Pediatric prenatal consultation

Consulta pediátrica pré-natal

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ABSTRACT

The preventive services provided by the pediatrician include the consultations in pediatric prenatal and childcare until adolescence. The main objectives of prenatal consultations are to establish the doctor-family relationship; collect basic information; provide advice and information; build parenting skills; and identify and address high risk issues. This therapeutic update article aims to present a synthesis of available information about the pediatric prenatal consultation to clarify, organize, and simplify the main guidelines that should be performed during this time. Some of the topics to be systematically addressed in the pediatric prenatal consultation are: breastfeeding; newborn hygiene; safety measures at home; safety transportation measures; consultation with the pediatrician; vaccination; neonatal testing; use of pacifier; and declaration of born alive and birth certificate. The study concludes that the prenatal consultation is fundamental in the pediatrician's activity, which plays a central role in the implementation of preventive measures for the child's health.

Key words: Prenatal Care; Pediatrics; Preventive Medicine.

RESUMO

Os serviços preventivos prestados pelo pediatra incluem as consultas pediátricas pré-natais e as consultas de puericultura até a adolescência. Os objetivos principais da consulta pré-natal são estabelecer a relação médico-família; coletar informações básicas; fornecer aconselhamento e informação; construir habilidades parentais; e identificar e abordar assuntos de alto risco. Este artigo de atualização terapêutica tem por objetivo apresentar uma síntese das informações disponíveis sobre a consulta pediátrica pré-natal, a fim de esclarecer, organizar e simplificar as principais orientações que devem ser realizadas nesse momento. Alguns tópicos a serem sistematicamente abordados na consulta pediátrica pré-natal são: amamentação; higiene do recém-nascido; medidas de segurança em casa; medidas de segurança no transporte; consultas com o pediatra; vacinação; testes neonatais; uso de chupeta; declaração de nascido vivo e certidão de nascimento. Conclui-se com o presente trabalho que a consulta pré-natal é fundamental na atividade do pediatra, possuindo função central na implantação de medidas preventivas em relação à saúde da criança.

Palavras-chave: *Cuidado Pré-Natal; Pediatria; Medicina Preventiva.*

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INTRODUCTION

Currently, it is estimated that pediatricians devote up to 40% of their daily clinical activity to the so-called "preventive services" including prenatal and pediatric consultations to patients, from childhood to adolescence.[1]

The first childcare activity, when possible, should be the prenatal consultation, held especially with the presence of both parents[1]. This consultation is considered an important part of the integral care in Pediatrics.[2]

The main objectives of the prenatal consultation are:[1,2]

- **to establish the relationship doctor-family:** the prenatal period is a good time to build the alliance of doctor-family care.[3] The parents' comfort level increases with familiarity with the "caretaker" of the child before birth, especially if referral or transfer of care is needed in unusual situations of childhood medical needs.[3] When the grandparents demonstrate interest to participate in the care of their grandchild, the conversation with the pediatrician is important for establishing a series of rules that ensure helping in the upbringing of the child corresponding to no more than the limits imposed by the parents;[4]
- **to collect basic information:** such as qualities and concerns of the parents about the child; family medical history (biological parents, previous pregnancies, genetic disorders); the way in which the parents were educated; experience with children and medical care; complications and concerns about the pregnancy; potential problems with the neonate; parents' education; employment situation; planning about returning to work and arrangements for the child's care when that happens; the probable delivery date; feeding the neonate; general care with the neonate; age of the parents and social support network of family and friends; disorder/stress or stability/satisfaction factors such as employment and housing; likely impact of the neonate on family life; history of domestic violence; and postpartum feelings. This is the appropriate time to identify beliefs, values, and practices reported by parents including behaviors such as smoking, alcohol, and use of other drugs;[3]
- **to provide advice and information:** the pediatrician can discuss delivery plans[3], anticipate the neonate's behavior and routine at the infirmary, discuss advantages of breastfeeding, describe the role of the doctor at that moment and in the following years, and discuss topics such as vehicle safety;[3]
- **to build parental skills:** the most complex task of pediatricians, but also the most rewarding, is transforming parents into caregivers.[3] It is recommended that the professional describes in advance the behavior of the neonate and the routine care to be taken, as well as to provide information about the first pediatrician visit.[3] The explanations go beyond the delivery time in which issues such as hospital routine, people who will be in the delivery room, and possible behavior of the neonate in the first days and months of his life can be explained; diaper change, baths, overnight care, nutrition, discussion on circumcision, safety of the neonate with regard to suitable places to sleep, temperature of the water bath, use of pacifiers, and hand washing and other hygiene care;[4]
- **to identify and address high risk issues:** some of risk situations to be considered include teenage parents, single mothers, parents with a history of genetic abnormalities, history of substance abuse, risk of domestic violence, or possession of guns. When appropriate, parents should be referred to appropriate services such as counseling, support groups, social assistance, and/or genetic counseling in order to be prepared for problems that may affect the child.[3]

