

Family nurse interventions in promoting the health of families with newborns at home: a scoping review

Intervenciones de enfermeras familiares para promover la salud de las familias con recién nacidos en el hogar: una scoping review

Intervenções do enfermeiro de família na promoção da saúde das famílias com recém-nascidos no domicílio: scoping review

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How to cite this article:

Yllera MMF, Mota BES, Ferro JLS, Gonçalves FMRR, Nolasco PFF, Coimbra VLMM, Monteiro VSC, Marques EMBG. Family nurse interventions in promoting the health of families with newborns at home: a scoping review. *Glob Acad Nurs.* 2025;6(3):e488. <https://dx.doi.org/10.5935/2675-5602.20200488>

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Submission: 08-22-2025

Approval: 09-19-2025

Abstract

The objectives were to map FN interventions in promoting the health of families with newborns at home; to identify structured home care programs for promoting the health of families with newborns; and to analyze the impact of structured home care programs on promoting the health of families with newborns. This Scoping Review was prepared according to the methodology proposed by the Joanna Briggs Institute. The defined search strategy included three distinct periods, conducted in March 2025, and the complete search focused on the Scopus, Web of Science, EBSCO, and PubMed databases. Gray literature was searched using Google Scholar and the Portuguese Open Access Scientific Repositories. Four studies, published between 2020 and 2024, were identified. The interventions are being developed, but their evaluation has not been verified. Within this scope, two programs were identified - the Paraná Mother Network Program and the Family Nurse Partnership, whose impact evaluation is currently underway. During the transition to parenthood, EFs should prioritize interventions aligned with family assessment and the nuances it encompasses, not limiting themselves to instrumental and individual interventions. The need to systematize and establish protocols for these interventions is crucial to maximizing health benefits.

Descriptors: Family Nursing; Health Promotion; Newborn; Home Health Care; Nursing Care.

Resumén

Los objetivos fueron mapear las intervenciones de FE para promover la salud de las familias con recién nacidos en el hogar; identificar programas estructurados de atención domiciliaria para promover la salud de las familias con recién nacidos; y analizar el impacto de los programas estructurados de atención domiciliaria en la promoción de la salud de las familias con recién nacidos. Esta Revisión de Alcance se preparó de acuerdo con la metodología propuesta por el Instituto Joanna Briggs. La estrategia de búsqueda definida incluyó tres periodos distintos, realizados en marzo de 2025, y la búsqueda completa se centró en las bases de datos Scopus, Web of Science, EBSCO y PubMed. La literatura gris se buscó utilizando Google Scholar y los Repositorios Científicos de Acceso Abierto de Portugal. Se identificaron cuatro estudios, publicados entre 2020 y 2024. Las intervenciones se están desarrollando, pero su evaluación no ha sido verificada. Dentro de este alcance, se identificaron dos programas: el Programa de la Red de Madres de Paraná y la Asociación de Enfermeras de Familia, cuya evaluación de impacto está actualmente en curso. Durante la transición a la paternidad, los equipos de emergencia deben priorizar intervenciones alineadas con la evaluación familiar y sus matices, sin limitarse a intervenciones instrumentales e individuales. La necesidad de sistematizar y establecer protocolos para estas intervenciones es crucial para maximizar los beneficios para la salud.

Descritores: Enfermería Familiar; Promoción de la Salud; Recién Nacido; Atención Domiciliaria; Atención de Enfermería.

Resumo

Objetivou-se mapear as intervenções do EF na promoção da saúde das famílias com RN no domicílio; identificar programas estruturados de cuidados no domicílio para a promoção da saúde das famílias com RN; analisar o impacto dos programas estruturados de cuidados no domicílio para a promoção da saúde das famílias com RN. *Scoping Review* elaborada segundo a metodologia proposta pelo *Joanna Briggs Institute*. A estratégia de pesquisa definida incluiu três momentos distintos, decorridos em março de 2025, evidenciando-se que a pesquisa completa incidiu nas bases de dados Scopus, Web of Science, EBSCO e PubMed. Para pesquisa da literatura cinzenta recorreu-se ao Google Scholar e aos Repositórios Científicos de Acesso Aberto de Portugal. Foram identificados quatro estudos, publicados entre 2020 e 2024. As intervenções são desenvolvidas, porém a sua avaliação não se verifica. No âmbito, dois programas foram identificados - Programa Rede Mãe Paranaense e *Family Nurse Partnership*, cujo qual apresenta avaliação de impacto. Na transição para a parentalidade, os EF devem priorizar intervenções em concordância com a avaliação familiar e as nuances que esta conjetura, não se limitando a intervenções instrumentais e individuais. A necessidade de as sistematizar e protocolar destaca-se, visando o acréscimo de ganhos em saúde.

Descritores: Enfermagem Familiar; Promoção da Saúde; Recém-Nascido; Cuidados Domiciliares de Saúde; Cuidados de Enfermagem.



