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Pediatric guidance in prenatal care: longitudinality of child care

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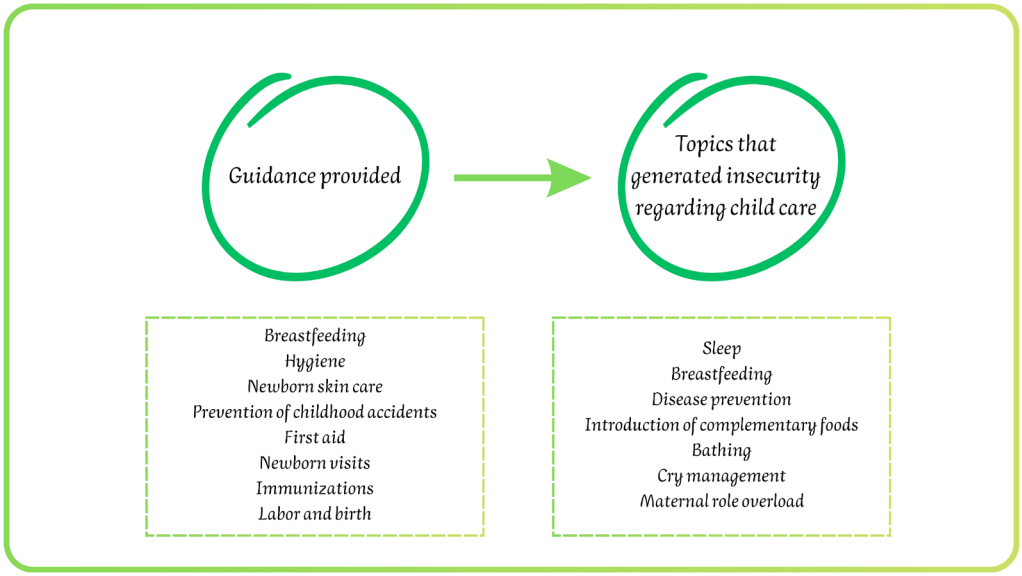
Graphical Abstract



Highlights

- *Pediatric guidance in prenatal consultations.*
- *Longitudinality of child care.*
- *The guidance provided addressed: breastfeeding, hygiene, newborn skin care, prevention of childhood accidents, first aid, newborn visits, immunizations, labor and birth.*

Abstract

This study aimed to investigate the pediatric guidance provided by Primary Health Care professionals during prenatal consultations, from the perspective of postpartum women. A qualitative study was conducted through semi-structured interviews with postpartum women. Data collection took place after approval by the Research Ethics Committee, in a Primary Health Care service in a municipality located in the central region of the State of Rio Grande do Sul, during the first semester of 2024, and was subjected to thematic content analysis. Thirteen postpartum women participated in the study, of whom eight reported receiving pediatric guidance during prenatal care from nurses and physicians. The guidance addressed included breastfeeding, hygiene, newborn skin care, prevention of childhood accidents, first aid, newborn visits, immunizations, labor, and birth. Topics that generated insecurity in child care were identified, such as sleep, breastfeeding, disease prevention, relief of colic, bathing, cry management, and maternal role overload. The study concluded that there is a need to develop strategies that enable spaces for discussion of these topics. In addition, the application of educational technologies on pediatric care in the prenatal context is necessary, with the aim of providing safety for postpartum women and their support networks, thereby promoting the longitudinality of child care.

Keywords: Prenatal Care. Pediatrics. Postpartum Period. Newborn. Primary Health Care.

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INTRODUCTION

Among the health actions carried out by professionals within the scope of Primary Health Care (PHC), child care during the first 1,000 days of life stands out. This care should begin at conception and continue through prenatal care, serving as a strategy to engage pregnant women and their families, thereby contributing to the continuity of care provided to both mother and baby[1].

Prenatal care in PHC aims to monitor maternal and fetal health throughout pregnancy, ensuring the birth of a healthy newborn. To this end, the Ministry of Health (MS) recommends follow-up for low-risk pregnancies with a minimum of six consultations alternated between physicians and nurses, starting in the first trimester of pregnancy and including the partner's prenatal care[2].

