HEALTH SCENARIO REGARDING THE CARE OF CHILDREN AFTER HOSPITALIZATION: A CROSS-SECTIONAL STUDY

CENÁRIO DE SAÚDE SOBRE OS CUIDADOS DE CRIANÇAS APÓS INTERNAÇÃO HOSPITALAR: UM ESTUDO TRANSVERSAL

ESCENARIO DE SALUD EN RELACIÓN CON LA ATENCIÓN DE LOS NIÑOS TRAS LA HOSPITALIZACIÓN: UN ESTUDIO TRANSVERSAL

https://doi.org/10.56238/edimpacto2025.087-030

Maria Rita De Oliveira Soares[1], Sandra Trindade Low[2], Maria Aparecida Beserra[3], Maria Joana Pereira Neta[4], Maria Benita Alves da Silva Spinelli[5], Adolfo Monteiro Ribeiro[6], Luciana Cordeiro Souza Lima[7], Lucilene Rafael Aguiar[8]

ABSTRACT

Considering the challenges faced by parents or guardians after a child's hospital discharge, especially regarding continuity of care, medication administration, procedures, and monitoring for possible complications, a relevant problem emerges in the context of child health care. Added to this context is the influence of factors such as social support, resource availability, and the participation of health professionals in the home care process. Therefore, this study aims to understand the continuity of care and follow-up of children after hospitalization. To this end, a descriptive, cross-sectional study with a quantitative approach was conducted at the Child Health Clinic of a University Center in the Metropolitan Region of Recife, Pernambuco. The research involved the voluntary participation of 50 families of children followed at the institution. Among these children, 72% were male and 28% were female, predominantly in the 2-month to 1-year age range, with a length of stay between 1

---

[1] Undergraduate student in Nursing. Universidade de Pernambuco (UPE).E-mail: rita.soares@upe.br Orcid: orcid.org/ 0000-0003-3558-3907 Lattes: lattes.cnpq.br/2591895352172939

[2] Dr. in Pathology. Universidade Estadual Paulista (UNESP). E-mail: sandra.low@upe.br Orcid: orcid.org/0000-0001-7532-9888 Lattes: lattes.cnpq.br/4994902727925919

[3] Dr. in Health Sciences. Escola de Enfermagem da Universidade de São Paulo (USP). E-mail: aparecida.beserra@upe.br Orcid: orcid.org/0000-0002-5315-5589 Lattes: lattes.cnpq.br/4220630881662396

[4] Master's degree in Awareness. Faculdade de Odontologia de Pernambuco (FOP/UPE). E-mail: joanapneta@hotmail.com Orcid: orcid.org/0000-0001-7545-2966 Lattes: lattes.cnpq.br/7309956789149942

[5] Master's degree in Maternal and Child Health. IMIP. E-mail: benita.spinelli@upe.br Orcid: orcid.org/0000-0003-4052-7950 Lattes: lattes.cnpq.br/1436244342575248

[6] Dr. in Child and Adolescent Health. Universidade Federal de Pernambuco (UFPE). E-mail: adolfomribeiro@gmail.com Orcid: orcid.org/0000-0001-6043-7456 Lattes: lattes.cnpq.br/4258921870271389

[7] Master's degree in Education for Health Professionals. Faculdade Pernambucana de Saúde (FPS). E-mail: luciana.cslima@upe.br Orcid: orcid.org/0009-0005-5413-0550 Lattes: lattes.cnpq.br/8662949704841253

[8] Dr. in Health Sciences. Universidade de Pernambuco, E-mail: lucilene.rafael@upe.br Orcid: orcid.org/0000-0003-4286-0378 Lattes: lattes.cnpq.br/0246796961021719

and 10 days. It was also identified that the caregivers had low levels of education, lacked a fixed income, and had no formal employment. This study concluded that the post-hospital discharge period demanded significant support from families, highlighting the importance of public policies, health education initiatives, and strengthening multidisciplinary follow-up to ensure the continuity and quality of childcare.

Keywords: Child Health. Hospitalized Child. Hospitalization. Patient Discharge. Health Surveillance.

