

VALUE PERCEPTIONS OF PRACTICES AT A HUMAN MILK BANK*

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ABSTRACT: This study was aimed at identifying and analyzing the value perceptions of health professionals working at the Human Milk Bank about their practices. A descriptive and qualitative study was undertaken. The participants were 24 health professionals working at a Human Milk Bank in the state of Rio de Janeiro. The data were collected between July 2012 and February 2013 through semistructured interviews. In the thematic content analysis of the testimonies, three categories emerged: The practice of guiding breastfeeding; Human milk donation, pasteurization and distribution; nutritional care; and Affection in breastfeeding as a facilitator of the mother-child bond. The interviewed professionals demonstrate satisfaction with their work and with the engagement in all activities relevant to the Human Milk Bank.

DESCRIPTORS: Breast feeding; Milk, human; Women's health; Obstetrics.

PERCEPÇÕES VALORATIVAS DE PRÁTICAS EM BANCO DE LEITE HUMANO

RESUMO: O estudo objetivou identificar e analisar as percepções valorativas dos profissionais de saúde que atuam no Banco de Leite Humano sobre suas práticas. Trata-se de estudo descritivo de natureza qualitativa, cujos participantes foram 24 profissionais de saúde atuantes em Banco de Leite Humano do estado do Rio de Janeiro. A coleta de dados foi realizada nos meses de julho de 2012 a fevereiro de 2013 por intermédio de entrevista semiestruturada. Na análise de conteúdo temática dos depoimentos, emergiram três categorias: A prática de orientação do aleitamento materno; Doação, pasteurização e distribuição do leite humano; cuidado nutricional; e Afetividade no aleitamento materno como facilitador do vínculo mãe-filho. Os profissionais entrevistados demonstram satisfação com o trabalho que realizam e com o envolvimento em todas as atividades pertinentes ao Banco de Leite Humano.

DESCRIPTORIOS: Aleitamento materno; Leite humano; Saúde da mulher; Obstetrícia.

PERCEPCIONES VALORATIVAS DE PRÁCTICAS EN BANCO DE LECHE HUMANA

RESUMEN: El objetivo del estudio fue identificar y analizar las percepciones valorativas de los profesionales de salud que actúan en el Banco de Leche Humano sobre sus prácticas. Se trata de estudio descriptivo del tipo cualitativo, cuyos participantes fueron 24 profesionales de salud que actúan en Banco de Leche Humana del estado de Rio de Janeiro. Los datos fueron recolectados entre julio del 2012 y febrero del 2013 mediante entrevista semiestructurada. En el análisis de contenido temático de los testimonios, emergieron tres categorías: La práctica de orientación de la lactancia materna; Donación, pasteurización y distribución de la leche humana; cuidado nutricional; y Afectividad en la lactancia materna como facilitador del vínculo madre-hijo. Los profesionales entrevistados demuestran satisfacción con el trabajo que efectúan y con el involucramiento en todas las actividades pertinentes al Banco de Leche Humana.

DESCRIPTORIOS: Lactancia materna; Leche humana; Salud de la mujer; Obstetrícia.

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● INTRODUCTION

Breastfeeding is an ancient practice that is cost-free and essential for humans, being not only determined by natural and biological aspects, but also constructed in the families' daily reality in their social and cultural spheres⁽¹⁻²⁾.

Breastfeeding is giving milk; raising at the breast; nursing; feeding, nourishing. Nursing is a synonym of breastfeeding from the perspective of its definition, with the same functional connotation of giving milk or raising the child with the milk the woman produces. Therefore, the meaning of both words is not restricted to the strictly biological aspect of the action; on the opposite, it goes beyond by translating the emotions involving the woman's relationship with her child, the family and the surrounding world⁽²⁻³⁾.

Breastfeeding is an ideal source of nutrition for the infant. It should be exclusive up to the age of six months and complementary up to the age of two years⁽⁴⁾. Breastfeeding promotion actions should take place since the start of prenatal care, as the postpartum women's lack of preparation to breastfeed often causes feelings of impotence that can lead to early weaning. The professionals working at the Human Milk Banks (HMB) offer support to the women and their relatives in order to facilitate the breastfeeding⁽⁵⁻⁶⁾.