This therapeutic update article aims to present a synthesis of available information about the pediatric prenatal consultation in order to clarify, organize, and simplify the main guidelines that should be performed at that time.

MATERIAL AND METHOD

The search for scientific articles indexed at BIREME with the term "prenatal pediatric consultation" was conducted in PubMed with the phrase "prenatal-pediatricvisit", including all articles that addressed the proposed theme, in Portuguese or English, without restriction on publication date. The studies listed in the bibliographical references of the articles that were found from the aforementioned strategy were also an object of the literature review. In addition, online content in electronic sites of entities such as the Brazilian Society of Pediatrics (SBP) and the Bright Futures organization were used.

DISCUSSION

In the last 25 years, there has been increased reliance on parents towards professional support services to childcare. This reality does not mean that adults

have lost the ability to assume the responsibility to raise their children but indicates a transfer of demand based on social changes such as reduced family and community support and increasing number of couples who live away from family and friends.[5]

The prenatal consultation is an excellent opportunity to open a channel of listening and trust between the child's family and the pediatrician. Since 1984, it is recommended that this consultation is performed in the third trimester of pregnancy, especially in the eighth or ninth month.[6] Such consultation is advisable to all families, however, it has a special value for single mothers, first-time parents, those who have experimented perinatal death or intend to adopt a child, and in high-risk or multiple pregnancies.[4]

The prenatal contact with the pediatrician starts with a phone call to the office or with a visit to the health unit.[4] This search reflects, in part, the need for the women to adapt to changing the doctor with whom she relates to, since she abandons the conviviality with an obstetrician, focused on her needs during pregnancy, childbirth, and puerperium, to experience the pediatrician care.[5] Through this telephone call or visit, parents become aware of the possibility that the doctor will accept new patients, as well as about his working hours, what hospitals he operates, health plans that he is linked to, and his availability to serve them in an extemporaneous moment.[4]

The prenatal consultation has several formats depending on the experience and preference of parents, professional history, availability of the pediatrician, and plan of care provided.[3] The most appropriate format is the complete consultation, an opportunity in which parents have time available to expose their needs, desires, and concerns as well as obtain an anticipatory guide to newborn care.[4]

Often, parents opt for a brief consultation, by the basic contact through a phone call, or even for nonfulfillment of the prenatal consultation.[3] The brief consultation has a very limited duration, five to ten minutes,[4] consisting basically on the presentation of the health unit where the pediatrician works and the members of his team. This is the appropriate format for parents who are still in the process of selecting a pediatrician or feel unprepared for a more extensive involvement; nevertheless, the consulted professional may provide the option to extend the service or schedule an appointment for another time.

The following considerations concern complete consultations:

The first part of the interview/anamnesis is the creation of an environment of trust.[5] At the beginning of the first meeting between family and pediatrician, the literature[6] suggests the doctor to ask generic questions like "where do you live and how long have you lived in the area?", "what is your job?", "what are your interests and leisure activities?", "What is your delivery choice" and/or "Is it a boy or a girl?" in order to establish a reciprocal link and enable capturing the impressions about the social, economic, and cultural parental level. The interest of the doctor about the life of the family –marriage, education, family ties – causes the expectant mother and her partner (s) to realize that the feelings they are experiencing are considered relevant.[5] The communication addressed to the mother and her concerns, instead of a conversation guided by medical jargon, can increase the collection of information and help building the doctor-family relationship.[7] In addition, as the couple becomes more comfortable in the interview, they speak more freely, and a simple question directed to them ("how have you been feeling?") can contribute to the understanding of their immediate experience with the approaching of the delivery date.[5]

After a pregnant woman reports her concerns and a comfortable relationship is established, it is worth collecting family history about allergies, metabolic disorders, neurological disorders, blood incompatibility, and other concerns. This is is also the moment to ask more objective questions, usually related to specific aspects of care and health for the neonate, equipment required, and details such as communication by phone with the pediatrician, nightly coverage, frequency of consultations, and doctor's fees.[5]

Subsequently, some topics, further exposed, should be systematically addressed.