RESUMO

Considerando os desafios enfrentados por pais ou responsáveis após a alta hospitalar infantil, especialmente no que se refere à continuidade do cuidado, administração de medicamentos, realização de procedimentos e vigilância de possíveis complicações, evidencia-se um problema relevante no âmbito da atenção à saúde da criança. Soma-se a esse contexto a influência de fatores como suporte social, disponibilidade de recursos e participação dos profissionais de saúde no processo de cuidado domiciliar. Diante disso, objetiva-se conhecer a continuidade do cuidado e do acompanhamento de crianças após a hospitalização. Para tanto, procedeu-se a um estudo descritivo, de corte transversal e abordagem quantitativa, realizado no Ambulatório de Saúde da Criança de um Centro Universitário da Região Metropolitana do Recife, Pernambuco. A pesquisa contou com a participação voluntária de 50 famílias de crianças acompanhadas na instituição. Entre estas crianças 72% eram do sexo masculino e 28% do sexo feminino, predominando a faixa etária de 2 meses a 1 ano, com tempo de internação entre 1 e 10 dias. Identificou-se ainda que os responsáveis apresentavam baixo nível de escolaridade, ausência de renda fixa e falta de ocupação formal. Com este estudo concluiu-se que o período pós-alta hospitalar demandou grande suporte às famílias, ressaltando-se a importância de políticas públicas, ações de educação em saúde e o fortalecimento do acompanhamento multiprofissional para garantir a continuidade e a qualidade do cuidado infantil.

Palavras-chave: Saúde da Criança. Criança Hospitalizada. Hospitalização. Alta do Paciente. Vigilância em Saúde.

RESUMEN

Considerando los desafíos que enfrentan los padres o tutores tras el alta hospitalaria de un niño, especialmente en lo que respecta a la continuidad de la atención, la administración de medicamentos, los procedimientos y el seguimiento de posibles complicaciones, surge un problema relevante en el contexto de la atención a la salud infantil. A este contexto se suma la influencia de factores como el apoyo social, la disponibilidad de recursos y la participación de los profesionales de la salud en el proceso de atención domiciliaria. Por lo tanto, este estudio busca comprender la continuidad de la atención y el seguimiento de los niños tras la hospitalización. Para ello, se realizó un estudio descriptivo, transversal y cuantitativo en la Clínica de Salud Infantil de un Centro Universitario de la Región Metropolitana de Recife, Pernambuco. La investigación contó con la participación voluntaria de 50 familias de niños que fueron seguidos en la institución. De estos niños, el 72% eran varones y el 28% mujeres, con un rango de edad predominantemente de 2 meses a 1 año, y una estancia hospitalaria de entre 1 y 10 días. También se identificó que los cuidadores tenían un bajo nivel educativo, carecían de ingresos fijos y no contaban con un empleo formal. Este estudio concluyó que el período post alta hospitalaria demandó un importante apoyo de las familias, destacando la importancia de las políticas públicas, iniciativas de educación en salud y el fortalecimiento del seguimiento multidisciplinario para asegurar la continuidad y calidad del cuidado infantil.

Palabras clave: Salud Infantil. Niño Hospitalizado. Hospitalización. Alta del Paciente. Vigilancia de la Salud.

1 INTRODUCTION

Recent data indicate a significant increase in hospitalizations of children under one year of age due to respiratory diseases. In 2023, the Unified Health System (SUS) recorded 153 thousand hospitalizations for pneumonia, bronchitis, and bronchiolitis, which represents an average of 419 daily hospitalizations and an increase of 24% compared to the previous year, the highest rate in the last 15 years (Observa Infância, 2023). This reflects the continuity of respiratory problems as the main causes of childhood hospitalization, highlighting the need to strengthen prevention and post-discharge care strategies to avoid complications and unnecessary readmissions.

The hospital discharge process must be planned from the moment of admission and followed with appropriate follow-up to ensure continuity of care. The SUS, as a complex system, must integrate health promotion, treatment and rehabilitation actions. The absence of effective follow-up in Primary Care after discharge can result in avoidable readmissions, compromising the quality of life of children (VIEIRA and WHITAKER, 2016, p.2). Hospitalization is particularly difficult for children in early childhood (6 months to 4 years), and families experience them as moments of crisis and instability (RODRIGUES; FERNANDES; MARQUES, 2020; Silva *et al*., 2011). During this period, the family plays a crucial role in the child's development and in monitoring during hospitalization and after discharge, when other family members often help with care (Fernandes *et al*., 2021, p.2).

Continuity of care after discharge is essential, and follow-up in primary care, with the support of the health team, facilitates the child's recovery. Nurses, both in the hospital and in primary care or in the Family Health Strategy (FHS), play a central role in this process, and coordinated work among health institutions is necessary to ensure the effective transition of care (SILVA and RAMOS, 2011). The lack of multidisciplinary planning at hospital discharge can make it difficult for the family to understand the guidelines, overloading parents with information at the time of discharge and hindering their participation in care (Teixeira *et al*., 2023). In Brazil, despite the effort to implement family-centered care, this practice is still incipient, focusing mainly on the treatment of the disease, which limits family autonomy and well-being (PINTO; MANDETTA; RIBEIRO, 2015, p.2).