The first HMB was created in 1943 to collect human milk and redistribute it to premature and/or ill infants. Over decades of research and technological development, the HMB turns into a policy with established technical standards and an important partner in the Brazilian National Breastfeeding Policy⁽⁷⁾.

As from the 1980's, breastfeeding is intensified and gains value mainly as a resource to reduce child mortality rates. Then, the HMB expands its mission to attend to women and children's health through partnerships with public and private spheres, becoming responsible for breastfeeding promotion, protection and support actions; human milk collection, selection, classification and processing⁽⁷⁾.

In that context, the BLH should be part of the breastfeeding practice with the nursing mother, infant, family and community, promoting a care line for the mother-child binomial and contributing to the promotion, support and protection of breastfeeding⁽⁸⁾.

In the HMB actions, on the one hand, the Federal Health Department defends breastfeeding as excellent nourishment for small children, which is the main objective of the public policy. On the other hand, this practice involves characters (mother, infant and family) whose subjectivities need to be taken into account in their respective singularities, requiring professionals who are prepared for this purpose⁽⁹⁾.

The professional practices focused on breastfeeding aim to encourage exclusive breastfeeding up to the age of six months, and complementary breastfeeding up to two years or more, observing and correcting some common problems, such as wrong latching on, suction problems, maternal insecurity, as well as preventing nipple infections and mastitis which can interfere in the establishment of healthy breastfeeding and favor early weaning^(4,10).

From the perspective of the professionals working at the HMB in the state of Rio de Janeiro, breastfeeding practice permits identifying the extent to which they value their actions, as they act on a great demand using light technology and largely depend on their emotional resources to perform their actions satisfactorily. Hence, the objective in this study was to: identify and analyze the value perceptions of health professionals working at the HMB about their practices.

● METHOD

This descriptive and qualitative study was undertaken at five HMB in the state of Rio de Janeiro. One HMB was chosen to represent each sub-region of the state. In regions with more than one HMB, the representative was drafted, as follows: *Serrana Region - HMB of Hospital Maternidade Nova Friburgo; Norte Fluminense - HMB of Hospital dos Plantadores de Cana; Médio Paraíba - HMB of Hospital São João Batista; Metropolitana I Region - HMB Nutricionista Gilsara do Bonfim Santos; and Metropolitana*

II Region - HMB of Hospital Universitário Antônio Pedro.

The research scenarios were the five HMB cited above, and the information was collected between July 2012 and February 2013, using semistructured interviews based on a script with open and closed questions. The interviews were audio-recorded with the interviewees' consent.

The study participants were 24 randomly chosen health professionals from the HMB, in according with the following inclusion criteria: having delivered care at the HMB for at least six month; and being interested in participating in the research. The participants' professional categories totaled: ten Nursing Technicians, six Nutritionists, two Physicians, one Biologist, one Physiotherapist, one Laboratory Technician and one Nutrition Technician.

The search for new testimonies was interrupted when the saturation point of the collected information was reached by repetition. The participants were identified as Professionals and received a sequential alphanumeric code (P1, P2,...P24) to guarantee the secrecy and anonymity of the respective testimony.

Approval for the research was obtained from the Research Ethics Committee at *Hospital Universitário Antônio Pedro*, under protocol No. 191-2011, and the interviews were held after the signing of the Free and Informed Consent Form.

The transcription of the testimonies was submitted to the interviewees for validation before the content analysis, which includes the following phases: pre-analysis with floating reading of the collected material, constitution of the data *corpus*, in-depth reading and identification of context and registration units. After these phases, the material was explored and, finally, the results were treated⁽¹¹⁾.