Introduction

Historically, Community Nursing has been associated with Family Nursing (FN). According to a study¹, in the 20th century, global health care reforms shifted the focus to the community, recognizing that the family is the most common support for this care. According to Regulation No. 613/2022 of July 8, 2022, a nurse is a professional legally qualified to perform nursing interventions in its various domains, including the provision of care to individuals, families, population groups, and the community².

The fundamental premise of the Community Nursing Specialist Nurse in Family Health guides the care directed at the family, as a whole and throughout the life cycle, constituting this as a facilitating agent in the recovery of complex transitions of the family system, involving themselves actively and intentionally, aiming at their well-being¹.

Addressing the family's developmental transitions throughout the life cycle, author³ enunciated five stages, including the birth of a child in families with young children. This promotes family development but induces a state of potential instability in several dimensions, leaving its mark on its members as a whole and on each individual⁴.

According to study⁴, family members transitioning into parenthood experience a mix of fears, uncertainties, and difficulties in addressing various issues related to the child's health, and life. In this sense, the intervention of the FN takes on special importance in promoting family health. The PNSIJ, according to Standard No. 10/2013 of May 31, 2013, recommends that the newborn's first consultation take place within the first week of life, emphasizing the importance of conducting it at home. This allows the FN to conduct an in-situ assessment of the family's context, conditions, and resources, as well as assessing family dynamics regarding the transition to parenthood, enabling the adaptation of care provided^{4,5}. Its importance is reflected in the Primary Health Care Monitoring and Contracting Indicators (CSP), in indicator 15, which addresses the proportion of newborns who had at least one home nursing consultation during the first 15 days of life, which points to an investment in FN intervention in this area⁶.

Skills associated with technique, that is, "know-how," are relevant, but they must be combined with skills related to "know-how" to accurately demonstrate the differences between the profession and other professionals. Therefore, we decided to develop a Scoping Review with the objectives of mapping FN interventions in promoting the health of families with newborns at home; identifying structured home care programs for promoting the health of families with newborns; and analyzing the impact of structured home care programs on promoting the health of families with newborns.

Your contributions aim to answer the guiding questions: "What are the physical education interventions for promoting the health of families with newborns at home?", "Are there structured home care programs for promoting the health of families with newborns?", and "What is the impact of structured home care programs on promoting the health of families with newborns?"

A preliminary search conducted in March 2025 in the MEDLINE, Cochrane Database of Systematic Reviews, JBI Evidence Synthesis, and PROSPERO databases did not reveal any literature reviews (published or forthcoming) on this specific topic.

Methodology

The study design followed the JBI Scoping Review methodology guidelines⁷. Scoping review registration on the Open Science Framework (OSF) platform – DOI: 10.17605/OSF.IO/FGUAD.

Inclusion criteria

From the theoretical framework in focus, the need emerged to obtain an answer to the research questions, highlighting their formulation using the PCC method (Population, Concept, Context), which in turn will determine the studies to be included (Chart 1)⁷. However, in addition, the following inclusion criteria were also outlined: primary research (quantitative, qualitative, and mixed), secondary research [Systematic Literature Reviews (SLR)], and gray literature.

Chart 1. Population, Concept and Context of the research question. Guarda, Portugal, 2025

P	Population	Families with newborns: parents (or just mother or father) or caregivers responsible for the newborn; healthy newborns or those with associated pathologies.
C	Concept	FN interventions in health promotion: preventive and educational interventions carried out by FN to promote the health of families with newborns.
C	Context	Domicile: environment where FN interventions take place, that is, the homes of families with newborns.

Note: Adapted from Aromataris et al⁷.

Research strategy and study identification

The defined research strategy, with a view to identifying findings related to the guiding questions in focus, included three distinct moments, which took place in March 2025.

First, an initial search was conducted using the EBSCO and PubMed databases to identify articles on the topic, without temporal or linguistic limitations. By analyzing the titles and abstracts of relevant articles, as well as the

Medical Subject Headings (MeSH) descriptors used, the search strategy was refined.

In a second step, and based on the previous research, this focused on the databases – Scopus, Web of Science, EBSCO and PubMed, showing that the defined search terms fit as MeSH descriptors and were combined with the Boolean conjunction "AND": ("family") AND ("nurs*") AND ("newborn") AND ("home visiting"). In addition, and for the gray literature search, Google Scholar



and RCAAAP were chosen, and in the latter, the search strategy was applied in Portuguese. (“família”) AND (“enfer*”) AND (“RN”) AND (“visita domiciliaria”). However, to refine the search in these databases, inclusion criteria were outlined: publication date of articles between 2020 and 2025; articles in Portuguese, English, and Spanish; articles with full-text availability; quantitative, qualitative, and mixed-method research; and systematic literature reviews.

The third stage consisted of a reverse search, in which the references of the selected articles were analyzed to access other studies of interest that had not previously been identified.

