



## CARE FOR LOW WEIGHT NEWBORN INFANTS BY FAMILY HEALTH TEAMS: INTEGRATIVE REVIEW

### CUIDADOS A RECÉM NASCIDOS DE BAIXO PESO POR EQUIPES DE SAÚDE DA FAMÍLIA: REVISÃO INTEGRATIVA

### CUIDADOS A RECIÉN NACIDOS DE BAJO PESO POR EQUIPOS DE SALUD DE LA FAMILIA: REVISIÓN INTEGRADORA

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#### ABSTRACT

**Objective:** to analyze evidence from scientific literature on the care for low weight newborn infants by Family Health teams. **Method:** this is an integrative literature review aiming to answer to this question: “How should care for low weight newborn infants by Family Health teams occur?”. The search was conducted in the databases LILACS and MEDLINE and it involved articles published from January 2000 to December 2011 that contain the following descriptors: low birth weight infant; family; family health; primary health care. We selected 10 articles. **Results:** we found out that professionals’ practice favors embracement and resumes family’s comprehensiveness, however, weaknesses were identified in this relationship, something which results in family dissatisfaction with the service. **Conclusion:** evidence points out peculiarities of everyday experiences of families with low weight newborn infants, especially those with an emotional nature, revealing the need for better training of primary care professionals to provide proper support. **Descriptors:** Infant; Low Birth Weight; Family; Family Health; Primary Health Care.

#### RESUMO

**Objetivo:** analisar evidências da literatura científica sobre o cuidado a recém-nascidos de baixo peso por equipes de Saúde da Família. **Método:** trata-se de revisão integrativa que visa a responder esta questão: “Como deve ocorrer o cuidado a recém-nascidos de baixo peso por equipes de Saúde da Família?”. A busca foi realizada nas bases de dados Lilacs e MedLine e envolveu artigos publicados de janeiro de 2000 a dezembro de 2011 que contém os seguintes descritores: recém-nascido de baixo peso; família; saúde da família; atenção primária à saúde. Foram selecionados 10 artigos. **Resultados:** constatou-se que a prática dos profissionais favorece o acolhimento e resgata a integralidade da família, porém, foram identificadas fragilidades nessa relação, o que resulta em insatisfação da família com o serviço. **Conclusão:** evidências apontam peculiaridades das vivências cotidianas de famílias com recém-nascidos de baixo peso, especialmente as de cunho emocional, revelando a necessidade de maior preparo dos profissionais de atenção básica para oferecer o devido suporte. **Descritores:** Recém-Nascido de Baixo Peso; Família; Saúde da Família; Atenção Primária à Saúde.

#### RESUMEN

**Objetivo:** analizar evidencias de la literatura científica acerca del cuidado a los recién nacidos de bajo peso por equipos de Salud de la Familia. **Método:** esta es una revisión integradora que tiene como objetivo responder a esta cuestión: “¿Cómo debe ocurrir el cuidado a los recién nacidos de bajo peso por equipos de Salud de la Familia?”. La búsqueda se realizó en las bases de datos Lilacs y MedLine e involucró artículos publicados de enero de 2000 a diciembre de 2011 que contienen los siguientes descriptores: recién nacido de bajo peso; familia; salud de la familia; atención primaria de salud. Se seleccionaron 10 artículos. **Resultados:** se constató que la práctica del profesional favorece la acogida y rescata a la integridad de la familia, sin embargo, se identificaron fragilidades en esa relación, lo que resulta en insatisfacción de la familia con el servicio. **Conclusión:** evidencias apuntan peculiaridades de las experiencias cotidianas de familias con recién nacidos de bajo peso, especialmente las de naturaleza emocional, revelando la necesidad de una mejor preparación de los profesionales de atención primaria para ofrecer el soporte adecuado. **Descritores:** Recién Nacido de Bajo Peso; Familia; Salud de la Familia; Atención Primaria de Salud.