● RESULTS

The practice of guiding breastfeeding

First, it can be affirmed that the health professionals value breastfeeding guidance. This value results from the knowledge gained and transmitted to the mothers, according to their testimonies:

When we get here, give information, give advice, give counseling for breastfeeding, that it is the best for your child, that it stimulates a lot, we really encourage it. (P3)

What is most important is to encourage the breastfeeding. We try to solve the mothers' doubts, I also like to go to the ward and latch on the infants, manage that.(P24)

Furthermore, the importance of the guidance in prenatal care is highlighted with a view to successful breastfeeding:

But one thing I try to find out from the women who come to us often is whether they got prenatal care here, if they received this guidance during prenatal care. We are even planning a project for some meetings, so that this woman receives the orientations at the right time.(P10)

Some professionals' testimonies revealed guidance/information with a focus on practical problem-solving:

So, I think, like: it is important to attend to the mother/woman, because our product is the milk, it's the breastfeeding, allow most women from the entire Metro II to breastfeed more calmly and be able to solve the situations. (P9)

And who is able to come to us really wants to, which is to solve this problem.(P22)

Human milk donation, pasteurization and distribution: nutritional care

It is important to highlight that the health professionals directly related to the collection, processing and quality control of the human milk express the value of this practice, which is one of the forms of food safety:

The importance of collecting this milk from the donors too, the processing of this milk and the quality control of this milk, for the premature infants from Neonatal care. (P3)

Well, as a nutritionist, I have this view different from the nurses. So, like, in my perspective, of course I see much of the nutritional side, obviously. (P5)

So, everything here is important, starting with the collection, the processing, the distribution.(P24)

Affection in breastfeeding as a facilitator of the mother-infant bond

The valuation of affection and emotional support for breastfeeding in the practice of the professionals working at the HMB is expressed in the following testimony:

I left a large emergency service, a suture room, I went from one end to the other. I dealt with the red and now I'm dealing with the white. I used to deal with constant death, and now I deal with constant life. I deal with the white, the white of the smile, the white of the milk, I go home with good images, I can't image myself working anywhere else but here today. (P17)

Even when grouped in the same theme category, the professionals' testimonies mention the importance of affective value in practice, which strongly emerged in their relation with the mother; others value the mother's relation with her infant; and yet others value the work itself, as demonstrated in their discourse:

What I find most important is to make the women feel safe in what they do, so they'll value all orientations from the people around them. I always tell them: breastfeeding is a process that happens between you and the baby. My function here is to promote the mother/infant integration, adjust the mother/infant relationship, you two will fit, you and your baby. I always value her. (P14)

What I find most important in my work? I think it's the way I sometimes treat the mothers. There's that kindness, you see? That is highly gratifying. It's priceless, it's really nice, it's really, really nice! I love it. (P15)

The following testimony expresses, beyond the value perception of the professional's affection as daily practice, an idea of breastfeeding as a condition of motherhood:

I think it's the pleasure of helping that life that has just been born, to breastfeed, to be together with the mother, I find the smile of that mother when: You see, I managed! I am a real mother! And when I left the mother's house, she said: You gave me the best Mother's Day gift I could get, which was my son's breastfeeding. I left quickly because I was going to cry along the way. I really take great pleasure in watching that child breastfeed, that happy mother, I can't explain it, but it's something that comes from the heart really. I do something I like to do. (P7)

● DISCUSSION

The health professionals at the HMB use guidance to promote breastfeeding, as recommended by the Federal Health Department. This has posed a challenge for all stakeholders in this guidance though, resulting in low exclusive and complementary breastfeeding rates, and therefore demanding political and institutional commitment to encourage this practice and favor the reduction in childhood mortality rates⁽¹²⁻¹³⁾.

In Brazil, public breastfeeding policies have permitted the redesign of the health professionals' practice at the HMB, raising the nursing woman's awareness on the importance of breastfeeding through information and counseling, permitting an important change in the country's breastfeeding situation. Examples are the AmamentaBrasil Network; the Baby-Friendly Hospital Initiative; the Kangaroo Method; the Brazilian Network of HMB; legal protection through the Brazilian Standard for the Commercialization of Food for Nursing Infants and Young Children (NBCAL); social mobilization actions through campaigns and partnerships and monitoring by the Federal Health Department of breastfeeding actions and practices^(1,5-6).

