ABSTRACT

This paper describes a partnership established between a newborn care program implemented in a city in the interior of São Paulo, Brazil and the nursing program of a public university. The activities are performed by nursing undergraduates together with the program team and include guidance provided to mothers in maternity hospitals linked to the Brazilian Health System concerning newborn care, growth and developmental monitoring, immunization, and support and encouragement of breastfeeding, in addition to the scheduling of childcare and postpartum appointments. These actions develop competencies during the nurses’ education and qualify students to interact with mothers and newborns, providing health education and broadening their view beyond biological care to include aspects concerning social, cultural and emotional demands, the inclusion of families in the care provided to mothers and infants, and those related to cooperation among health sectors and services.

Keywords: Comprehensive Health Care. Infant Newborn. Health Education.

INTRODUCTION

The consolidation of public policies concerning childcare, designed from the 1980s to the present, as well as the care strategies recommended by official documents and studies, reinforce aspects that are necessary and important to providing appropriate care in the first years of life (1-4).

In this context, nursing programs have sought to use teaching strategies that result in learning with a critical and reflexive capacity, encouraging students to incorporate a new conception concerning the healthcare system (5). Hence, the development of an ability to act efficiently in the face of various situations to positively contribute to a transformation of reality is encouraged.

Teaching designed to strengthen and consolidate the principles of the Brazilian Health System (SUS) involves service extensions, the university’s social commitment to complement the education of professionals, expanding competencies and skills that integrate knowledge and enable its application in the care provided to the community.

The program A Life Blooms [Floresce uma Vida], which is directed to the health care of newborns and is located in a city in the interior of São Paulo (6), contributes to the teaching of students by providing them an opportunity to experience extension services implemented in the community intended to heed the directives of the SUS in regard to the education of professionals with a broader perspective.

In a context of changes in the practice directed to children, A Life Blooms emerged in 1995 with the purpose of improving child quality of life and reducing mortality in the city (6-7). Currently, the program develops care actions directed to puerperal women and newborns (NB) in the immediate postpartum.

Designed to reduce complications for both mother and child, the program ensures care is provided within the Primary Health Care (PHC) network in the first week after hospital discharge, encourages breastfeeding, provides...
guidance in regard to neonatal screening and child immunization, and aids in avoiding puerperal and neonatal complications, especially in any population at risk\(^{(1,7-8)}\).

These practices imply integrality of care and accountability for the care provided to the child after hospital discharge, supporting the family and alleviating the responsibility of individually seeking resolution for its health needs\(^{(7,9)}\).

In the search for alternatives that, by means of actions address the care provided by nurses to the community, a service extension project was developed in a public university for a coordinated action with the A Life Blooms program. This experience report describes this partnership from the perspective of the education of nursing undergraduate students.

**METHOD**

This experience report describes the activities of extension community services after a partnership was established between A Life Blooms and a public institution of higher education. This institution worked closely with the City Health Department to devise and implement the program. In August 2008, an opportunity emerged to link research, teaching and community services, offering the students a rich experience with nursing practice in monitoring puerperal women in the comprehensive care of newborns, while offering the program a partnership to help with the activities in face of the growing demand for care.

It is worth noting that the project was renewed yearly, initiating activities in August and ceasing activities in July of the following year.

The extension project involved undergraduate students, from both the Bachelor’s degree and Teaching degree nursing programs, working in three hospitals: one hospital providing care to low and medium-risk pregnant women and NBs and with a low demand for deliveries (H\(_1\)); another hospital that also provides care to low and medium-risk pregnant women and NBs, though with a large demand for deliveries (H\(_2\)); and a third hospital (H\(_3\)) that provides care for high-risk pregnant women and NBs and is a referral facility for the region and country.

The inclusion of students in the hospitals gradually increased every year. In the first year, there was a student who performed actions in one hospital (H\(_1\)). In the following year, activities were performed in hospital H\(_2\) due to a request from the City Health Department caused by an increased demand for births in this facility and also a reduced demand for births in hospital H\(_1\). In 2010, we maintained activities in hospital H\(_2\) and expanded activities with another student in hospital H\(_3\), also in response to a request from the health department. In 2011, we reached our goal to work with the city’s three public hospitals (H\(_1\), H\(_2\) and H\(_3\)), with one undergraduate assigned for each hospital.

The students register the city’s NB residents into the Hygia system and schedule the first childcare consultation in the PHC unit covering the child. They also: provide guidance to puerperal women concerning childcare; encourage and support breastfeeding; provide guidance concerning the immunization of NBs and neonatal screening; identify NBs at risk and refer these infants to the service of Early Childhood Stimulation, linked to the City Health Department.

**RESULTS AND DISCUSSION**

Table 1 presents the consultations performed by the students enrolled in the extension project from the time of its inception. The number of live births (LB) refers to those born during the duration of the project. The registered births refer to each hospital where the project was implemented, while the consultations recorded in the system, the schedule in the PHC network, or specialized service are related to the total of births in each hospital.