Considering the context presented, this research is justified by the scarcity of studies on the subject, especially in the state of Pernambuco, where there is still the persistence of problems related to childhood illness and the socioeconomic difficulties faced by families after hospital discharge. Thus, it is essential to understand how the difficulties and strategies used from the point of view of parents or guardians influence the continuation of care. Thus, the central question of this study is: "How does the continuity of care and follow-up of children occur after hospitalization?".

In this context, the main objective of this study was to analyze the main challenges faced and the strategies adopted by families of children during the post-hospitalization period.

2 THEORETICAL FRAMEWORK

2.1 THE INFANT PERIOD: CHARACTERISTICS AND VULNERABILITIES

Childhood is a phase of the life cycle marked by intense growth, physical, cognitive and emotional development, as well as high biological and social vulnerability. During this period, dependence on family care and health services is decisive for ensuring survival and healthy development. Studies show that a large part of pediatric hospitalizations is related to conditions sensitive to primary care, especially respiratory diseases, infections, and preventable conditions, evidencing weaknesses in preventive care and continuous monitoring (Barbosa et al., 2020; World Health Organization, 2025). In addition, domestic accidents are important causes of childhood illness, reinforcing the need for educational actions in the family environment (Brazilian Society of Pediatrics, 2020). Socioeconomic inequalities also increase vulnerabilities in childhood, influencing access to services, medicines, and adequate care conditions (IBGE, 2022; Observa Infância, n.d.).

2.2 THE TRANSITION OF CARE: FROM THE HOSPITAL TO THE HOME

The transition of care from the hospital environment to the home represents a critical moment in the child's care path. This process requires planning, effective communication, and articulation between the levels of care, in order to ensure continuity of care and prevent avoidable rehospitalizations. The literature points out that failures in preparation for discharge, insufficient guidance, and disarticulation between hospital and primary care compromise the safety of care at home (Melo et al., 2025; Silva & Ramos, 2011). Family preparation for hospital discharge, especially in cases of chronic diseases, should consider technical, emotional, and social aspects, enabling caregivers to deal with the demands of daily care (Medeiros & Nóbrega, 2025; Vieira & Whitaker, 2016).

2.3 CONTINUITY OF CARE AND PERFORMANCE OF THE MULTIPROFESSIONAL TEAM

The continuity of child care presupposes the integrated action of a multidisciplinary team, involving doctors, nurses, nutritionists, psychologists and other health professionals. Nursing stands out in this process for its educational, care, and articulation role between services, especially in post-discharge follow-up and primary care (Pedraza, 2022; Silva et al., 2011). Instruments such as the Child's Handbook are essential tools for monitoring growth, development, and immunization, although studies show their underuse and inadequate completion (Teixeira et al., 2023). The fragility in access to services and medicines in the SUS also compromises the integrality of care, especially among families in situations of social vulnerability (Boing et al., 2022; Dantas et al., 2021; Oliveira et al., 2017).

2.4 CHALLENGES OF FAMILIES IN HOME CARE

Families face multiple challenges in home care after infant hospital discharge. The predominance of women in the role of caregiver reflects the feminization of care, often associated with the physical and emotional overload of women-mothers, especially in contexts of low income and precarious insertion in the labor market (Silva et al., 2020; Pires et al., 2025). Insecurity in the administration of medications, the management of warning signs, the reorganization of the family routine, and difficulties in accessing health services are recurrent in this period (Rodrigues et al., 2020; Silva dos Santos et al., 2025). In addition, factors such as the child's pain, maternal emotional distress and the absence of psychosocial support intensify the complexity of post-discharge care (Silva et al., 2011; Teixeira & Hemesath, 2018).

2.5 COPING STRATEGIES OF FAMILIES

Faced with the adversities of home care, families mobilize different coping strategies. The family and social support network is a central element in the division of responsibilities and in reducing the burden of the main caregiver (Fernandes et al., 2021; Pereira & Leitão, 2020). The use of health technologies and virtual social networks has emerged as a relevant tool for access to information, exchange of experiences, and emotional support, contributing to health promotion and autonomy in care (Cristine et al., 2023; Teixeira et al., 2023). Religiosity and spirituality also stand out as symbolic and emotional resources, helping families to cope with childhood illness and reframe their experiences (Moura et al., 2023). Such strategies, although relevant, do not replace the need for continuous institutional support and public policies that ensure adequate conditions for comprehensive care for children and families.