Breastfeeding

According to many studies,[1,2,6,8] the prenatal consultation is a great time to talk with the family about feeding the unborn and encourage breastfeeding. Evidences suggest that the structural formalized and standardized counseling, behavioral guidance, and support to the mother during the breastfeeding experience increase the rates of initiation and maintenance.[7]

The following sequence on approach to nutrition of the neonate is proposed:

a. ask the mother how she plans to feed the baby;

b. describe the advantages of breastfeeding, such as:[9]
   - creating a bond between the mother and neonate to provide more union between them. It is known that breastfed children are more quiet, intelligent, and happy;
   - the feeling of pleasure and happiness experienced by the breastfeeding mother, as well as improving her self-esteem, knowing that the child is receiving the ideal food;
   - protection against allergies and infections preventing diarrhea, pneumonia, ear infections, and meningitis;
   - the practicality, economy, and safety of breastfeeding because it avoids the risk of contamination inherent to the preparation of other milks;
   - the development of bones and strengthening of face muscles in order to facilitate the maturation of speech, regulate breathing, and prevent teething problems;
   - faster re-establishment of the mother's normal weight;
   - the reduction of postpartum hemorrhage and maternal risk of development of diabetes and cardiac infarction;
   - prevention of breast cancer and ovarian cancer;
c. reinforce the importance of exclusive breastfeeding in the first six months of life and the contraindication of supplying food, water, and other liquids to the nursing infant.[9] It should be clear that breastfeeding will begin soon, even in the delivery room, in the early hours of life;[10]
d. provide information on the process of breastfeeding, which are:
   - the neonate should be nursed whenever expressing hunger by placing his hand over the mouth, sucking, or moving;
   - there are signs of satiety when the neonate turns to the other side, closes his mouth, and relaxes arms and hands. At this moment, the mother must stop the process of breastfeeding;
   - the number of feedings may vary, usually 8 to 12 per day. In the first month, however, there is no right time to breastfeed, including overnight;
   - the existence of five to eight wet and three to four soiled diapers per day are signs of good nutrition;[8]
   - the mother should always be sitting while breastfeeding, not standing, and the neonate in a vertical position; the neonate's body will be in direct contact with the mother, without the interposition of arms. The mother holds her breast with her hand in C and stimulates the nipple sucking reflex by putting it on the neonate's lips. As soon as the neonate opens his mouth, the mother leads the baby to grasp the nipple: the neonate grasps the areola with the chin touching the breast and curved lips outward emptying the breast; the mother, with the little finger, causes a small opening in the corner of the baby's mouth to prevent injuries to the nipple, she waits for the burp and places the child in the other breast so that the baby will be satisfied, which can happen without this second breast being emptied. In the next time, the mother must offer the second offered breast first;
   - cramps are very common in newborns because their digestive system is maturing; teas or medicines should not be used to relieve them but just warm compresses, abdomen massages, and affection;
e. guiding for breasts care, that should be followed while breastfeeding lasts: sunbath the nipples during 15 minutes twice a day to prevent fissures or cracks; wash the nipples and areola only with water without using soap to avoid removing its natural protection; and, in the case of little protruding or reversed nipples, wear a bra with a small opening;[11]
f. advice on return to work and offer suggestions on maintenance of breastfeeding such as breastfeeding in the workplace, breast milk extraction using a suction pump, and milk storage.[7]

In discussions about breastfeeding, the conversation centered on patient enables them to detect problems regarding breastfeeding and eliminates miscommunications about the need for nutritional supplementary formulas.[7] It is the duty of the doctor to advice on the use of the proper technique to feed a newborn. If the mother does not wish or could not breastfeed, to force her to breastfeed without taking into account her will leads to failure and withdrawal in a few weeks.