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## INTRODUCTION

Low weight accounts for 2/3 of neonatal deaths, those occurring within the first 27 days of life.<sup>1</sup> It causes motor and sensory deficits, as well as learning difficulties<sup>2</sup>, and also hospitalization for long periods in neonatal intensive care units (NICU), with increased risk for morbidity and mortality and impaired/delayed growth.<sup>3</sup>

As for the factor low birth weight (< 2,500 g), newborn infants are subclassified into: low birth weight (1,501 to 2,500 g), very low birth weight (1,001 to 1,500 g), and extremely low birth weight (< 1,000 g).<sup>4</sup> Low weight newborn infants and premature newborn infants are pointed out as being at high risk, because they have physiologic or hemodynamic instability as a result of congenital disorders, metabolic abnormalities, perinatal asphyxia, or disorders during pregnancy. Babies born under these health conditions are in need of specialized health care at NICUs.<sup>5</sup>

The high number of low weight newborn infants constitutes an important health problem and it represents a high percentage in neonatal morbidity and mortality. Besides, it has severe medical and social consequences. The birth of a premature or low weight baby may lead to severe complications and this will imply family's broken dreams and wishes. At this moment, a new stage begins in the life of these families, with various reactions, such as denying the fact, something which often involves not accepting or being willing to understand the explanations provided by the health professional.<sup>6</sup>

Parents construct images, dreams, and hopes around a human being they gestate and imagine as having a beautiful, chubby, healthy active, perfect face. When faced with preterm birth, they meet a small and fragile baby, and, given the situation, the dream vanishes. Feelings of disappointment, failure, guilt, and fear emerge, and these feelings tend to cause detachment between parents and premature children.<sup>7</sup>

It is known that the absence of public policies that support the follow-up of premature and low weight babies result in an ineffective monitoring, if not absent, exposing these newborn infants to increased risk for morbidity and mortality.<sup>8</sup> Given this reality, perinatal care has been a primary focus of the Ministry of Health since the early 1980s, and it is among the pillars of the Program for Humanizing Prenatal Care and Birth, created in June 2000, whose main strategy is

guaranteeing an improved access, coverage, and quality of prenatal care and assistance during delivery and puerperium. This program expands the actions already taken in the area by the Ministry of Health, such as investments in state networks to care for high-risk pregnancy and increased payment for specific procedures.<sup>9</sup>

It is worth stressing that good quality care aims at preparing the mother for child's care, which must start during prenatal care, and the professional who works in Family Health teams responsible for providing care and allowing the needs felt by mothers to emerge, instead of determining them. This professional must develop actions to care for the child along with her/his mother, not for her/his mother, providing her with the opportunity to talk about fear, anxiety, and lack of confidence to care for her child.<sup>10</sup>

Another relevant factor is that, despite there is a growing expectation of survival for very low weight newborn infants, still remains a concern with prognosis, in the long run, since, as they survive, the risk for diseases and complications related to extreme prematurity and low weight also increases, with a consequent prolongation of hospital stay, increased cost of care, and financial, emotional, and social burden for the family, as well as important sequelae with regard to their development, growth, and family interaction.<sup>11-12</sup>

Considering the evolution of public policies for children's health care, it is recognized that there were efforts to ensure that babies, in general, have their growth and development monitored by the health care sector and this is emphasized in the case of babies who suffered any complication at birth, with low weight being among them. Having in mind the national priority and the need to check how such policies have been unfolded in the context of health care services, we proposed this study, whose purpose is:

- Analyzing evidence from scientific literature on the care for low weight newborn infants provided by Family Health teams.

## METHOD

This is an integrative review, method whose purpose is gathering and synthesizing research results on a particular theme or issue, in a systematic or orderly way, contributing to a deeper understanding of the theme under study.<sup>13</sup> It consists in constructing a comprehensive analysis of the literature focusing on research methods and

results, as well as reflections on the achievement of further studies.<sup>14</sup> Since the purpose of this method is obtaining a deep understanding of a certain phenomenon based on previous studies.<sup>15</sup>

For preparing this integrative review, six stages were covered<sup>13-16</sup>:

1) Identification of the hypothesis or guiding question: this consists in the preparation of the issue by the researcher in a clear and objective way, followed by the search for descriptors or keywords; in this study, the following question was adopted: "How should care for low weight newborn infants by Family Health teams occur?".