3 METHODOLOGY

This is a descriptive cross-sectional study with a quantitative approach that seeks to know the health scenario of children after hospital discharge and to analyze its factors. The research was conducted at the Public University Child Health Outpatient Clinic, located in the Metropolitan Region of Recife, Pernambuco. This location was selected due to its weekly frequency of consultations aimed at monitoring and reassessing children in the corresponding age group. In addition, its significant concentration of patients residing both in the capital and in other cities in the state was considered.

The study had as its target audience children aged between 2 months and 10 years affected by any disease that resulted in hospitalization for more than 24 hours and who attended the unit between the months of October 2024 and August 2025. Thus, the following inclusion criteria were adopted: patients, of both sexes, who had been hospitalized for whom the family could remember the details of the post-discharge period. Appointments for this population take place daily from Monday to Friday by appointment. However, the largest flow of patients occurred during the opening hours of the vaccination room from 8 am to 11 am.

Data collection was carried out through a semi-structured questionnaire containing open and closed questions, with no obligation to answer, respecting the choice of the research participant, some of which have response scales, the instrument includes 39 items that group the information, of which 12 are related to socioeconomic aspects and 15 correspond to the child's clinical data and the evaluation of the professionals' care and 12 relate to the conditions of the family scenario and of the difficulties experienced by the child's family.

Data collection was carried out in an appropriate environment at the unit's outpatient clinic. During the waiting period for care, the patients' guardians were approached by the researchers, who presented the objectives and relevance of the study. Subsequently, the participants were invited to voluntarily collaborate with the research. Patients who agreed to continue with the study were instructed to read the informed consent form (ICF), which indicated the possible benefits, risks, and procedures pertinent to the research. Those who, for whatever reason, could not read the informed consent form were duly accompanied by responsible third parties who read it, explained it to the interviewee and authorized the continuation of the research. The information obtained was recorded, coded, tabulated and analyzed through a Google Sheets spreadsheet.

This research is part of the project "Health scenario on care for neonates, children and adolescents after hospitalization", approved by the Research Ethics Committee (CEP) of the Amaury de Medeiros Integral University Health Center CISAM/UPE, under CAAE number

79036224.3.0000.5191. Therefore, this study was carried out in accordance with Resolution 466/2012 of the National Health Council (CNS), which regulates research with human beings.

4 RESULTS AND DISCUSSIONS

The study involved the voluntary participation of 50 families whose children are monitored at the Children's Health Outpatient Clinic of the University of Pernambuco. Of the total number of children, 72% (36) were male and 28% (14) were female.

As for the family member who makes more time available to care for the child, being the main responsible, 98% (49) were female and only 2% (1) male. Among the participating families, it was found that 60% (30) received Bolsa Família and 40% (20) did not receive this benefit.

Most families are residents in the city of Recife 32% (16), Olinda 32% (16) and Paulista 16% (8) while a small portion comes from other cities. With regard to the marital status of the responsible family member, 58% (29) were single, followed by those who were married 32% (16), in a smaller number 6% (3) had a stable union and in an even smaller portion 4% (2) who were divorced. Regarding the level of education that was accounted for by the years of schooling, 10% (5) reported having stated that they had ≥ 13 years of schooling (entered higher education), 72% (36) 10 to 12 (entered high school and/or finished), 16% (8) answered that they had 5 to 09 years of schooling (entered elementary school) and a smaller portion 2% (1) reported that they had ≤ 4 years of schooling. In the family income criterion, 50% (25) of the participants claimed not to have a fixed income, while 4% (2) answered that they received less than 1 minimum wage, another 32% (16) stated that they received 1 minimum wage and a smaller amount 14% (7) answered that they received 2 minimum wages or more, of those responsible who exercise some occupation we had 16% (8) on the other hand, those who do not exercise added up to 84% (42).

Regarding the analysis of the sociodemographic data of the participants collected through the questionnaire, **Table 1** shows the variables identified. A comprehensive view of the profile of the caregiver families and children who were hospitalized is observed, considering the child's gender, age and period of hospitalization, marital status of the guardian, education, income, occupation and origin of the household.