During prenatal care, a pediatric consultation should take place, conducted by a health professional, addressing fetal development and birth, and providing guidance to families regarding the care required by newborns in the postnatal period. However, not all services implement this MS recommendation. Such guidance promotes health and prevents common childhood illnesses, while also recognizing the family's support network, socioeconomic conditions, health history, pregnancy development, and the establishment of bonds with the health professionals who conduct childcare consultations, in addition to reassuring and informing the family about the arrival of a new child[3].

It is important to highlight that childcare (puericulture) seeks to provide comprehensive and continuous care to all children, meeting their needs related to growth and development, and should be introduced during prenatal pediatric consultations[4]. Studies indicate that, regarding newborn care, mothers and families often experience insecurity in relation to breastfeeding, diaper changes, prevention of diaper rash, relief of colic, hygiene, nail trimming, bathing, umbilical cord care, cleaning utensils, sleep routines, recognizing different types of crying, reactions to vaccines, allergies, falls, ways of holding the newborn, expressing affection, and ensuring environmental comfort[5-7].

In light of this context of insecurity experienced by mothers and families in newborn care, the prenatal pediatric consultation is considered a strategy with the potential to foster bond-building and continuity of care, thereby reinforcing the longitudinality of care. This attribute is regarded as essential in the organization of PHC services, here represented by the continuity of child care with an emphasis on promoting healthy growth and development, triggered by the prenatal pediatric consultation. This attribute involves continuous, regular care throughout life and highlights the importance of establishing a bond between health services and the population[8].

Therefore, this study is justified by the importance of pediatric guidance during prenatal care as a key strategy to minimize maternal insecurity and strengthen the support network, promoting child growth and development, and reinforcing the longitudinality of care.

Furthermore, this investigation is aligned with target 3.2 of the third Sustainable Development Goal (SDG), which calls for the elimination of preventable deaths of newborns and children under five years of age by 2030[9]. Prenatal follow-up is recognized as an opportune moment for the dissemination of information that can contribute to reducing child morbidity and mortality.

Accordingly, the guiding question of this study was: What is the perception of postpartum women regarding the types of guidance provided by Primary Health Care professionals during prenatal consultations? The objective was to identify the pediatric guidance provided by PHC professionals during prenatal consultations, from the perspective of postpartum women.

METHODOLOGY

This was a qualitative study, conducted through semi-structured interviews in the municipality of Santa Maria, located in the central region of the state of Rio Grande do Sul, Brazil. The municipality has a resident population of 271,735 inhabitants[10]. In terms of health care, it reaches 52.37% coverage of Primary Health Care (PHC), with 20 Basic Health Units (UBS) and 25 Family Health Strategy (ESF) teams[11].

The health unit selected for the study is a mixed unit, composed of two ESF teams, two Primary Care teams (eAPs), and one Polyclinic. Prenatal consultations are conducted by four nurses, one obstetric physician, nursing residents, undergraduate nursing

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students, and faculty members of the Nursing Program. In 2023, among the ESF teams there were 122 pregnant women with more than six consultations, and 31 pregnant women with a total of 498 consultations. Within the eAPs, there were 251 pregnant women, of whom 85 had more than six consultations, totaling 1,168 prenatal consultations[12]. Given the demand for prenatal consultations and the bond established between the health service and the educational institution, this unit was selected for the present study. Inclusion criteria for participation in the study were as follows: postpartum women who had undergone prenatal follow-up at the selected health unit and who had children aged between zero and six months, in order to ensure recollection of the prenatal consultation period.

Participants were first approached at the health unit after childcare consultations and were invited to take part in the interview in a reserved room, in the presence only of the participant and the interviewer. Health professionals from the service assisted with scheduling. All invited postpartum women agreed to participate.

Data collection was carried out through semi-structured interviews, all of which were audio-recorded with prior authorization from participants. The average duration was 40 minutes, and interviews were conducted on Tuesday afternoons and Wednesday mornings. The interviews consisted of closed-ended questions regarding sociodemographic and clinical information, in addition to open-ended questions, such as: Were you given guidance on newborn care during prenatal consultations? If yes, please specify: at what moment was the guidance provided, what material was used, and what guidance was given?

The interview script was developed by the authors with the aim of minimizing interviewer bias. Training on data collection techniques was provided to the research team via Google Meet to ensure methodological consistency. The research team was composed of a doctoral researcher in nursing with expertise in child health, a co-supervisor nurse with expertise in women's health, and an undergraduate nursing student with prior experience as a scientific initiation scholarship holder. All team members were familiar with the health service prior to data collection. Interviews were concluded once the study objective had been met[13].