Study selection process

After the search was completed, the articles were grouped and imported into Zotero® software, and duplicates were removed. They were then imported into Rayyan® software, which allows, in addition to the same possibility of removing duplicates, independent collaboration between reviewers for article screening. Article selection was performed by reading the titles and abstracts, considering the presence of elements of the defined PCC mnemonic. The selection was designed by four independent reviewers, and disagreements were resolved by consensus and/or with the intervention of a fifth reviewer. In cases of doubt, the articles

were retained to allow for reading the full text, providing additional information for the decision.

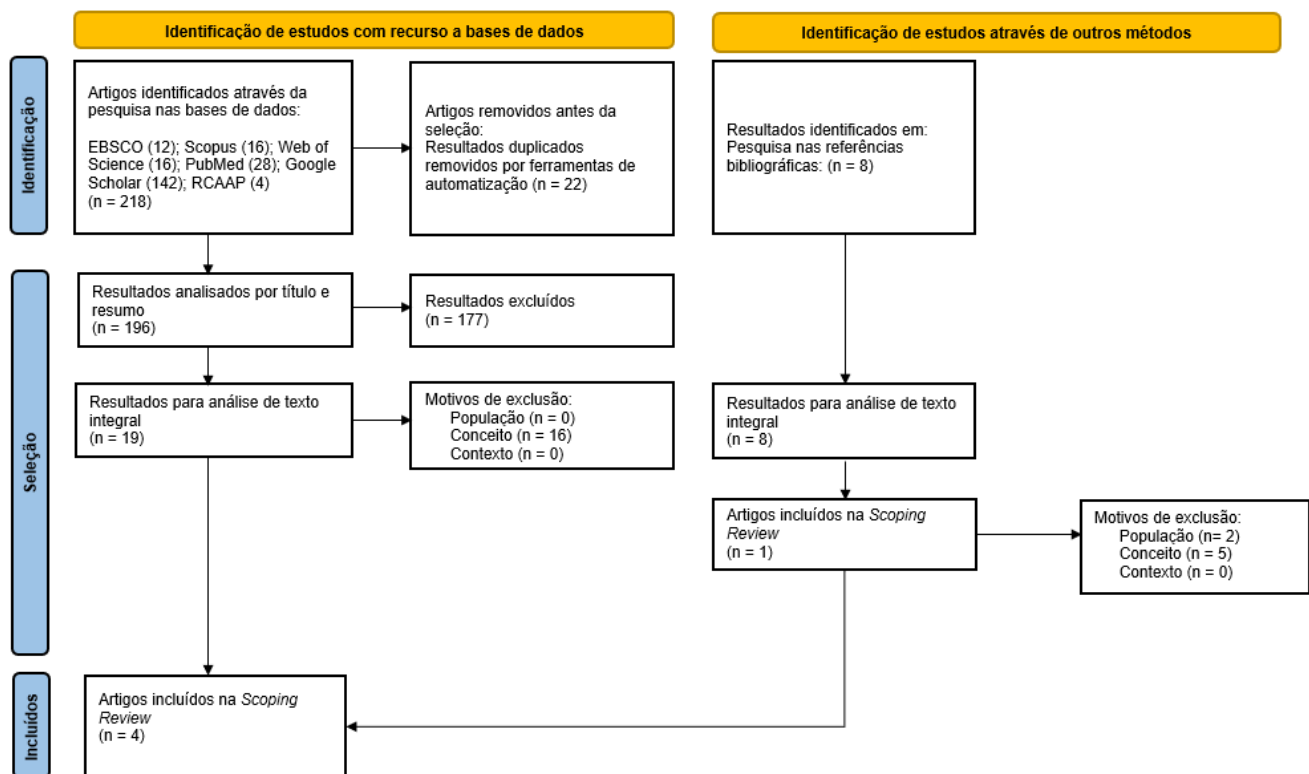
Data extraction

Data were extracted from the included articles for evaluation by the four reviewers using a data extraction tool developed specifically for this review. The data were analyzed considering specific details regarding Population, Concept, and Context, as well as the research methods relevant to the questions and objectives outlined in this Scoping Review, as indicated by the methodology developed by the JBI. Disagreements among the four reviewers were resolved through consensus or by consulting a fifth reviewer. There was no need to contact the authors of the articles to request additional clarification.

Data synthesis

As in the data extraction phase, data synthesis was achieved through consensus among the four reviewers, with disagreements resolved by consensus or by a fifth reviewer. It was designed using tables with supporting text, as recommended by the JBI. A narrative summary accompanied the tabulated and/or mapped results, describing how they relate to the objectives and review questions.

Figure 1. PRISMA-ScR flowchart. Guarda, Portugal, 2025



Note: Adapted from Tricco et al⁸.