Table 1

Distribution of sociodemographic characteristics of those responsible for the child's care

Variable	Category	n	%
Sex of the child	Women	14	28,0
	Male	36	72,0
Responsible for care	Mother	48	96,0
	Father	1	2,0
	Grandmother	1	2,0
Beneficiary of Bolsa Família	Yes	30	60,0
	No	20	40,0
Marital status	Single	29	58,0
	Married	16	32,0
	Stable union	3	6,0
	Divorced	1	4,0
Education (years)	≥ 13 years	5	10,0
	10 to 12 years	36	72,0
	5 to 9 years	8	16,0
	≤ 4 years	1	2,0
Family income	No fixed income	25	50,0
	< 1 minimum wage	2	4,0
	1 minimum wage	16	32,0
	≥ 2 minimum wages	7	14,0
Holds an occupation	Yes	8	16,0
	No	42	84,0
Provenance	Olinda	16	32,0
	Recife	16	32,0
	Paulista	8	16,0
	Other	10	20,0

Source: The authors, 2025.

Regarding respiratory diseases, respiratory syncytial virus (RSV) is responsible for more than 3.6 million hospitalizations of children under five years of age worldwide. In the study, three respiratory diseases — pneumonia, bronchiolitis and asthma — account for 76% of cases, with pneumonia being the most frequent (28%). Factors such as seasonality, low vaccination coverage, and socioeconomic conditions may contribute to this high rate. Bronchiolitis, which especially affects infants and young children, accounts for 22% of cases, while asthma accounts for 10%, evidencing the impact of chronic respiratory diseases on the pediatric population (WHO, 2025).

In addition to respiratory diseases, accidents (6% of cases) are an important concern, as they are the leading cause of death among children aged 1 to 14 years in Brazil, with 90% of these accidents being preventable (SBP, 2020). Seizures and urinary tract infections, with

4% each, also require clinical attention, as do less frequent conditions, such as congenital and gastrointestinal diseases (2% each), which should not be neglected in child care.

The highest predominance of hospitalization time was 1 to 10 days (74%) in children aged 1 to 5 years (54%), 6 to 10 years (28%) and 2 months to 1 year (18%).

Teixeira *et al*. (2023) highlight the role of the Children's Handbook, which, in addition to supporting professionals and caregivers, can subsidize public policies. However, the analysis of post-hospital practices revealed as many positive points as failures in the use of this instrument. Although 84% of the professionals request the booklet during consultations, recognizing its importance as a record of the child's growth and clinical history, its effective use is still limited. Only 36% of families reported that professionals always complete the information, while 32% stated that this occurs occasionally and 32% said that there is no record.

Monitoring child growth aims to protect the child's health and prevent deviations that may compromise their future well-being (Almeida et al., 2017). However, the inadequate interpretation of growth curves is a problem identified by Pedraza (2020), who warns of the difficulty in detecting growth problems early and the fragility in the bond between professionals and families. The survey revealed that 32% of those responsible do not receive explanations about the child's position on the growth curve, 24% receive it sporadically and 44% are always guided. In addition, 52% of caregivers have never been informed about risk signs on the growth curve, which reinforces the need for continuous qualification of professionals.

Vaccination, one of the most effective strategies in childhood, was another area of fragility identified: 40% of caregivers reported not receiving guidance on the date of the next vaccine. This lack of active communication compromises adherence to the vaccination schedule and the protection of children's health (Araújo *et al*., 2022).

Table 2

Distribution of the children's clinical profile and follow-up of professionals using the Children's Handbook

element.**Variable**	**Category**	**n**	**%**
Cause of hospitalization	Pneumonia	14	28,0
	Bronchiolitis	11	22,0
	Asthma	5	10,0
	Accidents	3	6,0
	Urinary tract infection	2	4,0
	Seizure	2	4,0
	Other	13	26,0
Age at hospitalization	2 months to 1 year	21	42,0
	1 year to 5 years	17	34,0
	6 years to 10 years	8	16,0
	28 days to 2 months	4	8,0
Length of hospital stay	1 to 10 days	37	74,0
	10 to 20 days	10	20,0
	1 to 2 months	2	4,0
	21 to 30 days	1	2,0
Professionals request the SSC	Yes	42	84,0
	No	8	16,0
Professionals fill out the SSC	yes, sometimes	16	32,0
	Yes, always	18	36,0
	No	16	32,0

Source: The authors, 2025.

Table 3 shows the main post-hospitalization challenges mentioned by the parents (n = 45) were the administration of medications (15) (33.3%), highlighting the complexity of treatment adherence and the need for gradual guidance during hospitalization, as suggested by Silva dos Santos *et al*. (2025). In addition, adapting to lifestyle changes (11) (24.4%) and lack of emotional support (7) (15.6%) were significant challenges, confirming psychological difficulties and the need for continuous support, according to Pinto, Mandetta and Ribeiro (2015).