The doctor contributes to proper nutrition for children and maternal comfort when helping the mother to choose appropriate bottles and nipples that best adapt to the infant's mouth, providing information on cleaning these devices and about milk formulas currently in the market, volume to be offered at each feeding, and intervals blink period between them.[5]

Hygiene of the newborn

The family must be informed about basic aspects of hygienic care for the neonate. They are:

- use neutral soap for washing clothes, liquid or bar without softener[12];
- always wash hands with soap and water before changing diapers or bathing the neonate;
- change diapers often, using only water and cotton. The use of baby wipes can favor allergies;[12]
- do not use powder;[12]
- the first newborn bath at the hospital should be delayed until there is vital signs stability. The cheesy vernix should not be removed, except in cases where, 24 hours after birth, it has not yet been absorbed;[13]
- subsequent baths should be quick, with warm and clean water, although it is not necessary to boil it. Before the fall of the umbilical stump, basin bath is recommended, without submerging the neonate or soaking the stump, as well as not using soap or detergent, starting the wash cycle by the head. The skin should not be rubbed. After the fall of the umbilical stump and during the first month of life, the bath will be with pure water, three times a week; if the mother insists on using soap, it should be neutral, without any additive or odor to not change the function of the skin. During baths, one hand at least must hold the child to prevent falls or drowning[13];
- oral hygiene occurs once a day with gauze or diaper soaked in clean drinking water;[14]
- the use of an abdominal banner is not indicated for the care of the child´s navel. The umbilical stump should be up positioned, wrapped with gauze moistened with alcohol and changed whenever the gauze is wet (daily, at least) until its fall, which usually occurs with five to 10 days. It is important that the mother watch the smell to detect infections.

Security measures at home

Scientific studies attest that the guidance on the prevention of accidents to each stage of child development improves the knowledge of parents and the adoption of security measures[1]. The making of the family home a safe place for the neonate presupposes the adoption of the following safety measures:

- avoid that adults or children sleep in the same bed with a newborn;
- put him to sleep in the supine position;[15]
- ensure that the head is uncovered at all times;
- do not leave any loose object in the crib (pillow, protectors, plush toys) because they offer a risk of choking, suffocation, and strangulation. It is also dangerous to cover the neonate; use a blanket if necessary, this should be at breast height, and at most, firmly tight on the sides and at the foot of the crib. Pajamas with feet or sleeping bags are safer alternatives than blankets;[15]
- ensure that the mattress is firm and of appropriate size in all four sides of the crib;[15]
- if possible, do not place the crib near or under a window, even if there are grids;[15]
- do not let baby monitors or any other wired equipment into the crib or near the neonate;[15]
- read and retain instructions for crib assembling for eventual consultation;[15]
- always lock wheels, if present in the crib;[15]
- ensure that the mattress support consists of a wooden board, preferably with adjustable height. The lowest position is the safest and should be adopted as soon as the child can sit up alone;[15]
- provide a foam, flat, hard, non-plasticized or deformable mattress, perfectly adjusted to the crib, with the ideal density of D18. It is suggested that it be turned at least once a month and replaced immediately after presenting any deformation;[15]
- avoid the use of cribs with railings grids that should be rounded and kept high. The ideal space between bars, also rounded, will vary between 4 and 6 cm, while the height of the sides of the crib, measured from the top of the mattress, will have at least 60 cm;[15]
- when installing a mobile to distract the neonate, set it firmly to the crib, at a height that it cannot be touched or pulled under risk of breakage hurting the child.[15]

Vehicular safeguards

The prenatal consultation is propitious to propose measures of neonate's transportation safety in vehicles because although parents usually do not show spontaneous demands, they are able to act under recommendations willing to "do the right thing"[16]. A study showed that 69% of mothers who participated in just a 15-min-

ute counseling session about vehicle safety were using appropriate safety seats for their children compared to only 42% of those who did not participate.[16]

At the maternity discharge, it is ideal that the neonate is transported in a "car seat", in the back seat, turned backwards to the direction of the traveling vehicle as mandated in the Brazilian legislation. It is important that the car seat be installed in the middle of the back seat and wrapped by a three-point safety belt in the vehicle, and that it is used until the child is two years old or at the maximum weight or height allowed by the manufacturer of the seat. The five-point seatbelts belonging to the structure of this model must pass by the shoulders and between the child's legs and be strapped to the seat frame. The car seat must have an accessory that supports the neonate's neck.[17]

Consultation with the pediatrician

According to the SBP, the consultations with the pediatrician are essential especially in the first year of life.[18] The child should be examined in the first 15 days after birth and, from then on, once a month until one year of age. More frequent consultations are indicated if there is a situation that could put the child in risk, such as those listed below:[18]

- unable to drink or breastfeed;
- throw up everything ingested;
- present convulsions, drowsiness, moving less than normal, irritation, shortness of breath, or more than 60 movements per minute, temperature above 37.5 °C or below 35.5 °C, groaning, cyanosis, pallor, red spots on the skin, bleeding, bulging fontanelle, otorrhea or purulent skin lesions, erythematous and purulent navel, pain at touch, and diarrhea or dehydration.