The data were analyzed using thematic content analysis, which comprises three stages: (1) pre-analysis, in which the study hypotheses are reviewed; (2) exploration of the material, involving categorization based on core meanings in the text; and (3) treatment and interpretation of the results[13]. Coding was performed by the undergraduate student and the supervising researchers. Subsequently, thematic categories were defined based on the study objective, related to pediatric guidance provided by PHC professionals during prenatal consultations. This study was conducted in compliance with the guidelines established by Resolutions 466/2012 and 510/2016 of the National Health Council (CNS)[14,15]. All participants received and signed the Informed Consent Form. To ensure anonymity, participants were identified by codes (e.g., Participant 1, Participant 2; P1, P2). The study was approved by the Research Ethics Committee under CAAE number 77088924.2.0000.5346 and Opinion number 6.652.825.

RESULTS

Thirteen postpartum women participated in the study, with ages ranging from 20 to 39 years. Two were primiparous, while the others were multiparous. Regarding occupation, four were housewives, one was a student, and the remainder worked outside the home. As for family income, nine participants reported earning between one and two minimum wages, and the others up to four minimum wages. Most had not completed high school.

In their most recent pregnancies, all participants attended more than six prenatal consultations, and ten attended more than eight. All reported having a support network. Based on the testimonies of the postpartum women, the following thematic category was identified: Pediatric guidance during prenatal consultations.

Pediatric guidance during prenatal consultations

Of the participants, eight reported receiving pediatric guidance during prenatal care, provided by nurses and physicians. Two had received this guidance during their final consultations, three at the beginning of prenatal care, and one could not recall the specific moment. Guidance was also reported during participation in prenatal groups.

"In prenatal care, from the very beginning and in the prenatal group I attended here at the clinic, I

received guidance from both the physician and the nurse." (P1)

"I received it during the prenatal consultation, but I don't remember exactly when. I used to see the doctor (name of physician) and the nurse (name of nurse), who explained some things to me." (P3)

"It was closer to delivery, when the physician and the nurse provided guidance." (P5)

"I was guided from the very first prenatal consultation. The physicians and nurses taught everything; they also organized group meetings, and once a pediatrician from the university even came." (P6)

"It was closer to the end of prenatal care, when the nurse (name of nurse) provided the guidance." (P11)

Among the postpartum women who reported receiving guidance during prenatal care, the following topics were addressed: breastfeeding, hygiene, skin care, prevention of childhood accidents, first aid, labor and birth, newborn visits, and immunizations.

"How to take care of him, how to breastfeed, and even then he latched incorrectly and it hurt." (P1)

"When he regurgitates, what to do, how to clean his little nose, not to use scented products on the newborn to avoid allergies, those kinds of things." (P5)

"There were so many things—breastfeeding, how to hold the baby safely, choking prevention—I learned all of that from them." (P6)

"There was the birth plan, which I wrote on the back of my prenatal card—how I wanted things on the day of delivery, my questions about cesarean section, umbilical cord care, breastfeeding, correct latching—all of that was explained to me." (P7)

"They guided me in many things: baby care, hygiene, breastfeeding, the first vaccines, and avoiding visits in the first few days to prevent catching the flu." (P10)