The challenges reported include symptom monitoring, management of complex care, and coordination of consultations and therapies (8.9% each), requiring continuous monitoring by health services. In addition, 10% of the participants did not answer, which may reflect difficulties in expressing the barriers experienced.

Table 3

Distribution of challenges felt by the parents or guardians after the child's discharge (N = 45)

Challenge	n	%
Medication administration	15	33,3
Adapting to the new lifestyle	11	24,4
Lack of emotional support	7	15,6
Symptom monitoring	4	8,8
Coordination of consultations	4	8,8
Complex care management	4	8,8

Source: Authors.

Emotional/psychological support was highlighted by 55.5% of the families as the most important resource, evidencing the need for support and strategies to deal with emotional overload. Teixeira and Hemesath (2018) point out that parental suffering may require psychotherapy or even psychiatric intervention, in order to improve the quality of child care.

The interaction between health professionals and guardians, based on authentic and qualified communication, expands the possibilities of health education and contributes to effective hospital discharge planning, as Medeiros (2020) indicates. The findings of the study reinforce the importance of family (17.7%) and health professional (15.5%) support in the continuity of care, and highlight the need for financial support (11.1%) due to socioeconomic vulnerabilities. The lack of response of 10% of the participants suggests the urgency of policies that better integrate family, community and health services in the post-discharge period.

Table 4

Distribution of responses regarding the type of support that was considered most important according to the parents or guardians in the period after discharge of children

Support	n	%
Emotional support	25	55,5
Family support	8	17,7
Support from professionals	7	15,5
Financial support	5	11,1

Note: in Table 4, the number of responses referred to 34 children – most important support after discharge of children (N = 32)
Source: The authors, 2025.

Of the 50 participants, 43 answered about the policies and services needed to improve post-hospital discharge child care. The answers were categorized, and the same answer could fit into more than one category, which justifies the sum of the percentages exceeding 100%.

The most frequent request was for financial support (24%), indicating difficulties of families in paying for medicines, transportation and basic needs. This is even more critical for mothers who need to take a break from work to care for children with chronic illnesses or special needs. This scenario highlights the need to review and expand benefits such as the Continuous Cash Benefit (BPC) and develop public policies for atypical families, who face greater economic vulnerability. Boing *et al*. (2022) highlight that, in order to expand access to medicines provided by the SUS, it is necessary to follow official lists, use therapeutic protocols, improve inventory management, and adopt practices that encourage the rational use of medicines.

The second highest request was for the increase in the number of health professionals, with an emphasis on physicians and post-discharge home visits (22%), reflecting the need for continuity of care after hospitalization. Problems such as lack of medicines and supplies (18%), slow care (12%) and lack of psychological support for caregivers (14%), often emotionally overloaded, were also mentioned. Oliveira *et al*. (2017) observe that, in the context of the SUS, the poor distribution of health professionals, especially in Primary Care, is a complex issue, with a shortage of doctors and a concentration of specialists in the private sector.

Finally, 8% of the participants highlighted the need for greater supervision of public health services and strengthening of policies aimed at children and the post-hospital discharge period. The results point to the urgency of improving the Brazilian health system, addressing inequities and carrying out continuous monitoring, as suggested by Dantas *et al*. (2021).

The study has some limitations, including an in-depth understanding of the difficulties reported by the families in understanding the care provided to children after hospitalization, knowing the problems that the children could have presented after hospital discharge. It is noteworthy that it may be a potential objective for future research, especially in studies of longer duration and with longitudinal follow-up of the families.

Despite these limitations, the study proved to be relevant, allowing us to achieve relevant results for understanding the care provided to children after hospitalization.

Table 5

Distribution of Policies that should be implemented to contribute in the post-discharge period of children according to guardians

Support	n	%
Financial aid	12	24,0
More access to medicines	9	18,0
Psychological support	7	14,0
More health professionals	6	12,0
Agility in service	6	12,0
Supervision/better hospital structures	4	8,0

Note: Table 5 provides 43 answers about the contribution policies after the children's discharge (N = 43)
Source: Authors.

5 CONCLUSION

The findings showed the predominance of women as the main caregivers, confirming the feminization of care and its association with contexts of socioeconomic vulnerability, which reinforces the need for public policies that integrate child care with social and economic support for families, especially women.

