.
12. Catafesta F, et al. A amamentação na transição puerperal: o desvelamento pelo método de pesquisa-cuidado. *Esc Anna Nery Rev Enferm.* 2009 jul./set; 13 (3): 610-615.
13. Vieira VCL, et al. Puericultura na atenção primária à saúde: atuação do enfermeiro. *Cogitare Enferm.* 2012; 17(1): 119-25.
14. Andrade LCO, et al. Conhecimento de puérperas internadas em um alojamento conjunto acerca da higiene do neonato. *Cogitare Enferm.* 2012; 17(1): 99-105.
15. Ministério da Saúde. Secretaria de Políticas de Saúde. Departamento de Atenção Básica (BR). Saúde da criança: crescimento e desenvolvimento infantil. Brasília: Ministério da Saúde, 2012.
16. Baratieri T, et al. Consulta de enfermagem em puericultura: um enfoque nos registros de atendimentos. *Rev. Enferm. UFSM.* 2014; 4(1):206-16.
17. Santos JS, Andrade M, Silva JL. Fatores que influenciam no desmame precoce: implicações para o enfermeiro de promoção da saúde na estratégia de saúde da família. *Informe-se em promoção da saúde.* 2009; 5(2):26-29.
18. Chaves RG, Lamounier JA, César CC. Factors associated with duration of breastfeeding. *J Pediatría.* 2007; 83(3):241-246.
19. Araújo RM, Almeida JA. Breastfeeding: the challenge to understand the experience. *Rev. Nutr.* 2007; 20(4): 431-438
20. Britto LF. Orientação e incentivo ao aleitamento materno na assistência pré-natal e puerperal: uma revisão de literatura. *Rev. Saúde Pública.* 2013; 6(1):66-80.
21. Boscatto PC. Adesão da mãe às condutas de enfermagem na dermatite irritativa de fraldas do filho matriculado em uma unidade de saúde da família. 2007. 89f. Dissertação (Mestrado) – Universidade Guarulhos, Guarulhos, 2007.
22. Fonseca, A. S. Enfermagem pediátrica. São Paulo: Editora Martinari, 2013.
23. Blume PU, et al. Skin care practises for newborns and infants: review of the clinical evidence for best practice. *Pediatric Dermatology*; 2012; 29: 1-14.
24. Sandra A, Clark D. Umbilical cord. In Magill's Medical Guide (7ª ed.). Salem Press, 2016.
25. Ribeiro MB, Brandão NMNA. produção científica da enfermagem sobre coto umbilical. *Revista Interdisciplinar NOVAFAP.* 2011; 4 (3): 54-59.
26. Caple C., Walsh. K. Umbilical cord care performing. *Nursing Practice & Skill.* 2016.
27. Soofi S, et al. Topical application of chlorhexidine to neonatal umbilical cords for prevention of omphalitis and neonatal mortality in a rural district of Pakistan: a community-based, cluster-randomised trial. *Lancet*, 379 (17): 1029-1036, 2012.



28. Rodewald LE. Vacinação infantil. Enciclopédia sobre o desenvolvimento na primeira infância, EUA, Jan/2014.
29. Plano Nacional da Primeira Infância – Projeto observatório Nacional da Primeira Infância. Mapeamento da Ação Finalística Evitando Acidentes na Primeira infância. Instituto da Infância –IFAN, 2014
30. Ministério da Saúde, Secretaria de Atenção à Saúde (BR). Manual prático para implementação da Rede Cegonha. Brasília: Ministério da Saúde, 2011.
31. Secretaria de Saúde de São Paulo (BR). Coordenadoria de Planejamento em Saúde, Assessoria Técnica em Saúde da Mulher. Atenção à gestante e à puérpera no SUS – SP: manual técnico do pré-natal e puerpério. São Paulo: Secretaria de Saúde de São Paulo, 2010.
32. Santos JS. Promoção da saúde na infância e o direito à saúde: experiências de mães adolescentes no cuidado cotidiano de crianças. Dissertação de Mestrado. Escola de Enfermagem da USP. Ribeirão Preto, 2014.