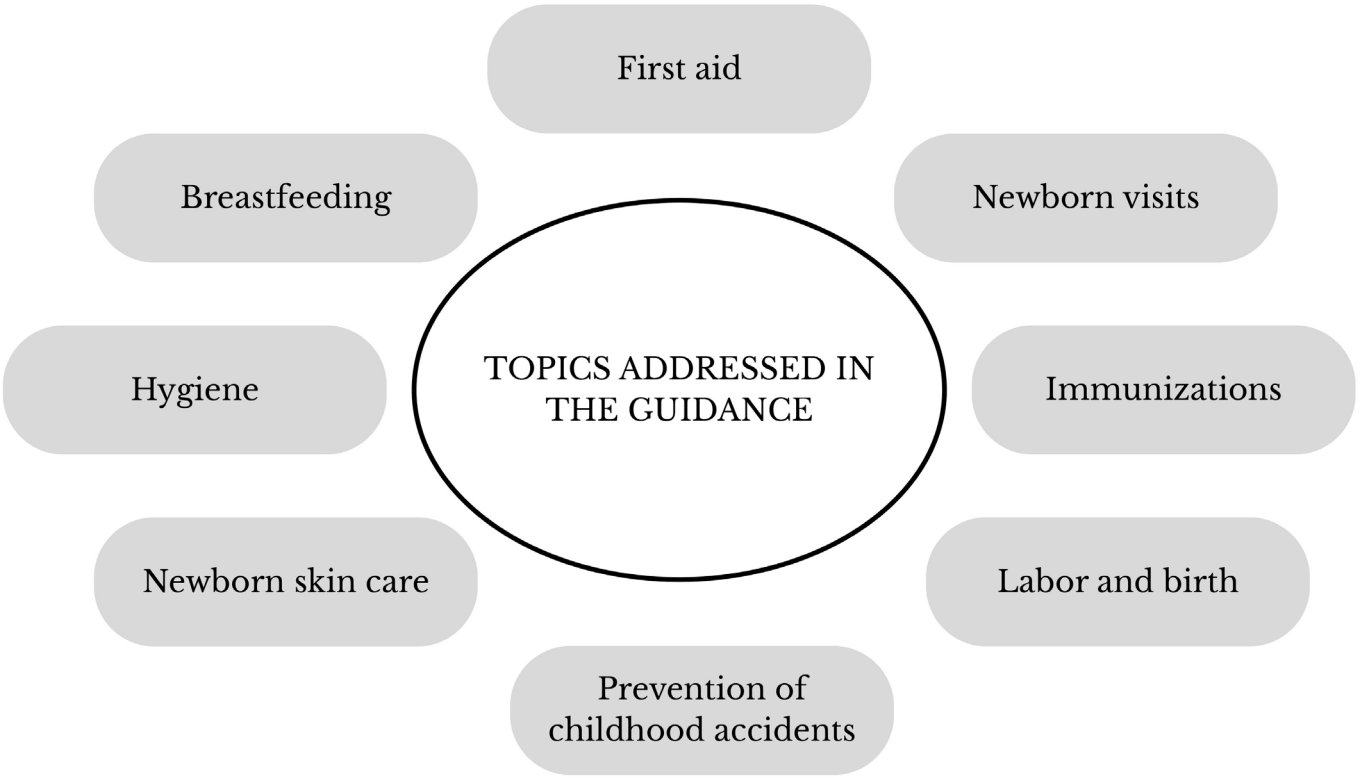

Figure 1 - Topics addressed during guidance in prenatal consultations with postpartum women, Santa Maria/RS, 2024.

All postpartum women who received guidance evaluated it positively. Two highlighted its importance when having another child, since considerable time had passed since their last pregnancy, and one emphasized the relevance of receiving guidance during her first pregnancy.

"It was good, because after fifteen years having another child, you forget everything." (P1)

"I felt very well cared for in all the consultations, both by (name of nurse) and by Dr. (name of physician). They were always able to clarify my doubts very well and helped me a lot." (P5)

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"The guidance was good; the professionals taught well—what to do and what not to do—it was easy to learn." (P6)

"It's a help for a first-time mother, who doesn't know anything." (P11)

"It was fine, just to complement what I no longer remembered from my first pregnancy; it was useful." (P12)

Four postpartum women reported receiving printed material with guidance, which addressed topics such as childbirth, breastfeeding, diaper changing, and newborn skin care.

"About our rights in the hospital and on the day of delivery, in a booklet from the prenatal group." (P1)

"I remember there were some booklets they gave us; they had information on breastfeeding, diaper changing, how to prevent diaper rash, those kinds of things." (P7)

"She printed a birth plan that came along with the baby care guidelines, in the prenatal group." (P11)

"It was a small booklet about breastfeeding—about the use of the breast shield, breastfeeding positions, what to do if the nipple cracked." (P12)

Among the postpartum women who did and those who did not receive guidance, some stated that further guidance was unnecessary, either because they had already learned from caring for their first child or because they had no doubts related to childcare.