Results

The search strategy yielded 218 references, of which 196 were selected for title and abstract analysis. Nineteen articles were identified for full-text evaluation, three of which were included in the Scoping Review. Of the full-text articles analyzed, 16 were excluded for not meeting

the inclusion criteria regarding the Concept (n=16). Analysis of the bibliographic references of the included articles resulted in the recovery of eight full-text studies. Of these, and using the established inclusion criteria, one was included in the Scoping Review, making a total of four studies. Figure 1 presents the description of the results using the Key



Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Review (PRISMA-ScR) flowchart⁸, which is in line with the JBI recommended guidelines for preparing a Scoping Review⁷.

To better understand the results and use the data extraction tool developed specifically for this review, we aimed to synthesize the data extracted from the four included studies and simplify the interpretation process

(Chart 2). Extracting data from the articles allowed us to clarify their allocation based on the objectives defined in this Scoping Review. The data were sorted according to the year of publication.

The selected articles were published between 2020 and 2024. Regarding the place of publication, it was found that 2 articles were published in Brazil^{9,10}, 1 article in Portugal¹¹ and 1 article in England¹².

Chart 2. Results organized according to article identification, objective(s), results, and PCC mnemonic. Guarda, Portugal, 2025

Article identification (title, authors, year, and country)	Objective(s)	Type of study	Results	PCC (Population, Concept, Context)
<p>Title: “Vivido materno no acompanhamento da criança na Atenção Primária: uma abordagem qualitativa”.</p> <p>Authors: Patrícia Maria Januário Araújo; Rosana Cláudia de Assunção; Rosângela Aparecida Pimenta Ferrari; Adriana Valongo Zani.</p> <p>Year: 2020.</p> <p>Country: Brazil.</p>	<p>Understand the maternal experience regarding the monitoring of newborns, after discharge from the maternity ward and up to the sixth month of life, carried out by Primary Health Care services.</p>	Qualitative	<ul style="list-style-type: none"> - The importance of home visits by nurses during the first week of a newborn's life and the interventions developed during this period is recognized. - During home visits, nurses develop health-promoting interventions, including basic newborn care (hygiene, clothing), breastfeeding, umbilical cord care, assessment of the newborn's anthropometric parameters, and postpartum care. - Home visits during the first week of a newborn's life are promoted and guided by the PRMP. - Some mothers stated that these visits do not occur. - It was found that on many occasions, home visits did not occur as recommended by the PRMP. 	<p>Population: Mothers with children up to six months of age, accompanied by Primary Health Care services.</p> <p>Concept: Maternal experience in monitoring the newborn.</p> <p>Context: Postnatal care in Primary Health Care units.</p>
<p>Title: “Visita domiciliar do Enfermeiro de Família ao RN e família”.</p> <p>Relatório de estágio apresentado para obtenção do Grau de Mestre em Enfermagem de Saúde Comunitária na área de Enfermagem de Saúde Familiar.</p> <p>Authors: Ana Mendes.</p> <p>Year: 2023.</p> <p>Country: Portugal.</p>	<p>Analyze the common and specific skills of specialized nursing in family health, acquired within the scope of clinical teaching, and map the knowledge about protocolized FN interventions for home visits to newborns and families.</p>	SLR	<ul style="list-style-type: none"> - Four studies resulted in the development of a protocol, and the fifth presented contributions for its possible development. - The identified protocols direct the FN's health promotion interventions toward the following topics: anthropometric monitoring, observation of the umbilical cord stump, sleep patterns, reflexes, compliance with the National Vaccination Plan, early diagnosis between the 3rd and 6th day, breastfeeding assessment, and planning of the Child Health appointment. 	<p>Population: Families with newborns.</p> <p>Concept: Protocol.</p> <p>Context: Home visit in CSP.</p>
		Quantitative	<ul style="list-style-type: none"> - The appropriate time to conduct home visits to newborns and their families was identified up to the sixth day. - The following health-promoting nursing interventions to be implemented during home visits to mothers/postpartum women were identified: breast, perineal, and suture examinations; contraceptive counseling; scheduling a postpartum checkup appointment; and screening for physical and psychological problems. - The following health-promoting nursing interventions to be implemented during home visits to newborns were identified: screening for breastfeeding-related constraints; umbilical cord stump care; monitoring for signs of jaundice; screening for metabolic diseases; and anthropometric monitoring. - The importance of family assessment by nurses is identified, in its dimensions (structural, functional, and developmental), using standardized ladders. 	<p>Population: Families with Newborns.</p> <p>Concept: Interventions carried out during home visits by the EF.</p> <p>Context: Postnatal care at home.</p>