2) Sampling selection: determination of inclusion or exclusion criteria, time to establish the transparency so that it provides depth, quality, and reliability to the selection. The search and selection of scientific papers were conducted by three reviewers in an independent way, to ensure dependability of this process. We used articles available in electronic publishing model in two databases: Latin America and Caribbean Health Sciences Literature (LILACS) and Medical Literature Analysis and Retrieval System On-Line (MEDLINE), employing, in this survey, a combination of the following keywords: low birth weight infant, family, family health, and primary health care. The search took place from December 2011 to January 2012, through online search. Access to full-text publications occurred by means of the Scientific Electronic Library on Line (SCIELO) and the Coordination for the Improvement of Higher Education Personnel (CAPES).

For selecting the scientific papers, we resorted to the reading of titles and abstracts, according to the inclusion and exclusion criteria. The criteria for including articles initially defined were: a) published in Portuguese and having abstracts available in the selected databases; b) published within the period from January 2000 to December 2011; c) published and available in full-text in the SCIELO or CAPES databases; d) paper addressing the theme care provided to low weight newborn infants by Family Health teams. Following these criteria, 28 articles were initially selected.

3) Categorization of studies: definition with regard to the extraction of information from articles reviewed, aiming to summarize and organize this information. For data collection, we prepared an instrument which was submitted to the evaluation by three judges. The judges were three professors from public universities, experienced in the theme under

study and/or in the evaluation of instruments and they made suggestions for changes, and most of them were accepted. The final instrument includes the following items: article's title, authors' identification, professional category, journal title, publication year, study site, database, study objective(s), methodological design, evidence level, results, and conclusions/recommendations.

4) Evaluation of studies: time for analyzing the extracted data. Selected articles were critically analyzed in detail, with reading of full texts, in order to achieve the objectives of this study. In the database LILACS, we found 18 papers, and 8 articles that could not answer to the guiding question and 2 articles that were not available in full text were excluded. From this database, therefore, 8 articles were included in the study. In the database MEDLINE, we found 11 articles, and 9 were excluded because they were not available in full text. So, the final sample of this integrative review consisted of 10 articles.

5) Discussion and interpretation of results: time when the main results are compared and grounded in the theoretical knowledge and evaluation of their applicability. For analysis and subsequent synthesis of articles that met the inclusion criteria, we used a synoptic box specially constructed for this purpose, which includes the following aspects: article's title; authors' identification; study objective(s); results; and conclusions/recommendations.

6) Presentation of the integrative review and synthesis of knowledge: we must include information from each reviewed article in a succinct and systematic way, showing the evidence found. The presentation of results and discussion of the obtained data were conducted in a descriptive way, allowing the reader to evaluate the applicability of this integrative review, in order to achieve the purposes of this method.

## RESULTS

Out of the ten articles included in this study, 5 were written by nurses, 1 has among its authors physicians, physical therapists, psychologists, dieticians, and social workers, and in 4 cases it was not possible to identify the professional category of authors. Regarding the publication year, 1 was in 2003, 1 in 2008, 2 in 2007, 2 in 2009, 2 in 2010, and 2 in 2011. Among the items evaluated, 6 were published in the South region and 4 in the Southeast region of the country. Regarding the type of journal providing publication, 5 were

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published in general nursing journals, 3 in public health journals, and 2 in general health journals.

An analysis addressing the research design of articles under study showed that 6 conducted descriptive studies, 2 were case-control, 1 was a case study, and 1 derived

from an experience report; 6 had a qualitative approach and 4 a quantitative approach. Thus, regarding the evidence level obtained by the articles, it was found out that 6 were level 4, 2 were level 5, and 2 were level 1. Figure 1 displays a synthesis of articles included in this integrative review.