"I didn't need more guidance; I already knew everything because I already had a son." (P3)

"I think I didn't receive guidance because this was my fourth child; I already knew how to take care of a baby, so I didn't need it." (P4)

"I didn't have doubts; I was well guided when I needed it. Since it was my third pregnancy, there wasn't much else to say. I never had many doubts, but of course one can always keep learning." (P7)

"The physician was always excellent; everything we asked about the pregnancy or the baby, she answered right away, explained clearly, and even drew it on a piece of paper for us. So, I didn't need additional guidance." (P8)

"I didn't need further guidance; it wasn't my first child." (P13)

The idea of not needing additional guidance was reinforced when seven postpartum women reported not encountering challenges in caring for their newborn. Two explained that they had greater ease due to previous experience with their older children, and one due to her experience caring for other children in her social environment.

"So far, it has been fine. I had contact with babies recently, so it feels normal; I already knew how to take care, everything was fine." (P2)

"It was fine; I didn't have difficulty in taking care of him." (P3, P9)

"For me, it was fine because I had already had a daughter and cared for her alone. I lived in a village with only my husband, so I had to do everything by myself. Now, with my youngest son, it was easier because I already knew what to do." (P6)

"I don't have difficulties; I already have two children." (P11)

Six postpartum women, including one primiparous, reported challenges in newborn care, such as difficulties related to sleep, insecurities about bathing, role overload, soothing crying, breastfeeding, disease prevention, and relief of colic.

"My difficulties are that he (the newborn) has his days and nights mixed up, and I still don't have the courage to bathe him. I'm afraid of dropping him in the tub; the father manages to do it, but I can only manage after one or two months." (P1)

"In the first month of the baby's life, I was very afraid; I cried because I couldn't handle everything—I have four children, work, the house, and school. And about bathing, I was afraid he would fall, so my husband bathed him." (P5)

"I was scared because she was my daughter. Even though I work in a daycare and already knew basic things like diaper changing, I felt very insecure about breastfeeding. I didn't know if milk was coming out or if I was doing it correctly." (P8)

"What I fear the most is bathing her, and I'm also afraid that people will catch diseases and pass them on to her." (P10)

For nine postpartum women, the support network participated in at least one prenatal consultation, while for four there was no such participation.

"My husband participated in some consultations, yes." (P3)

"My husband participated; he was present at every moment." (P5)

"My husband participated in one, I think it was the second consultation, but then he had to work." (P6)

"My husband participated in one consultation, and later in a prenatal course here at the health unit." (P7)

"My sister attended one consultation." (P8)

"My mother came with me to one consultation." (P10)