It was identified that respiratory diseases were the main cause of hospitalization, highlighting the importance of preventive actions, expansion of vaccination coverage, and strengthening of educational guidelines at home. Relevant weaknesses were also observed in the monitoring of growth and development, in the use of the Child's Handbook and in the communication about the vaccination schedule, compromising the effectiveness of the continuity of care.

The study also revealed that the support of the support network, the use of accessible technologies and religiosity are important coping strategies used by families. However, challenges such as emotional overload, insecurity regarding the administration of medications, and difficulties in reorganizing the post-discharge routine indicate the need for greater multidisciplinary follow-up and psychosocial support.

Thus, it is concluded that the transition of care from the hospital environment to the home is a critical moment, demanding greater integration between health services, the family and the community. The results contribute to the improvement of care practices and to the strengthening of child- and family-centered care strategies, with relevant implications for the organization of the health care network and for future investigations in the area.

REFERENCES

Barbosa, S. F. A., Santos, N. H. F., Carneiro, J. A., Costa, F. M. da, & Vieira, M. A. (2020). Perfil das crianças internadas na unidade de pediatria de um hospital universitário de Minas Gerais: Um estudo comparativo. Temas em Saúde, 20(2), 140–162.

Boing, A. C., Andrade, F. B. de, Bertoldi, A. D., Peres, K. G. de A., Massuda, A., & Boing, A. F. (2022). Prevalências e desigualdades no acesso aos medicamentos por usuários do Sistema Único de Saúde no Brasil em 2013 e 2019. Cadernos de Saúde Pública, 38(6), Article e00114721. https://doi.org/10.1590/0102-311XPT114721

Brasil. Instituto Brasileiro de Geografia e Estatística. (2022). Censo demográfico 2022. https://biblioteca.ibge.gov.br/visualizacao/livros/liv102178.pdf

Cristine, L., Figueiredo, S. B., Campos, A. M., Tafner, D. P. do V., Lanza, F. M., & Viegas, S. M. da F. (2023). Redes sociais virtuais e tecnologias em saúde no quotidiano de usuários e famílias: Cuidado e promoção da saúde. Ciência & Saúde Coletiva, 28(8), 2193–2202. https://doi.org/10.1590/1413-81232023288.12352022

Dantas, M. N. P., Souza, D. L. B. de, Souza, A. M. G. de, Aiquoc, K. M., Souza, T. A. de, & Barbosa, I. R. (2021). Fatores associados ao acesso precário aos serviços de saúde no Brasil. Revista Brasileira de Epidemiologia, 24, Article e210004. https://doi.org/10.1590/1980-549720210004

Instituto Brasileiro de Geografia e Estatística. (n.d.). Estatísticas de gênero: Ocupação das mulheres é menor em lares com crianças de até três anos. Agência de Notícias.

Fernandes, T. S. S., Cruz Amorim, R. da, & Cabral de Carvalho, R. (2021). Partilha de cuidado entre familiares após a hospitalização infantil. Revista Norte Mineira de Enfermagem, 10(1), 13–23. https://doi.org/10.46551/rnm23173092202100102

Medeiros, V., & Nóbrega, D. (n.d.). Preparo familiar para alta hospitalar de crianças com doenças crônicas: Uma abordagem de métodos mistos [Tese de doutorado, Universidade Federal da Paraíba]. Repositório Institucional da UFPB. https://repositorio.ufpb.br/jspui/bitstream/123456789/18523/4/VanessaMedeirosDaN%C3%B3brega_Tese.pdf

Melo, R. C., Oliveira, E. C. de, Melo, M. E. R., Costa, F. D., & Rocha, D. L. (2025). Transição e continuidade do cuidado do pós-alta hospitalar à atenção primária: Uma revisão de escopo. Physis: Revista de Saúde Coletiva, 35(2), Article e350216. https://doi.org/10.1590/0103-73312025350216

Moura, M., Moura, M., & Moura, M. (2023). A espiritualidade na maternidade atípica: Uma reflexão com base no referencial teórico de Victor Frankl. Revista Pró-UniverSUS, 14(Especial), 106–110.

Fundação Oswaldo Cruz. (n.d.). Observa Infância. https://observainfancia.icict.fiocruz.br

Oliveira, A. P. C. de, Gabriel, M., Dal Poz, M. R., & Dussault, G. (2017). Desafios para assegurar a disponibilidade e acessibilidade à assistência médica no Sistema Único de Saúde. Ciência & Saúde Coletiva, 22(4), 1165–1180. https://doi.org/10.1590/1413-81232017224.27972015

Organização Mundial da Saúde. (n.d.). Vírus respiratório sincicial (VRS). https://www.who.int/es/news-room/fact-sheets/detail/respiratory-syncytial-virus-(rsv)

Pedraza, D. F. (2022). Atuação de enfermeiros da Estratégia Saúde da Família no cuidado nutricional de crianças. Cadernos Saúde Coletiva, 30(1), 94–107.