<p>Title: "Visita Domiciliar na Primeira Semana Saúde Integral (PSSI), segundo Enfermeiros da Atenção Primária".</p> <p>Authors: Nathanielly Cristina Carvalho de Brito Santos; Letícia Lima Kaspar Deininger; Anniely Rodrigues Soares; Anna Tereza Alves Guedes; Luciana Dantas Farias de Andrade; Heloisy Alves de Medeiros Leano.</p> <p>Year: 2024.</p> <p>Country: Brazil.</p>	<p>Understand the perception and implementation of home visits in PSSI, according to Primary Care Nurses.</p>	<p>Qualitative</p>	<ul style="list-style-type: none"> - Home visits in the PSSI are a fundamental nursing intervention in promoting bonds and ensuring comprehensive maternal and childcare. - During home visits, nurses assess the health status of the mother/postpartum woman and newborn, breastfeeding, family history, emotional relationships, child development, and the needs identified by the family, developing health-promoting interventions accordingly. - There is no specific day for home visits, nor is there a guiding instrument. 	<p>Population: Primary Care Nurses.</p> <p>Concept: Home visit at PSSI.</p> <p>Context: Family Health Units of Curimataú Paraibano (Paraíba, Brazil).</p>
<p>Title: "Evaluating the real-world implementation of the Family Nurse Partnership in England: a data linkage study".</p> <p>Authors: Francesca Cavallaro; Amanda Clery; Ruth Gilbert; Jan van der Meulen; Sally Kendall; Eilis Kennedy; Catherine Phillips; Katie Harron.</p> <p>Year: 2024.</p> <p>Country: England.</p>	<ul style="list-style-type: none"> - Determine the rate and characteristics associated with FNP enrollment among young mothers in local authorities in England. - Determine the effect of FNP on maternal and child outcomes, including identifying which families benefit most from FNP. - Identify contextual and programmatic factors that may influence the effect of FNP. 	<p>Mixed</p>	<ul style="list-style-type: none"> - The FNP includes up to 64 home visits to mothers and their children conducted by the FN. - The FNP aims to develop parenting skills and improve maternal and child health, as well as reduce the risk of child maltreatment, mental health problems, and socioeconomic hardship. - During home visits, the FN develops health-promoting interventions: counseling mothers on nutrition, sleep, contraception, and substance use; prevention and early detection of postpartum depression; education for mothers about child development and safe practices; parenting skills training; education about existing formal support networks and referrals if necessary. - The results corroborate previous evaluations of the FNP in England, which found no impact on child maltreatment outcomes, but contrast with qualitative research describing positive impacts. 	<p>Population: Teenage mothers (first-time mothers, aged between 13 and 24, and in a vulnerable situation) and their children (up to 7 years old), accompanied by the FNP program.</p> <p>Concept: Evaluation of the effects of the FNP program on the health, education, and social assistance of mothers and their children.</p> <p>Context: Primary Care System in England.</p>

Note: Adapted from Araújo et al⁹, Cavallaro et al¹², Mendes¹¹ and Santos et al¹⁰.

The article entitled "Maternal experience in monitoring children in Primary Care: a qualitative approach"⁹ recognizes the importance mothers attach to nurses' home visits in the first week of their newborn's life and the interventions they develop during this time. Their reports indicate that nurses develop health-promoting interventions, including hygiene and clothing care for the newborn, breastfeeding, umbilical cord care, assessment of the newborn's anthropometric parameters, and postpartum care. The study found that home visits in the first week of a newborn's life are promoted and guided by the PRMP. However, it was found that some mothers did not receive home visits from nurses, and that on many occasions, these visits did not occur as recommended by the PRMP.

The need for ongoing training of PHC professionals and their managers regarding the guidelines recommended by the PRMP is seen as the future direction identified for promoting comprehensive health care for newborns and their families. This article gathers evidence in line with the objectives "To map FN interventions in promoting the health of families with newborns at home" and "To identify structured home care programs for promoting the health of families with newborns." This is the internship report submitted for the master's degree in Community Health

Nursing in Family Health Nursing, entitled "Home Visits by Family Nurses to Newborns and Their Families," which includes a SLR, and a quantitative study¹¹.

The SLR mapped knowledge on home visit protocols for newborns and their families in PHCs, identifying four studies that resulted in the creation of a protocol, and a fifth that presented contributions for its possible development. The identified protocols direct the FN's health promotion interventions toward the following topics: anthropometric monitoring, observation of the umbilical cord stump, sleep patterns, reflexes, compliance with the National Vaccination Program, early diagnosis between the third and sixth days, breastfeeding assessment, and planning of the Child Health appointment. Through home visits, nurses empower families in their homes, promoting health-promoting interventions according to their needs. The protocol is seen as a tool to foster improved clinical practices and health gains within the context of different families.

Given the above, the SLR presents contributions in line with the objective "Mapping FN interventions in promoting the health of families with newborns at home." In partnership with the SLR, a quantitative study is underway to develop a proposed protocol for use in home visits to newborns and their families. The nurses identified that the



appropriate time to conduct home visits to newborns and their families is up to the sixth day. However, they emphasize that this home visit should be preceded by a visit to the pregnant woman and her family in the third trimester of pregnancy¹¹.

During home visits, nurses are required to develop health-promoting interventions aimed at the mother/postpartum woman and the newborn. These interventions, associated with the mother/postpartum woman, include breast and perineal examinations, sutures, contraceptive counseling, scheduling postpartum checkups, and screening for physical and psychological problems. When focusing on newborns, interventions focus on screening for breastfeeding-related constraints; umbilical cord stump care; monitoring for signs of jaundice; screening for metabolic diseases; and anthropometric monitoring.