The women's education and preparation for breastfeeding demonstrably contribute to successful breastfeeding. It is during prenatal care that the women should receive guidance on the benefits of breastfeeding, the disadvantages of using non-human milk, besides information on appropriate breastfeeding techniques, contributing to their management and confidence^(2,5-6,10,14).

In that sense, the health professional values the promotion and support for breastfeeding, offering the orientations needed for appropriate practice, inhibiting the risks of health problems for the women related to the positioning and latching on⁽¹⁴⁾. Nevertheless, the HMB professionals' acknowledgement of the importance of this guidance in prenatal care is highlighted.

Looking at the problem solving demonstrates the HMB professionals' engagement, which is extremely relevant, as two of the factors that contributed to the woman's distancing from breastfeeding in the 20th century were the health professionals' devaluation of this act and the lack of correct guidance and information on this aspect. These facts significantly affected the increased child mortality rates^(1-2,15).

The health professionals' practice at the HMB should be based on the reduction of breastfeeding-related risks, such as: breast engorgement, mastitis, nipple pain, nipple abscess, among others. In addition, this professional serves as a facilitator of breastfeeding, making their knowledge on the aspects that hamper or facilitate the establishment and maintenance of breastfeeding⁽¹⁶⁻¹⁷⁾. This finding was present in the interviewees' discourse in this research.

In that perspective, the public breastfeeding policies' recommendations affirm that, to act in HMB, the health professionals should be trained to perform the actions proposed, such as human milk collection, which depends on dissemination and awareness-raising campaigns of the nursing population to donate, which is a fundamental practice to respond to the demands of premature and/or ill infants. It should be reminded that human milk provides a unique combination of proteins, lipids, minerals, vitamins, enzymes and immunity protection cells, offering acknowledged and unquestionable nutritional and immunological benefits for the child's food safety⁽¹⁸⁻¹⁹⁾.

In that sense, the health professionals from the HMB value the donation process of the human milk, which they consider extremely important for child health, as well as the collection, processing and distribution of this milk, whose nutritional value they ratify in their practices. The valuation of the nutritional aspect of human milk also demonstrates the professionals' concern and care for the infants hospitalized at the Neonatal Intensive Care Units, in view of the importance of nursing them efficiently.

The health professionals working at the HMB should not be mere skilled technicians, but should also be capable of maintaining warm-hearted relationships with the mothers, so that their experience and daily practice contribute significantly to breastfeeding support, thus promoting the woman's emotional health⁽²⁰⁾. In this research, the interviewees valued the relationship with the mothers.

When care at the HMB is humanized, permeated by actions to encourage breastfeeding, affection and the creation of bonds of trust in the communication process allow the health professionals to serve as multipliers in their social relationships, disseminating information and values that favor the engagement of new donors in the promotion and support of breastfeeding⁽¹⁸⁾.

The health professionals' practice shows that getting human milk donors is not detached from a perspective on care for mother and infant⁽¹⁸⁾. During the home visit mentioned in the testimony, they go beyond mere milk collectors when they provide breastfeeding support and contribute to increase its rates.

The teams working at these HMB are multidisciplinary; hence, they are fundamental for the complete functioning of these services because they benefit and quality the activities they develop in breastfeeding support. In that sense, the advice and opinions of close persons and health professionals are significant elements in the assessment of maternal and child health and wellbeing⁽²⁰⁾.

In addition, the breastfeeding support should be encouraged, as this practice contributes to breastfeeding and inhibits early weaning. It is clear that these professionals' participation as agents in the clinical management process of breastfeeding is fundamental. They are responsible for observing and intervening as appropriate in the breastfeeding process involving the nursing women, infants and families, showing them the way towards successful breastfeeding.

Interaction is considered a framework for the appropriate development of interpersonal relationships. It is established in a dual and gradual manner, professional/woman; mother-infant; professional/practices. That constitutes a value for the breastfeeding practice. Hence, whenever possible, this affective bond should be stable and harmonic, with a view to preventing possible threats to the bond constructed among the stakeholders⁽²⁰⁾.