Vaccination

It is noted that adequate maternal education in prenatal consultation increases the amount of immunizations carried out at the correct times[19] since the attitudes and beliefs of parents are an important predictor of the child´s vaccination status. A study showed that mothers do not possess sufficient information on vaccinations and according to them the prenatal consultation is the ideal time to talk about the subject.[20]

As the topic will be discussed in all childcare consultations, only the first vaccines that the neonate will receive should be listed in the prenatal consultation:[21]

- in the maternity ward, shortly after birth, hepatitis B (first dose) and tuberculosis (BCG) vaccines;
- within 1 month, the second dose of the hepatitis B vaccine.

Neonatal testing

The family must be aware of the three important tests for tracing congenital disease. Among them are:

- the "neonatal heel prick", to be performed at three to five days old, preferably on the third day, detecting congenital hypothyroidism, phenylketonuria, and sickle cell anemia among others[22];
- the newborn hearing screening, acoustic emissions ("hearing test"), carried out preferably in the maternity, between 24 and 48 hours of life or, at most, at the end of the first month of life. It aims to identify early hearing deficiency in newborns and infants;[23]
- the red reflex test ("eye test"), also proposed during the maternity stay but possible until the first childcare consultation. It indicates whether there is any obstacle to the development of vision in the neonate.[24]

Use of the pacifier

One of the main problems related to the use of a pacifier is shortening the time that the neonate will breastfeed because of "nipple confusion" since the suction at the breast is very different from that in the baby bottle or pacifiers. Other problems resulting from the prolonged use of pacifiers are dental alterations such as deformation in the dental arch and chewing, phonological, and emotional defects.[25]

Declaration of live birth ("yellow leaflet") and birth certificate

The Declaration of live birth provided by the maternity is essential for the birth registration in the registry office. Parents have the duty to obtain this certificate, which is an obligatory document for the identification of the child. Registration can be done in any civil registry office at no cost.[26]

CONCLUSION

The prenatal consultation is essential in monitoring the child from the intrauterine period and in the activity of the pediatrician who plays a core function in the implementation of preventive measures concerning the health of the child.