Title	Author(s)	Objective(s)	Results	Conclusions/Recommendations
Risk factors associated with very low birth weight in a low-income population	Araujo BF, Tanaka ACD <sup>17</sup>	Identify the risk factors associated with the birth of very low weight newborn infants among a low-income population of the Brazilian South region.	The main risk factors for the birth of low weight newborn infants surveyed by the study were maternal age > 35 years, non-attendance to prenatal care consultation, maternal hypertension and infectious diseases. The authors also emphasize that efforts to reduce premature births and birth of very low weight newborn infants must be conducted during prenatal care, which has to start in the first trimester of pregnancy and have a good quality. It is key that pregnant women with illnesses or those who have factors associated with preterm birth in their previous history are identified on an early basis and referred to outpatient units for pregnant women at risk, where they can be provided with a personalized attention aimed at their medical and social needs.	The authors reported that appreciating prenatal care has led to a significantly decreased perinatal mortality, which fell from 16.7 per 1,000 live births in 1988 to 7.2 per 1,000 live births in 1996. It is by means of preventive and low-cost programs, prepared having epidemiological studies as a basis, that it is possible to decrease the birth of very low weight newborn infants and, as a consequence, positively influence on the reduction of infant mortality rates.
Factors associated with interruption of exclusive breastfeeding in low birth weight infants receiving primary care	Sanches MTC, Buccini GS, Gimeno SGA, Rosa TEC, Bonamigo AW <sup>18</sup>	Identify the factors associated with cessation of exclusive breastfeeding of low weight newborn infants assisted at primary care.	It was found out in this study that the factors associated with cessation of exclusive breastfeeding in the third month of life among low weight newborn infants were: maternal age (< 18 years), informal employment (as a protective factor), mother who had drunk alcohol on a daily basis during pregnancy, mother having attended < 6 prenatal consultations, multiple gestation, birth weight ≤ 2,000 g, baby's difficulty in the first feedings, mother's complaint on breastfeeding within the first month, and use of pacifier in the first and second months of life.	The authors report that prior knowledge of the factors associated with cessation of exclusive breastfeeding of low weight newborn infants can facilitate planning local actions and policies, in order to improve the breastfeeding rates, aiming to reduce infant morbidity and mortality, since most factors identified in this study may undergo an intervention during outpatient follow-up.
Assistance to newborns in a Family Health Program	Slomp FM, Mello DF, Scochi CGS, Leite AM <sup>19</sup>	Describe the neonatal care implemented by the Family Health Program of a unit in the town of Guarapuava, Paraná, Brazil, in order to support the organization of health care for children in the family context.	The authors report that, for children regarded as being at risk, there has been proposed the following schedule of consultations: monthly during the first 6 months of life, bimonthly up to 1 year of age, each four months up to 2 years, and semi-annual above 2 years. For children born weighing < 1,500 g and/or had neonatal morbidity, or also have diseases or sequelae, the recommendation is that follow-up is conducted on an outpatient specialized unit and, at the same time, linked to the health care unit where the family is enrolled, so that the teams monitor this segment. In terms of organization of the health care services, the Family Health Strategy has been put as a guiding and structuring axis of primary care. For the care of children in this context some lines are proposed, considering a comprehensive care and health	The identification, active search, and monitoring of the newborn infant undergoing a higher risk for illness and death constitute an ongoing challenge in order to develop a care model aimed and grounded in the concepts of prevention, promotion, and reorganization of primary health care, which is also proposed by the model of the Family Health Program. The preparation of a health care flow chart for the newborn infant points out reflections on the quality of care, ways to identify children, a way to effectuate health education, in addition to its use as an instrument for organizing services of the Family Health Program.