The study also highlights nurses' interest in family assessment across its dimensions, as well as the application of standardized instruments in each dimension. In structural assessment, the importance of using the Genogram, Ecomap, and Graffar scale is emphasized. Regarding developmental assessment, the Duvall cycle is considered the preferred method. In functional assessment, the APGAR is the most frequently used.

Thus, the study highlights that nurses consider the existence of a protocol as an added value, serving as a guide for home visits to newborns and their families. The nursing interventions described in the study contributed to the development of a protocol, highlighting the consistency of the identified interventions with those issued by the Order of Nurses in this context². Thus, it appears that this study is in line with the objective "Mapping FN interventions in promoting the health of families with newborns at home".

On the other hand, the article¹⁰, the study, titled "Home Visit in the First Week of Comprehensive Health (PSSI), According to Primary Care Nurses," identifies, from the nurses' perspective, that the home visit in PSSI is a fundamental nursing intervention in promoting bonds and ensuring comprehensive maternal and childcare. During the home visit, nurses assess the health conditions of the mother/postpartum woman and newborn, breastfeeding, family history, emotional relationships, child development, and the needs identified by the family itself, developing health-promoting interventions accordingly. However, there is no specific day for the home visit, nor is there a guiding instrument.

Thus, the importance of home visits as a health-promoting nursing intervention is highlighted, supporting the authors' recommendation of creating a guiding instrument to optimize visits and, consequently, the care provided. Thus, the article contributes to the objective of "[...] mapping nursing interventions in promoting the health of families with newborns at home".

The article "Evaluating the real-world implementation of the Family Nurse Partnership in England: a data linkage study"¹² focuses on evaluating the effectiveness of the FNP, a structured home visiting program for first-time adolescent mothers in vulnerable situations,

using national administrative data. The FNP includes up to 64 home visits to mothers and their children, conducted by the FN, from early pregnancy through the child's second birthday. It aims to develop parenting skills and improve maternal and child health, as well as reduce the risk of child maltreatment, mental health problems, and socioeconomic hardship.

In this sense, the FN, during home visits, develops health-promoting interventions that involve counseling mothers on nutrition, sleep, contraception, and substance use; the prevention and early detection of postpartum depression; educating mothers about child development and safe practices; training parenting skills; teaching about existing formal support networks (health, education, and/or social) and providing referrals, if necessary.

The results of the study corroborate previous evaluations of the FNP in England, which did not reveal any impact on child maltreatment outcomes, but contrast with qualitative research that describes the positive impacts of the FNP, as mothers noted its usefulness, considering it essential to the transition, allowing the development and consolidation of skills. The positive results also reflect the continued contact between mothers and EFs even after the completion of the FNP. Quantitative results highlight an increase in the rate of hospitalizations due to diagnoses related to abuse/injury up to 2 years of age (6.6% in the FNP group and 5.7% in the control group), which does not show evidence of a benefit in terms of abuse outcomes. Adequate development was observed at 5 years of age (57.5% in the FNP group and 55.4% in the control group), demonstrating weak evidence of an association between mothers monitored by the FNP and their children's development; a reduction in new pregnancies was identified within 18 months after birth (8.4% in the FNP group and 9.3% in the control group), which indicates some certainty that mothers monitored by the FNP were less likely to do so; higher vaccination coverage at 12 months was recognized (89% in the FNP group and 83% in the control group), highlighting the association between maternal monitoring by the FNP and children's vaccination adherence. Although some benefits were noted from implementing the FNP, the study highlights the need to adapt it to the individual needs of adolescent mothers and ensure more effective integration with existing health services, as the original model needed to be modified. Continuing education for FNs is recommended to address the identified gaps.

The contributions of the study translate into responses to the objectives of "[...] mapping FN interventions in promoting the health of families with newborns at home", "[...] identifying structured home care programs for promoting the health of families with newborns" and "[...] analyzing the impact of structured home care programs in promoting the health of families with newborns". Through the studies in question, it was possible to identify the interventions developed by FN in promoting the health of families with newborns at home, presenting a list of them, with the aim of systematizing them, meeting the target of the intervention (Chart 3).



Chart 3. Interventions developed by the FN to promote the health of families with newborns at home, meeting the intervention target. Guarda, Portugal, 2025

FN interventions in promoting the health of families with newborns at home	
Mother/postpartum woman	Breast, perineal, and suture examinations; health assessment; breastfeeding assessment and promotion; counseling on nutrition, sleep, contraception, and substance use; screening for physical and psychological problems; education on child development and safe practices; scheduling of postpartum checkup appointments.
Newborn	Assessment and promotion of hygiene and clothing care; assessment of breastfeeding; assessment of reflexes; assessment and promotion of umbilical cord stump care; assessment of anthropometric parameters; assessment of sleep patterns; monitoring of signs of jaundice; assessment and promotion of vaccination; early diagnosis; assessment of child development; monitoring of child abuse; planning of Child Health consultations.
Family	Parenting skills training; family assessment (structural, developmental, and functional dimensions) and application of standardized instruments in each dimension; education about existing formal support networks and referrals.