The construction of bonding and its valuation contribute, as revealed in the testimonies, to the emergence of a feeling of gratification for well-developed daily work, related to affective issues that guarantee successful professional action, granting, besides happiness, not only professional but also personal satisfaction.

Attention is needed when the professional has exacerbated emotional reactions to breastfeeding issues and overvalues this process, because this professional starts to conceive motherhood based on the established breastfeeding practice, which shows to be a reductionist thought on what a "true mother" is⁽²⁰⁾.

The extent of the emotional and affective issues' presence in the HMB professionals' practice is clear. They value not only health education, guidance, or the nutritional factor, but consider the bonding in the professional-user relationship more important, strengthened in the mother-infant-family relationship.

● FINAL CONSIDERATIONS

In this study, three categories were identified that synthesized the value perceptions of the health professionals working at the HMB in the state of Rio de Janeiro: guidance as breastfeeding practice; donation, pasteurization and distribution of human milk: nutritional care; affection in breastfeeding as a facilitator of the mother-child bond. In these categories, the professionals demonstrated their satisfaction in the work they perform, the engagement in all activities relevant to the HMB, even if each professional has his/her activity area and does not execute each activity individually.

One of the values these professionals express most about the practice refers to emotional aspects. The bonding, the relations of affection, the sensitivity, the pleasure in what they do, the possibility of contributing to the harmonization of the mother-infant-family triad and to the empowerment of the nursing mother are the most attractive facets for the professional working at the HMB.

Thus, they contribute to turn this Unit into more than a milk storage space or a breastfeeding school. These professionals' practice can be verified based on what they value, turning the HMB into a health promotion scenario for mothers, infants, families and communities and expressing the important role of the HMB in the complex and exciting breastfeeding movement.

Thus, it is evidenced that the practice goes beyond merely physiological nutrition processes of the infant or solutions like the clinical management of breastfeeding or the processing and quality control of human milk. The professionals perceive that their actions can determine better chances of quality of life for the many families that visit the HMB, presenting their uncertainties on the aspects of child feeding and relationship care.

As a study limitation, the impossibility to have contact with health professionals who were performing some procedures at the time of the data collection is appointed. This reduced the number of participants in a single scenario and impeded the generalization of the research findings.

● REFERENCES

1. Alves VH, Rodrigues DP, Branco MBLR, de Souza RMP, de Souza RRB, Medeiros FVA. Banco de leite humano na perspectiva da mulher doadora. *Rev Rene*. [Internet] 2013;14(6) [acesso em 12 ago 2016]. Disponível: <http://dx.doi.org/10.15253/rev%20reene.v14i6.3734>.
2. Alves VH, Rodrigues DP, Cabrita BAC, Vieira BDG, Branco MBLR, de Sá AMP. Breastfeeding as an evaluative practice in know-how: a descriptive study. *Online Braz J Nurs*. [Internet] 2013;12(4) [acesso em 12 ago 2016]. <http://dx.doi.org/10.5380/ce.v22i1.48679>

Disponível: <http://dx.doi.org/10.5935/1676-4285.20134154>.

3. de Souza KV, Tesin RR, Alves VH. Mães de recém-nascidos hospitalizados: em/entre círculos no processo de amamentação. *Acta paul. enferm.* [Internet] 2010;23(5) [acesso em 12 ago 2016]. Disponível: <http://dx.doi.org/10.1590/S0103-21002010000500004>.

4. Machado MOF, de Paula MSR, Parreira BDM, Stefanello J, Sponholz FG. Comparação do conhecimento sobre o aleitamento materno entre mulheres no período pós-parto. *Rev. Enferm. UERJ.* [Internet] 2013;21(1) [acesso em 12 ago 2016]. Disponível: <http://www.facenf.uerj.br/v21n1/v21n1a11.pdf>.

5. Conceição CS, Alves VH, Silva LR, Martins CA, Mattos DV, Rodrigues DP. Quality care of the bank of human milk: the perception of users. *Rev enferm UFPE on line.* [Internet] 2013;7(5) [acesso em 12 ago 2016]. Disponível: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/download/4280/6351>.

6. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Ações Programáticas e Estratégicas. II Pesquisa de prevalência de aleitamento materno nas Capitais Brasileiras e Distrito Federal. Brasília: Editora do Ministério da Saúde; 2009.

7. Ministério da Saúde (BR). Agência Nacional de Vigilância Sanitária. Banco de Leite Humano: funcionamento, prevenção e controle de riscos. Brasília: Anvisa; 2008.

8. Valente GSC, Alves MRS, Andrade M, Ferreira SCM, Alves VH, Vilar AMA. The educational action of the nurse in home visit for collection of human milk: an experience report. *Rev enferm UFPE on line.* [Internet] 2012;6(11) [acesso em 10 jan 2016]. Disponível: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/2818/pdf_1713.

9. Kalil IR, de Aguiar AC. Protagonista da amamentação ou instrumento da política de saúde infantil?: a enunciação da mulher nos materiais oficiais de promoção e orientação ao aleitamento materno. *Saúde Soc.* [Internet] 2016;25(1) [acesso em 10 jan 2016]. Disponível: <http://dx.doi.org/10.1590/S0104-12902016139049>.

10. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Saúde da criança: nutrição infantil: aleitamento materno e alimentação complementar. Brasília: Editora do Ministério da Saúde; 2009.

11. Bardin L. *Análise de conteúdo*. 4ª ed. Lisboa: Edições 70; 2009.

12. Potter PA, Perry AG. *Fundamentos de enfermagem*. 7ª ed. Rio de Janeiro: Elsevier; 2009.

13. de Almeida GG, Spiri WC, Juliani CMM, Paiva BSR. Proteção, promoção e apoio ao aleitamento materno em um hospital universitário. *Ciênc. saúde coletiva.* [Internet] 2008;13(2) [acesso em 10 jan 2016]. Disponível: <http://dx.doi.org/10.1590/S1413-81232008000200024>.

14. Demito MO, da Silva TC, Páschoa ARZ, Mathias TAF, Bercini LO. Orientações sobre amamentação na assistência pré-natal: uma revisão integrativa. *Rev Rene.* [Internet] 2010;11(n.esp) [acesso em 10 jan 2016]. Disponível: http://www.revistarene.ufc.br/edicao especial/a25v11esp_n4.pdf.

15. Montenegro CAB, Rezende Filho J. *Obstetrícia Fundamental*. 12ª ed. Rio de Janeiro: Guanabara Koogan; 2011.

16. Ministério da Saúde (BR). Departamento de Ações Programáticas Estratégicas. Departamento de Atenção Básica Rede Amamenta Brasil: caderno do tutor. [Internet] Brasília; 2009 [acesso em 10 jan 2016]. Disponível: http://www.sbp.com.br/src/uploads/2012/12/caderno_tutores_rede_amamenta.pdf.

17. da Costa ARC, Teodoro TN, de Araújo MFM. Análise dos conhecimentos e da prática de profissionais de saúde na promoção e no apoio à amamentação: Estudo de revisão. *Comum. ciênc. saúde.* 2009;20(1):55-63.

18. de Alencar LCE, Seidl EMF. Doação de leite humano: experiência de mulheres doadoras. *Rev. Saúde Pública.* [Internet] 2009;43(1) [acesso em 10 jan 2016]. Disponível: <http://dx.doi.org/10.1590/S0034-89102009000100009>.

19. Neves LS, Sá MVM, Mattar MJG, Galisa MS. Doação de leite humano: dificuldades e fatores limitantes. *O Mundo da Saúde.* [Internet] 2011;35(2) [acesso em 10 jan 2016]. Disponível: http://www.saocamilo-sp.br/pdf/mundo_saude/84/156-161.pdf.

20. Ministério da Saúde (BR). Grupo Hospitalar Conceição. Gerência de Saúde Comunitária. Atenção à saúde da criança de 0 a 12 anos. Brasília: Ministério da Saúde; 2009.