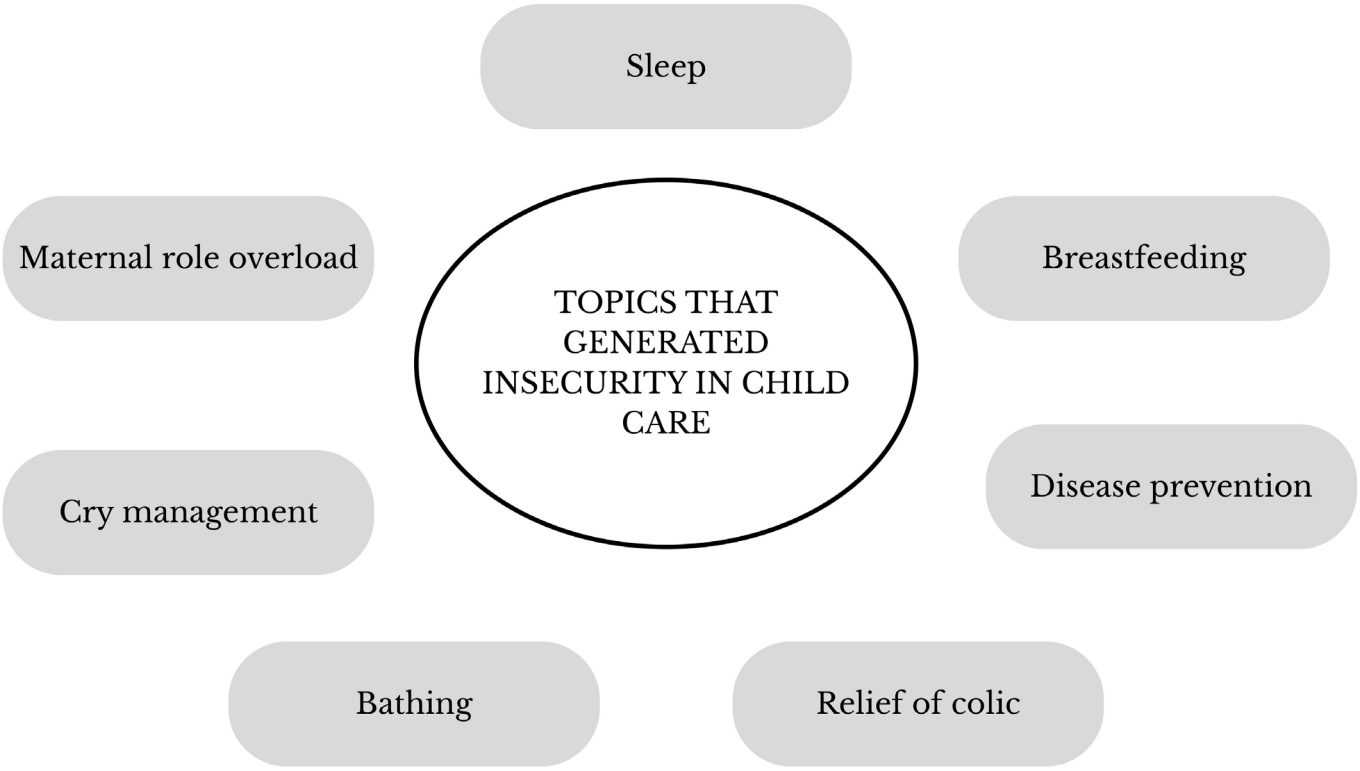

Figure 2 - Themes that generated insecurity regarding child care, Santa Maria/RS, 2024.

DISCUSSION

The postpartum women were between 20 and 30 years old, similar to a cohort study that assessed prenatal care and perinatal outcomes[16]. Low income and multiparity, prevalent among most participants, are factors that directly influence vulnerability levels and access to newborn care guidance[17].

Regarding education, incomplete secondary schooling was most frequent. Pasquini's epidemiological study[18], using data from the Mortality Information System (SIM), observed that lower maternal education is associated with higher risk of neonatal mortality due to reduced adherence to prenatal care, a finding also reported in other studies[16,17].

Eight participants had formal employment, followed by those who were housewives. Balancing household responsibilities, child care, and professional life leads to role overload. In this context, support networks provide essential assistance in facing these difficulties[19].

Ten women attended more than eight prenatal consultations, and the others attended seven. This shows that most participants complied with WHO recommendations of at least eight prenatal visits, and all complied with the Ministry of Health requirement of at least six[2,20].

Interviews revealed the pediatric guidance provided by PHC professionals during prenatal care, and its alignment with recommendations for prenatal pediatric consultations. Some women also reported receiving guidance in prenatal groups. A qualitative study on educational actions in prenatal care confirmed that prenatal groups can serve as complementary spaces for health education, supporting professionals in delivering pediatric guidance[21].

Eight women reported receiving at least one pediatric orientation during prenatal consultations with nurses and/or physicians, similar to findings from other studies[22,23]. This highlights the importance of multiprofessional consultations for quality prenatal care and compliance with WHO and MS guidelines[2,20].

The topics addressed included breastfeeding, hygiene, skin care, accident prevention, first aid, labor and birth, disease prevention, newborn visits, and immunizations. While these align with pediatric prenatal guidance, emphasis was mostly on breastfeeding and hygiene, as found in other studies[22]. Notably, topics recommended by the Brazilian Society of Pediatrics, such as newborn screening, infection prevention, postpartum and childcare consultations, and essential newborn care, were not

mentioned[24]. These are key to promoting longitudinal child health care[8]. Concrete strategies include protocols, checklists, and educational materials.

Therefore, pediatric guidance in prenatal care should be systematically recorded and provided in printed form for family reference, fostering safer newborn care. Reports to maternity teams are also recommended, with information on fetal health risks and guidance provided[24].

Two multiparous women emphasized the importance of guidance when welcoming a newborn after a long interval, while a primiparous participant highlighted its value during her first pregnancy. Each new child represents a unique experience, often with new challenges, requiring educational support from health professionals[22].

Four women reported receiving printed materials addressing childbirth, breastfeeding, diaper changing, and newborn skin care. SBP recommends printed guidance for families, including maternal-fetal health risks when identified[24]. Some professionals did not follow this recommendation.