			<p>surveillance. The community health worker (CHW) works at a defined territory, having the responsibility of monitoring families. The work of CHWs favors follow-up and resumes addressing the subject/user as a whole, highlighting the social support offered to the population, by means of their sympathetic profile. The relationships established among professional from health care teams and users/families enable some listening aimed at suffering, needs, wishes, possibilities, and knowledge kinds. The Family Health Program may be regarded as an innovative experience and an opportunity that generates a new practice.</p>	
<p>Child care: mother-infant problems detected by nurses at a family care health center</p>	<p>Abe R, Ferrari RAP<sup>20</sup></p>	<p>Characterize the maternal and child's problems identified by nurses in the child care consultation.</p>	<p>The study identified that the main problems found by nurses during the child care consultation were: high rate of low weight newborn infants, Apgar score <math>\leq 7</math> at the fifth minute of life, changes in the integumentary system, nutrition/gastrointestinal problems, and respiratory problems. It is also possible to notice that the operation of the child care program by the nurse is systematic, but it still does not comply with the guidelines recommended by the Ministry of Health with regard to the care for all newborn infants in the first week of life.</p>	<p>The child care consultation enables, in addition to the detection of prevalent and preventable diseases among children, the identification of maternal problems, such as breastfeeding, which is directly related to the child's healthy development and growth.</p>
<p>Follow-up program of high risk neonates: report of the experience of an interdisciplinary team</p>	<p>Ferraz ST, Frônio JS, Neves LAT, Demarchi RS, Vargas ALA, Ghetti FF, Filgueiras MST<sup>21</sup></p>	<p>Report the experience of the interdisciplinary team that consists of physicians (neonatal pediatricians), nurses, physical therapists, speech therapists, nutritionists, social workers, psychologists, and related professionals involved in the care for high-risk newborn infants.</p>	<p>The interdisciplinary work conducted through the follow-up program is reported, and this is a specialized clinical monitoring of children, which can identify on an early basis developmental changes in high-risk infants and refer them at the appropriate time to the required treatments, making prognosis better. Families/guardians are also offered the support they need to understand and actively participate in the process for monitoring/caring for the infant.</p>	<p>The follow-up of high-risk newborn infants is clearly important and, ideally, it should be performed by a multidisciplinary, connected, and trained team. It is key that all health care professionals, including those who work with primary care, know the follow-up program and know the importance of referring these newborn infants who need specialized monitoring on an early basis.</p>
<p>Prenatal care, low birth weight and prematurity in Brazil, 2000</p>	<p>Kilsztajn S, Rossbach A, Carmo MSN, Sugahara GTL<sup>22</sup></p>	<p>The historical evolution of the infant and neonatal mortality rates by birthweight and length of gestation are presented, in order to highlight their importance and analyze the role of the number of prenatal care consultations, among other risk factors.</p>	<p>The authors report that an increased number of prenatal consultations observed in 16 groups under study led to a reduced prevalence of low weight and/or preterm birth; and the difference in the prevalence of low weight and/or preterm birth between the 16 groups under analysis decreased from 14% to 4% due to the increased number of consultations from 0 to 3 to <math>\geq 7</math>.</p>	<p>Given the current infant mortality structure in the state of São Paulo, the increased number of prenatal consultations and the higher accessibility to the risk categories could reduce the prevalence of restricted intrauterine growth, preterm birth, number of low weight live births, and deaths due to illnesses derived from the perinatal period.</p>
<p>Basic care follow-up for underweight newborns from the perspective of Family Health Teams</p>	<p>Buccini GS, Sanches MTC, Martins MCFN, Bonamigo AW<sup>23</sup></p>	<p>Know the perceptions and practices of the Family Health teams on the follow-up of the low weight newborn infant by primary care.</p>	<p>The authors think that prenatal care is the time for constructing or strengthening the bond between the Family Health teams and the pregnant woman. However, they observed barriers to executing a comprehensive and longitudinal care process that permeates the follow-up of low weight newborn infants. Limitations became apparent during the longitudinal follow-up given the Family Health team's difficulty to coordinate and</p>	<p>Low weight newborn infants and their families still are not provided with a comprehensive care at primary care, as proposed by the national guidelines of care for the baby at risk.</p>