Note: Adapted from Araújo et al⁹, Cavallaro et al¹², Mendes¹¹ and Santos et al¹⁰.

The synthesis prepared allows for a step forward, reinforcing the desire to contribute to the PE profession, as well as to maternal and child well-being in the first days of life.

Discussion

“The birth of a child marks the transition in the family's evolutionary cycle, through the transformation of the dyad into a family group, in a permanent way”^{13:85}, that drives the need to define parental roles and adapt to the associated responsibilities. Parenting involves a pattern of action and interaction developed by parents, aiming at the child's development, as well as the shaping of parental identity¹³.

The FN plays a leading role in this transition, acquiring the importance of developing interventions aimed at strengthening the family¹. According to study¹¹, through home visits, nurses empower families in their homes, providing health-promoting interventions according to their needs. Home visits, according to research¹⁰, is a fundamental nursing intervention in promoting bonds, as well as ensuring comprehensive maternal and childcare. In addition, authors⁹ recognize the importance that mothers attribute to home visits by nurses in the first week of the newborn's life and the interventions developed therein.

Study¹¹ points out that nurses identify that the appropriate time to conduct home visits to newborns and their families is up to the 6th day. However, the study¹⁰ describes that nurses do not designate a specific day for this to occur. According to the DGS5, in Portugal, the PNSIJ indicates that the first consultation for a newborn should occur in the first week of life.

In aggregate, a study¹¹ highlights that this should be preceded by a visit to the pregnant woman and her family in the third trimester of pregnancy. Researchers¹² corroborate this fact, as the FNP program includes up to 64 home visits to mothers and their children carried out by the EF, from the beginning of pregnancy until the child's second birthday. According to the DGS⁵, in Portugal, the consultations recommended by the PNSIJ begin after the child's birth. However, they emphasize the benefits of beginning these

consultations in the period leading up to the birth, with a view to preparing for the birth and welcoming the new baby.

In view of the above, the need to define the timeframe for carrying out the home visit is recognized, with the aim of promoting accessibility to it by the target population, allowing the constraint identified by the study to be limited⁹, in which some mothers did not receive a home visit from nurses.

Likewise, the interventions that the FN develops within the scope of promoting the health of families with newborns at home must be systematized in a protocol. Authors¹⁰ highlight that nurses note that there is no guiding instrument but recommend its creation with a view to optimizing visits and, consequently, the care to be provided. Study¹¹ generates agreement, as nurses consider the existence of a protocol as an added value as a guide in the context of home visits to newborns and their families. This highlights the protocol as a tool that focuses on improving clinical practices and health gains within the context of different families.

Author¹¹ focusing on the potential development of a protocol, the study mapped, in its SLR, knowledge about home visit protocols for newborns and their families in PHCs, identifying only four studies that resulted in the creation of a protocol. Thus, there is a gap in knowledge due to the small number of studies, which highlights the importance of continued research in this area.

Focusing on the objectives of this Scoping Review and considering the included studies⁹⁻¹² a variety of health-promoting interventions developed by the FN in providing care to families with newborns were identified. However, the analysis highlights that these are essentially instrumental and aimed primarily at the mother/postpartum woman and the newborn, giving them a biomedical character. According to the study¹, the family represents a system that is greater than the sum of its parts. Therefore, the FN should focus on the family as a whole, not just its individual members. Promoting family health empowers families by strengthening their potential, allowing them to take proactive action regarding their health¹³. In the identified interventions, the FN core is positioned in the background.



Thus, family assessment “will allow the identification of the family’s resources and strengths, as well as the needs, consistent with its unity, and thus the planning of interventions adjusted to these same needs”^{13:71}. The participation of as many family members as possible determines its effectiveness.

Among the four studies, only one¹¹, fosters nurses' interest in family assessment across its three dimensions - structural, developmental, and functional - as well as the application of standardized instruments for each dimension. However, its implementation in clinical practice is limited by the lack of incorporation of these instruments into information systems. Nursing staff should reiterate this gap so that family assessment becomes a reality for them.

In assessing the development dimension, following the guidelines of the Dynamic Model of Family Assessment and Intervention, the parental role is an area of focus when the family is in the family with young children stage of the life cycle. It is recommended that the FN develop interventions that allow the assessment of role knowledge, adherence behavior, role consensus, role conflict, and role saturation. Through the interventions described, it is possible to complement the interventions identified in the studies, demonstrating that the targets of these interventions are the parents and not just the mother/postpartum woman, as noted in the studies¹³.