Most participants stated they did not need further guidance, either due to lack of doubts or prior experience caring for children. Similar results were found in studies where women's previous caregiving roles provided independent knowledge[17,25].

Nonetheless, some still reported challenges such as sleep regulation, bathing, role overload, soothing crying, breastfeeding, disease prevention, and colic relief. Other studies also found prenatal guidance limited to pregnancy information, insufficient for reducing insecurities[21,25,26].

Literature reviews reinforce the importance of prenatal pediatric consultations, as professional guidance and clarification of doubts are essential for safe newborn care starting in prenatal care[3,5]. Professionals must also build long-term bonds with families, fostering belonging, trust, and continuity of care[8]. This ensures that the guidance is effective and guarantees continuity of care.

The support network of most postpartum women participated in at least one prenatal consultation, most frequently the partner. This is consistent with the Ministry of Health guidelines, which emphasize partner involvement as essential for quality prenatal care in PHC[2]. Moreover, it aligns with WHO recommendations, which advocate for men's engagement in newborn care and support for women from prenatal to postpartum care[27]. For those who did not participate in consultations, it is important to recall Law No. 13.257/2016, which grants workers two days of leave to accompany pregnant women to prenatal consultations and examinations[28]. It is the responsibility of health professionals to encourage such participation.

These initiatives enhance the effectiveness of child care, while reducing maternal insecurities and role overload by providing support during this challenging period[25]. However, such support is diminished after the end of paternity leave, which poses a limitation for families with a newborn[29].

Nevertheless, insecurities regarding paternal newborn care remain, as highlighted by an integrative review[7]. This underscores the importance of providing pediatric guidance not only to the partner but also to the mother's support network during prenatal care, thereby expanding opportunities for the healthy growth and development of the infant[29,30].

However, the health unit must remain actively engaged in child care follow-up, reflecting the attribute of longitudinality, in which the professional provides continuous attention over time. This presupposes the existence of a service that functions as a regular source of care[8]. Such engagement fosters the creation of bonds and interpersonal relationships that enable ongoing, trust-based interactions, which may begin as early as the prenatal pediatric consultation through a relationship of mutual cooperation between health professionals and families. Thus, investing in the first 1,000 days of a child's life—from pregnancy through the first two years—is an investment in reducing preventable neonatal deaths and promoting safe child care.

A limitation of this study is recall bias, as postpartum women were asked to report pediatric guidance received during prenatal care months earlier. To minimize this bias, only children within the first six months of life were considered.

CONCLUSION

It was identified that most postpartum women (eight) received pediatric guidance during prenatal consultations with PHC physicians and nurses. However, the guidance primarily focused on breastfeeding and hygiene, while excluding important topics such as newborn screening, infection prevention, and the importance of postpartum and childcare consultations.

Even when pediatric guidance was provided, it was often insufficient to reduce insecurities and challenges in newborn care. Therefore, in line with WHO and Ministry of Health recommendations re-

garding the quality of prenatal care, PHC professionals must deliver pediatric guidance covering all priority themes. This approach can promote knowledge and confidence for postpartum women and their support networks in facing the challenges of newborn care, particularly considering that most participants reported support network involvement in at least one prenatal consultation.

This study highlights contributions to research, teaching, and practice. For research, it opens opportunities for further studies on prenatal pediatric consultations in PHC in different contexts. It also demonstrates the need to develop and implement educational technologies to assist pregnant and postpartum women, as well as their support networks, in newborn care. For teaching, it suggests greater discussions on pediatric guidance during prenatal care, aiming to strengthen this practice and expand its relevance to maternal and child health, including postpartum and childcare consultations. For practice, it is important to systematize pediatric guidance and encourage the active participation of support networks, creating spaces for dialogue on the topic.

Finally, continuous articulation between management, care, and education is essential to strengthen and ensure the effectiveness of pediatric guidance provided during prenatal consultations. This constitutes a key pillar for the longitudinality of child care and the promotion of child health.

As a practical implication, strengthening strategies aligned with public policies is emphasized, particularly those that focus on professional training and the involvement of postpartum women's support networks in newborn care.

CRediT author statement

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All authors have read and agreed to the published version of the manuscript.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the workreported in this paper.

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