<p>Following high-risk newborn babies in a public health unit of Maringá-PR</p>	<p>Lopes MCL, Santander CA, Marcon SS<sup>24</sup></p>	<p>Characterize the population of newborn infants regarded as being at risk, at a basic health unit, and check whether and how these children have been followed-up by teams of the Family Health Strategy.</p>	<p>connect the care network; deploy national protocols and guidelines; handle daily life issues and those related to family dynamics; and establish and conduct longitudinal therapy plans. The role of management to connect a continued education project was highlighted.</p> <p>That study showed that the main factors generating a risk for babies were: prematurity, low weight, and low maternal age. Most children did not undergo a monthly consultation and a reduced number of information related to family history, immunization status, pregnancy, childbirth, and nutritional history was observed in the medical records of child care consultations.</p>	<p>The authors think there is a need to perform an active search for newborn infants who are not attending scheduled activities and also those who do not come to the health care unit, even in cases that undergo monitoring by a private physician, because, if she/he lives within the area covered by the basic health care unit, its professionals have a duty with regard to them and their families need to be informed about the child's condition and the importance of an effective pediatric follow-up. Therefore, health care professionals need to work by checking the potential risk and attenuating them, when observed.</p>
<p>Support network to families of low birth weight babies after hospital discharge: a qualitative study</p>	<p>Fonseca LE, Marcon SS<sup>25</sup></p>	<p>Know the network of support and the kind of support received by families in the care for a low weight baby, within the first 6 months after hospital discharge.</p>	<p>The study showed that the support network is formed by relatives, non-relatives, professionals, and institutions, highlighting the various forms of father and grandparents' participation. However, professional support at home is virtually nonexistent. It was also observed that support for families facilitates their daily lives, reduces overload, brings them confidence, and provides all members with well-being.</p>	<p>The study highlighted the need for a professional training that favors the strengthening and instrumentation of prospective professionals to a more effective work along with families that face the birth of a low weight baby. Deepening researches related to family beliefs, above all those with regard to behavior, will allow professionals to retrace the pathways to decrease the gap in the continuity of care for the family and low weight baby after hospital discharge.</p>
<p>The health follow up of premature and low birth weight children discharged from the neonatal intensive care unit</p>	<p>Viera CS, Mello DF<sup>12</sup></p>	<p>Describe the way how care for preterm and low weight newborn infant who has left the neonatal intensive care unit occurs, regarding the follow-up of this clientele in the household context.</p>	<p>The study identified some weakness in the relationship between professionals working in primary health care and the low weight newborn infant's family. It has also identified professionals' difficulty in communicating to the family, something which results in family dissatisfaction as for the service and absence of home visits, generating a lack of close contact between health care professional and family.</p>	<p>The fragile bond between professionals working with primary health care and the low weight newborn infant's family, besides the institutional vulnerability of health care services, generate lack of confidence, dissatisfaction, and lack of effectiveness in the follow-up of the child by the family at the service.</p>

Figure 1. Synthesis of articles included in the integrative review.

**DISCUSSION**

Among the authors who have published more papers on the theme under study we observed nursing professors. Data confirmed that faculties have been increasingly contributing to progress of the scientific papers on the theme under study. As for the publication year, it was observed that there was stability with regard to the amount of articles.

Most studies referred to risk factors related to very low birth weight infants and the perceptions and practices of Family Health teams on the follow-up of these children by primary health care.<sup>17-22</sup>

The integrative analysis of these articles enabled us to find out that the strategies for decreasing risk factors responsible for low birth weight should be initiated in basic health care units, especially by professionals working in Family Health teams, by improving the quality of prenatal care consultations, guidelines for the family and pregnant woman

with regard to the care provided to the newborn infant, encouragement of breastfeeding, provision of home visits, and closer professional/community relationship.

Studies recognized, even in public health policies<sup>8</sup>, the importance of conducting a good quality prenatal care for a decline in the number of newborn infants at risk, particularly those with low birth weight, a condition that contributes to increased neonatal mortality; besides, from the official viewpoint, breastfeeding should be prioritized in the care for a newborn infant, especially when she/he is at risk. The articles focusing on the need to encourage breastfeeding in cases of low birth weight babies claim that weaning tends to be early, usually occurring within the first month of life.<sup>18,20</sup> One cause given for this is the lack of mother's knowledge about the quality of her milk and the importance of it for the baby's healthy growth.