Co-parenting is “the relationship that is desired to be established between parental figures in the development of the role, and involves the concerted articulation between them, in the process of caring for a child”^{1:163}. In view of the above, paternal involvement in the interventions developed by FN is essential.

The knowledge presented enables the implementation of structured programs that include home visits, which are essential for promoting the health of families with newborns. Investment in this area is necessary, as only studies^{9,12} identify programs in this area.

Home visits in the first week of a newborn's life are promoted and guided by the PRMP; however, it was found that on many occasions this did not occur as recommended⁹. There is no mention of an evaluation of this program in the study, which places it on the same level as other studies^{10,11}, where interventions are implemented but not evaluated. The Nursing Process (NP) is the scientific basis that supports nursing interventions and comprises five stages. The final stage, evaluation, allows for the analysis of results and verifies whether the defined objectives have been achieved¹. This indicates the urgency for FNs to develop interventions, considering all five stages established by the NP.

On the other hand, the study¹² includes this last aspect, as it evaluates the effectiveness of the FNP, demonstrating its impact on promoting the health of families with newborns at home. Qualitatively, a positive impact was observed, but the results cannot be extrapolated to the general population, as the FNP's target group was first-time adolescent mothers in vulnerable situations. Replication of the program, as well as the definition/implementation of other programs and their evaluation, could constitute a turning point, demonstrating to policymakers the

importance of the interventions developed by the FN in promoting the health of families with newborns, resulting in increased recognition of the FN's intervention.

Conclusion

Health Promotion is a concept that accompanied the nursing profession, in force since the first health policies, specifically since the Declaration of Alma-Ata in 1978¹. This emphasizes CSP as a context of excellence and proximity, which enhances the empowerment of individuals, families, and communities in promoting their health project⁴.

This Scoping Review focused on this area, identifying, in the included studies, interventions that the FN develops in promoting the health of families with newborns at home, as well as structured programs and their subsequent impact, generating contributions in response to the research questions.

The current bibliographical references used in this letter are a significant plus, lending it scientific credibility and providing insight into the current state of scientific knowledge on the topic. The selected articles were published within a period of less than five years, reflecting emerging trends, and allowing the conclusions of this Scoping Review to be based on solid and relevant scientific evidence.

Considering the results, it appears that their totality converges on the importance of FN interventions in promoting the health of families with newborns at home, highlighting the positive impact of these practices on the transition to parenthood, through family empowerment and strengthening maternal and child well-being. Despite the diversity of interventions identified, the need for systematization and protocolization is evident, aiming to increase health gains.

However, it is urgent to shift the focus of family health interventions, as the biomedical model is not aligned with family health, yet it is highly targeted in the included studies, where these interventions are essentially instrumental and directed at the individual (mother/postpartum woman and newborn). A systemic perspective should be the focus of family health interventions, and family assessment should be the primary tool of intervention, promoting an approach focused not only on individual health but essentially on strengthening the family as a unit, encouraging coparenting through the integration of the paternal bond.

The identified FN interventions lack evaluation, like the limited number of structured programs identified in the studies. This clearly indicates the need for FN action to implement the NP faithfully as conceived, as the evaluation stage is the step toward advancing the science of FN and, consequently, the care provided. The small percentage of these programs highlights the need for investment and improvement, without neglecting the mandatory evaluation of their impact, fostering new scientific research that supports more effective and innovative clinical practices in FN.

In addition, the importance of coordinating these interventions with other existing health programs is highlighted, as recommended by the Child Support



Institute¹⁴, in the "Children's Charter in CSP", which highlights the importance of ensuring CSP is centered on the child and the family, aligned with the values of equity, accessibility, and comprehensiveness.

This Scoping Review finds that FN interventions play a crucial role in promoting the health of families with newborns, specifically during home visits conducted in the first days of life. These are aligned with the principles of the "Children's Charter in PHC," which impact the provision of care tailored to each family, as the FN, specifically in assessing the family context, parental dynamics, and family needs, ensures these needs. The emphasis placed on empowering families in childcare is also emphasized in the "Children's Charter in PHC," an aspect also highlighted in this Scoping Review, highlighting the role of the FN in empowering families through preventive and educational interventions during the transition to parenthood, which contribute to the Sustainable Development Goals (SDGs) of the 2030 Agenda – Quality of Health (SDG 3) and Quality Education (SDG 4)¹⁵.

Additional contributions may emerge if the limitations of this Scoping Review are overcome. The quality assessment of the sources used was not designed in accordance with the Scoping Review's methodological principles, which is why no recommendations for clinical practice are presented. Furthermore, the search focused on only a few databases and three languages (those spoken by the researchers), which may have limited access to other results. The desire for the most current scientific evidence limited the search to the last five years; however, given the small number of studies included the possibility of extending the search period could be an option worth considering.

However, FN, despite being recently recognized as a specialty and still having a long way to go, boasts a meritorious intervention in families with newborns and cumulatively in the challenges that contemporary times pose, enhancing the capacity for resilience in the face of the vast array of transition processes that existence brings.

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