Pereira, V. B., & Leitão, H. de A. L. (2020). Sobrecarga e rede de apoio: A experiência da maternidade depois da separação conjugal. Pesqui. Prát. Psicossociais, 15(1), 1–12. http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1809-89082020000100014&lng=pt&nrm=iso

Pinto, J. P., Mandetta, M. A., & Ribeiro, C. A. (2015). A família vivenciando o processo de recuperação da criança pós-alta hospitalar. Revista Brasileira de Enfermagem, 68(4), 594–602. https://doi.org/10.1590/0034-7167.2015680410p

Pires, N., Pires, N., & Pires, N. (2025). Determinantes da mulher chefe de família brasileira: Uma análise rural, urbana e regional. Colóquio - Revista do Desenvolvimento Regional, 22(2), 85–108.

Rodrigues, J. I. B., Fernandes, S. M. G. C., & Marques, G. F. dos S. (2020). Preocupações e necessidades dos pais de crianças hospitalizadas. Saúde e Sociedade, 29(2), Article e190395. https://doi.org/10.1590/S0104-12902020190395

Silva, J. M. S., Cardoso, V. C., Abreu, K. E., & Silva, L. S. (2020). A feminização do cuidado e a sobrecarga da mulher-mãe na pandemia. Revista Feminismos, 8(3).

Silva dos Santos, R., Silva dos Santos, R., & Silva dos Santos, R. (2025). Hora de ir para casa: Orientação de medicamentos para uso domiciliar no recém-nascido. Revista Enfermagem Atual In Derme, 99(3), Article e025098.

Silva, M. S., Silva, M. S., & Silva, M. S. (2011). Dor na criança internada: A percepção da equipe de enfermagem. Revista Dor, 12(4), 314–320.

Silva, R. V. G. de O., & Ramos, F. R. S. (2011). O trabalho de enfermagem na alta de crianças hospitalizadas: Articulação da atenção hospitalar e básica. Revista Gaúcha de Enfermagem, 32(2), 309–315. https://doi.org/10.1590/S1983-14472011000200014

Simpson, R. F., Hesketh, K. R., Crozier, S. R., Baird, J., Cooper, C., Godfrey, K. M., Harvey, N. C., Westgate, K., Inskip, H. M., & van Sluijs, E. M. F. (2022). The association between number and ages of children and the physical activity of mothers: Cross-sectional analyses from the Southampton Women's Survey. PLOS ONE, 17(11), Article e0276964. https://doi.org/10.1371/journal.pone.0276964

Sociedade Brasileira de Pediatria. (2020). Os acidentes são evitáveis e, na maioria das vezes, o perigo está dentro de casa! (Manual de orientação, No. 4). Departamento Científico de Segurança (2019-2021). https://www.sbp.com.br/fileadmin/user_upload/_22337c-ManOrient_-_Os_Acidentes_Sao_Evitaveis__1_.pdf

Teixeira, J. A., Oliveira, C. de F., Bortoli, M. C. de, & Venâncio, S. I. (2023). Estudos sobre a Caderneta da Criança no Brasil: Uma revisão de escopo. Revista de Saúde Pública, 57, Article 48. https://doi.org/10.11606/s1518-8787.2023057004733

Teixeira, R. de S., & Hemesath, T. P. (2018). Acompanhamento psicoterápico no contexto da hospitalização pediátrica: Percepção das mães. Revista SBPH, 21(2), 22–43. http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1516-08582018000200003&lng=en&nrm=iso

Teixeira, R. C., Santana, J. J., Silva, A. C. S. S. da, Góes, F. G. B., Barcia, L. L. do C., & Silva, M. T. da. (2023). Contribuição de familiares na idealização de cartilha educativa sobre cuidados à criança após alta hospitalar. Revista de Enfermagem da UFSM, 13, Article e44. https://doi.org/10.5902/2179769284175

Vieira, M. M., & Whitaker, M. C. O. (2016). O cuidado à criança após a alta hospitalar. Revista Brasileira de Saúde Funcional, 4(2), 26. https://adventista.emnuvens.com.br/RBSF/article/view/720