When intercurrences were identified in the breastfeeding process, the nurse in the health unit covering the respective mother and infant was contacted by phone and asked to make a home visit after hospital discharge.

In the project’s first year, we cared for a monthly average of 90 mother-child binomials (H\(_1\)); 240 binomials (H\(_2\)) in the second year, and 330 binomials (H\(_2\) and H\(_3\)) in the third year. The students cared for a monthly average of 380 binomials (H\(_1\), H\(_2\) and H\(_3\)) between August 1\(^{st}\) of 2011 and July 31\(^{st}\) of 2012.

The purposes of expanding care are to ensure access to health services\(^{(10,11)}\), schedule early...
appointments for NBs in health care units\(^{(6)}\), and identify children at risk of developmental disorders and to schedule appointments for them in specialized services, as a way to comprehensively meet this population’s health needs\(^{(12,13)}\).

<table>
<thead>
<tr>
<th>Year</th>
<th>LB*</th>
<th>Births by hospital</th>
<th>NBs registered in the Hygia system</th>
<th>NBs' 1st consultation</th>
<th>NBs at risk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>2008/2009</td>
<td>4,491</td>
<td>976 (H(_1))</td>
<td>906</td>
<td>92.8</td>
<td>21.7</td>
</tr>
<tr>
<td>2009/2010</td>
<td>4,399</td>
<td>2,483 (H(_2))</td>
<td>2,455</td>
<td>98.8</td>
<td>56.4</td>
</tr>
<tr>
<td>2010/2011</td>
<td>4,618</td>
<td>2,359 (H(_3))</td>
<td>2,359</td>
<td>100</td>
<td>51.1</td>
</tr>
<tr>
<td></td>
<td>1,064 (H(_3))</td>
<td>1,025</td>
<td>96.3</td>
<td>23.0</td>
<td></td>
</tr>
<tr>
<td>2011/2012</td>
<td>4,610</td>
<td>1,384 (H(_3))</td>
<td>1,375</td>
<td>99.3</td>
<td>30.0</td>
</tr>
<tr>
<td></td>
<td>2,134 (H(_3))</td>
<td>2,133</td>
<td>99.9</td>
<td>46.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,092 (H(_3))</td>
<td>1,056</td>
<td>96.7</td>
<td>23.7</td>
<td></td>
</tr>
</tbody>
</table>

* LB: Live births cared for by SUS in the city.

This cooperation among health sectors and services favors integrality of care in order to provide qualified care to children\(^{(9)}\) and enables students to understand care delivery characterized as having a problem-solving capacity supported by a care network\(^{(7,9)}\).

The students, monitored by the project coordinator, participate in A Life Blooms’ monthly meetings, during which, aspects concerning the organization of activities in the hospitals and difficulties found in achieving the program’s objectives are discussed. Representatives of the Women’s Health Program, the Maternal Child Mortality Committee and of the Early Childhood Stimulation service also participate.

Coordination of care is currently based on information shared among these health services and sectors, enabling the delivery of appropriate care directed to the specificities of each mother-child pair. Lack of coordination would imply loss of the potential for longitudinally, hindering the delivery of comprehensive care, as the first contact would become a merely administrative function\(^{(14)}\). One of the students designed a logotype, which currently identifies all the program’s official documents. In 2010 the City Health Department recorded an institutional video to introduce A Life Blooms, publicizing its actions and cooperative efforts with health services and sectors that provide integral care to newborns. In regard to the scientific production and dissemination generated by the partnership between the program and the teaching institution, 17 papers were presented at national scientific events, a doctoral dissertation was defended, and one paper was published in an indexed periodical.

The scientific dissemination of the work that results from this cooperation contributes to strengthening students’ research skills, since it enables them to acknowledge the reality they experience, its problematization, structuring and expansion\(^{(15)}\), with practical application to the qualification of care delivery. Therefore, it enables the knowledge generated to help students transcend their views of what is learned during the undergraduate program to something beyond\(^{(15)}\).
FINAL CONSIDERATIONS

The extension program is relevant for Nursing practice because its actions promote competencies in students during their formal education and qualifies them to interact with the child-mother pair. The program provides health education and broadens one’s view beyond biological care to include aspects concerning social, cultural, and emotional demands, as well as those related to family care delivered to the mother and NB, and cooperation established among health sectors and services.

The outcomes resulting from the cooperation between the program and the teaching institution promote the development of nursing care, improving one’s ability to look at the studied individuals, and encourages students to develop their skills as future researchers in the search for instruments that qualify care.

The partnership with A Life Blooms has strengthened the process of enabling qualified care, transferring knowledge to the community to consolidate one of the University’s cornerstones to an even greater extent—the extension of services—aggregating knowledge for students and training professionals with a holistic view, leading them to acknowledge the integralty of childcare actions and to apply it in their professional practice.


Corresponding author: Maria Cândida de Carvalho Furtado. Escola de Enfermagem de Ribeirão Preto. Av. Bandeirantes, 3900, Campus Universitário. CEP 14040-902. Ribeirão Preto, São Paulo.

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