Mothers need an active support, during pregnancy and after delivery, not only from their families and communities, but also from the entire health care system. Ideally, all health care professionals with whom pregnant and puerperal women had contact should be committed to promote breastfeeding, being able to provide appropriate information, as well as demonstrate practical skills to manage this practice. The literature has lots of studies on the beneficial effects of breastfeeding for mother/baby's health.<sup>18,20</sup> However, there are still very few publications with regard to the provision of guidance on breastfeeding within the health care services. Considering that at the primary care level there are free public services, responsible, in most cases, for the monitoring of pregnant women during prenatal care and that of babies in child care, it is indispensable to investigate whether they comply with the function to encourage and guide breastfeeding.<sup>26</sup>

The challenge for Family Health teams in the household context lies on the need to know the cultural feeding practices as a starting point for the negotiation of new dietary practices. Regarding the social practice of breastfeeding, there is a need to discuss with the woman who is providing breastfeeding, and her relatives, issues regarding this feeding way. Moreover, there is a need for developing educational activities along with the pregnant woman and her family, since the beginning of prenatal care. There is also a need that the professional favors and encourages the presence of those family members that the woman regards as important, encouraging them to participate in

the process of learning the way how to breastfeed the baby since she/he is at the hospital setting; includes the family members in group activities and guidance times, seeking to appreciate their presence and contributions in health promoting activities; enables the creation of democratic and participatory spaces; and establishes a getting closer with the life reality of the family group with which the low weight newborn infant interacts.<sup>27</sup>

Together with positive notes on the care for newborn infants at risk within basic health care, several studies included in this review mentioned negative aspects of the care provided to very low weight newborn infants and their families at this health care level<sup>12,20,23</sup>, such as: although the child care program conducted by the nurse takes place systematically, it has not been complying with the guidelines recommended by the Ministry of Health with regard to the care for all newborn infants within the first week of life; the relationship between professionals from the primary health care and the low weight newborn family is fragile; the communication between professionals and the newborn infant's family is hard, leading to dissatisfaction with the service; home visits are not provided as expected, generating a lack of close contact between the professional and the family.

It is known that the newborn infant requires much care by the family, since she/he is totally dependent.<sup>23</sup> However, when this baby is born with low weight, the family may feel unprepared to provide this care, and it is important that professionals working in Family Health teams are prepared to provide these families with care, respecting their beliefs and behaviors, in order to facilitate an effective care for the child at home.<sup>25</sup>

Another aspect that the integrative analysis of articles revealed was related to the importance of organizing child care according to the Family Health model.<sup>19-21</sup> In this context, a longitudinal follow-up and work along with the family during the growth and development process, constitutes an opportunity to provide an intervention on risks and reduce vulnerabilities. As all professionals working in Family Health teams play a key role with regards to dealing with a newborn infant at risk, it is expected that each team member falls within the child's therapeutic project, in an attempt to broaden the clinical look and manage other issues related to the family and social environment of the low weight newborn infant. According to the guidelines of primary health care and child

health care, the longitudinal monitoring of the low weight newborn infant should be based on assumptions of extended clinic and the unique therapeutic project. The main objective of this assistance is keeping the regularity of home consultations and visits, according to the risk factor, so that the intervention, when needed, takes place on an early basis, decreasing the chances of rehospitalization.<sup>23</sup>

We also addressed the need to keep an active search and monitoring of the newborn infant at an increased risk of getting ill and dying. That is, the need to make available comprehensive care, preventive actions, and those aimed at health promotion, usually, is low-cost; the active search for babies who are failing to attend the program's activities; work in a multiprofessional team; increased access of newborn infants at risk to health care services, ensuring their referral to more complex services on an early basis and whenever needed. It is key that primary care has a bond with the newborn infant, even when she/he undergoes follow-up in the supplemental health care network.<sup>19,21,24</sup>

Considering the various aspects of care for the low weight newborn infant by Family Health teams, pointed out by recent national literature, we may infer that there is a need for paying attention to some training that encourages strengthening and instrumenting these professionals to work more effectively along with families that face the birth of a low weight baby.

## CONCLUSION

This study revealed many aspects that are favorable to promote child health care, but we also found the difficulties faced by professionals working in this context, implying the need for qualified professionals to provide adequate support to these children and their families. At the same time, we found a small number of scientific articles aimed at the theme, especially those related to subjective aspects of care, and there is a need to extend investigations that contribute to overcome conflicts and difficulties inherent to family care actions, as well as professional care actions, so that they can actually contribute to promote the health of low weight newborn infants.

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