REFERENCES

1. Blank D. A puericultura hoje: um enfoque apoiado em evidências. J Pediatr (Rio J). 2003; 79 (sup.1):S13-22.
2. Committee on Psychosocial Aspects of Child and Family Health of the American Academy of Pediatrics. The prenatal visit. Pediatrics. 1996 Jan; 91(1):141-2.
3. Hagan Jr JF, Coleman WL, Foy JM, Goldson E, Navarro A, Tanner JL, et al. The prenatal visit. Pediatrics. 2001 June; 107(6):1456-8.
4. Cohen GJ. Clinical Report: The Prenatal visit. Pediatrics. 2009 Oct; 124(4);1227-32.
5. Wessel MA. The prenatal pediatric visit. Pediatrics. 1963; 32:926.
6. Committee on Psychosocial Aspects of Child and Family Health of the American Academy of Pediatrics. The prenatal visit. Pediatrics. 1984 Apr; 73(4):561-2.
7. Taveras EM, Li R, Grummer-Strawn L, Richardson M, Marshall R, Rêgo VH, et al. Mothers' and clinicians' perspectives on breastfeeding counseling during routine preventive visits. Pediatrics. 2004 May; 113(5):e405-11.
8. Bright Futures. Bright futures parent handout 1 month visit. USA: American Academy of Pediatrics; 2010.
9. Sociedade Brasileira de Pediatria-SBP. Conversando com o pediatra [Internet]. A importância do aleitamento materno. [Citado em 2013 Jan 18]. Disponível em: http://www.conversandocomopediatra.com.br/paginas/materias_gerais/importancia_aleitamento_materno.aspx
10. Sociedade Brasileira de Pediatria-SBP: Conversando com o pediatra [Internet]. O que é preciso saber sobre a mama e seu funcionamento. [Citado em 2013 jan 18]. Disponível em: http://www.conversandocomopediatra.com.br/paginas/materias_gerais/mamas_e_seu_funcionamento.aspx
11. Sociedade Brasileira de Pediatria-SBP: Conversando com o pediatra [Internet]. Como devo me preparar para amamentar? [Citado em 2013 jan 18]. Disponível em: http://www.conversandocomopediatra.com.br/paginas/materias_gerais/como_devo_me_preparar_para_aleitamento.aspx
12. Sociedade Brasileira de Pediatria-SBP [Internet]. Informações. [Citado em 2013 jan 18]. Disponível em: http://www.sbp.com.br/show_item2.cfm?id_categoria=90&id_detalhe=1967&tipo_detalhe=s
13. Sociedade Brasileira de Pediatria- SBP. Conversando com o pediatra [Internet]. Banho do recém-nascido. [Citado em 2013 jan 18]. Disponível em: http://www.conversandocomopediatra.com.br/paginas/recem_nascido/materia-banho_recem_nascido.aspx
14. Sociedade Brasileira de Pediatria-SBP. Conversando com o pediatra [Internet]. A saúde bucal de seu neonato. [Citado em 2013 jan 18]. Disponível em: http://www.conversandocomopediatra.com.br/paginas/recem_nascido/saude_bucal_bebe_2.aspx
15. Sociedade Brasileira de Pediatria-SBP. Conversando com o pediatra [Internet]. Berço seguro. [Citado em 2013 jan 18]. Disponível em: http://www.conversandocomopediatra.com.br/paginas/materias_gerais/berco_seguro.aspx
16. Kanthor HA. Car safety for infants: effectiveness of prenatal counseling. Pediatrics. 1976 Sep; 58(3):320-2.
17. Sociedade Brasileira de Pediatria-SBP: Conversando com o pediatra [Internet]. Transporte seguro de crianças como passageiras de automóveis. [Citado em 2013 jan 18]. Disponível em: http://www.conversandocomopediatra.com.br/paginas/materias_gerais/transporte_seguro_criancas.aspx
18. Sociedade Brasileira de Pediatria-SBP. Conversando com o pediatra [Internet]. Consultas. [Citado em 2013 jan 18]. Disponível em: http://www.conversandocomopediatra.com.br/paginas/recem_nascido/consultas.aspx
19. Návar AM, Halsey NA, Carter TC, Montgomey MP. Prenatal immunization education the pediatric prenatal visit and routine obstetric care. Am J Prev Med. 2007 Sep; 33(3):211-3.
20. Vannice KS, Salmon DA, Shui I, Omer SB, Kissner J, Edwards KM, et al. Attitudes and beliefs of parents concerned about vaccines. Pediatrics. 2011; 127(supl 1):S120-6.
21. Brasil. Ministério da Saúde. Portal da Saúde [Internet]. Calendário básico de vacinação da criança. [Citado em 2013 jan 18]. Disponível em: http://portal.saude.gov.br/portal/saude/visualizar_texto.cfm?idtxt=21462
22. Hospital das Clínicas da Faculdade de Medicina de Ribeirão Preto da Universidade de São Paulo-USP. Manual de normas técnicas e rotinas do teste de triagem neonatal. São Paulo: Hospital das Clínicas da Faculdade de Medicina de Ribeirão Preto da USP; 2011.
23. Brasil. Ministério da Saúde. Diretrizes de atenção à triagem auditiva. Brasília: Ministério da Saúde; 2012.
24. Sociedade Brasileira de Pediatria-SBP [Internet]. Teste do olhinho. [Citado em 2013 jan 18]. Disponível em: http://www.sbp.com.br/show_item2.cfm?id_categoria=17&id_detalhe=1728&tipo=D
25. Sociedade Brasileira de Pediatria-SBP. Conversando com o pediatra [Internet]. Uso da chupeta. [Citado em 2013 jan 18]. Disponível em: http://www.conversandocomopediatra.com.br/paginas/materias_gerais/uso_chupeta.aspx
26. Sociedade Brasileira de Pediatria-SBP. Conversando com o pediatra [Internet]. Declaração de nascido vivo (Folhinha Amarela) e certidão de nascimento. [Citado em 2013 Jan 18]. Disponível em: http://www.conversandocomopediatra.com.br/paginas/recem_nascido/declaracao_de_nascido_vivo_e_certidao_de_nascimento.aspx