

**MULTIPROFESSIONAL HEALTH RESIDENCY AND LONGITUDINALITY OF
MATERNAL AND CHILD CARE IN PRIMARY HEALTH CARE**

RESIDENCIA SANITARIA MULTIPROFESIONAL Y LONGITUDINALIDAD DE LA ATENCIÓN
MATERNO-INFANTIL EN ATENCIÓN PRIMARIA

RESIDÊNCIA MULTIPROFISSIONAL EM SAÚDE E LONGITUDINALIDADE DO CUIDADO
MATERNO-INFANTIL NA ATENÇÃO PRIMÁRIA À SAÚDE

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Manuscript submitted: December 20, 2024.

Approved: July 30, 2025.

Published: October 10, 2025.

Abstract

Primary health care is an important area for strengthening and organizing maternal and child health care, and one of its central and exclusive characteristics is the attribute of longitudinal care. The Multiprofessional Health Residency stands out as a training and permanent education tool that, when articulated with the Family Health Strategy, has the potential to strengthen primary care and its attributes. This study aimed to understand the effects of the participation of the Multiprofessional Health Residency in maternal and child care with a view to guaranteeing the attribute of longitudinality in primary health care. This is a qualitative, analytical-descriptive study based on the theoretical-conceptual perspective of phenomenology. It was carried out in primary care through individual interviews with residents, team professionals and users in a municipality in the interior of Rio Grande do Norte. A thematic analysis of the content of the interviews was carried out, followed by a triangulation of the data from the perspectives of the three social actors involved. It is understood that the Residency's participation in the management of the teams' work promoted shared and longitudinal maternal and child care, in

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addition to fostering teaching and learning processes based on the integration of education, work, and community, as well as humanistic and interprofessional practices aligned with the demands of teams, services, and communities.

Keywords: Maternal and Child Health; Primary Health Care; Longitudinality of Care; Non-Medical Non-Dental Residency.

Resumen

La atención primaria es un punto importante para el fortalecimiento y la organización de la atención a la salud materno-infantil, y una de sus características centrales y exclusivas es el atributo de la atención longitudinal. La Residencia Sanitaria Multiprofesional destaca como una herramienta de formación y educación continuada que, articulada con la Estrategia de Salud de la Familia, tiene el potencial de fortalecer la atención primaria y sus atributos. Este estudio tuvo como objetivo conocer los efectos de la participación de la Residencia Multiprofesional de Salud en la atención materno-infantil con vistas a garantizar el atributo de longitudinalidad en la atención primaria de salud. Se trata de un estudio cualitativo, analítico-descriptivo, basado en la perspectiva teórico-conceptual de la fenomenología. Se llevó a cabo en la atención primaria a través de entrevistas individuales con residentes, profesionales del equipo y usuarios en un municipio del interior de Rio Grande do Norte. Se realizó un análisis temático del contenido de las entrevistas, seguido de una triangulación de los datos desde las perspectivas de los tres actores sociales involucrados. Se entiende que la participación de la Residencia en la gestión del trabajo de los equipos promovió una atención materno-infantil compartida y longitudinal, además de fomentar procesos de enseñanza-aprendizaje basados en la integración entre educación, trabajo y comunidad, así como prácticas humanísticas e interprofesionales, alineadas con las demandas de los equipos, servicios y comunidades.

Palabras clave: Salud Materno-Infantil; Atención Primaria; Longitudinalidad de la Atención; Residencia no médica no odontológica.

Resumo

A atenção primária à saúde constitui-se como ponto importante para o fortalecimento e organização da atenção à saúde materno-infantil, apresentando, entre suas características centrais e exclusivas, as dimensões do atributo da longitudinalidade do cuidado. A Residência Multiprofissional em Saúde se destaca como uma ferramenta de formação e educação permanente que, articulada com a Estratégia Saúde da Família, tem o potencial de fortalecer a atenção primária e seus atributos. Este estudo objetivou compreender os efeitos da participação da Residência Multiprofissional em Saúde no cuidado materno-infantil com vistas à garantia do atributo da longitudinalidade na atenção primária à saúde. Trata-se de uma pesquisa qualitativa, analítico-descritiva, fundamentada na perspectiva teórico-conceitual da fenomenologia. Foi desenvolvida na atenção primária através de entrevistas individuais com residentes, profissionais das equipes e usuárias de um município do interior do Rio Grande do Norte. Realizou-se uma análise temática do conteúdo das entrevistas e posteriormente uma triangulação dos dados a partir das perspectivas dos três atores sociais envolvidos. Compreende-se que a participação da Residência na gestão do trabalho das equipes promoveu um cuidado materno-infantil compartilhado e longitudinal, além de fomentar processos de ensino-aprendizagem baseados na integração entre educação, trabalho e comunidade, bem como práticas humanísticas e interprofissionais, alinhadas às demandas das equipes, serviços e comunidades.

Palavras-chave: Saúde Materno-infantil; Atenção Primária à Saúde; Longitudinalidade do Cuidado; Residência não Médica não Odontológica.

Introduction

Efforts are directed towards improving maternal and child health and reducing the morbimortality of this group, considering its global repercussions (Santos et al., 2018). In Brazil, policies such as the Rede Cegonha and the National Policy for Comprehensive Child Health Care (PNAISC) aim to consolidate maternal and child health care within the framework of articulated health care networks (Brasil, 2011; Brasil, 2017).

In this context, with the goal of expanding the Rede Cegonha strategy, the Federal Government, through Ordinance No. 5.350 of September 12, 2024, has reformed this thematic network and renamed it Rede Alyne. This reinforces the commitment to providing continuous maternal and child health services in assigned territories and to the longitudinal monitoring of women and children up to two years of age. This is achieved through coordination among healthcare points, logistical systems, network support, and governance, and in alignment with the Integrated Regional Planning – PRI (Brasil, 2024).

Social and economic changes, together with government actions and programs, have expanded access to health services. Primary Health Care (PHC) has become central to organizing maternal and child health care. In Brazil, the Family Health Strategy (FHS) stands out as the priority strategy for expanding and organizing PHC (Brasil, 2017).

Thus, the implementation of the FHS has been and remains fundamental for the restructuring of Brazilian PHC, integrating different levels of care and strengthening the performance of health teams. By expanding access to health services, the FHS has promoted significant impacts on maternal and child health indicators (Brasil, 2017).

PHC is structured around essential and derived attributes crucial for its effective functioning, enabling the achievement of objectives and articulation with Health Care Networks (HCNs). Among these attributes, longitudinality stands out as a central and exclusive characteristic of this level of care. It involves ensuring a regular source of care, the consistent use of services over time, and the continuity of actions in an environment that fosters interpersonal bonds (Starfield; Shi; Macinko, 2005; Oliveira et al., 2023).

Studies indicate that the quality of maternal and child care in PHC services is strongly linked to the consolidation of its attributes through teamwork. However, this integration remains challenging, especially in the micro-political realities of small municipalities in the North and Northeast of Brazil (Leão; Caldeira, 2021; Costa et al., 2022; Dilélio et al., 2024).

Aiming to promote training and education projects for health human resources, the Ministry of Health created the Secretariat for Health Labor Management and Education (SGTES) in 2003. This body, in turn, established the National Policy for Permanent Health Education (PNEPS) in 2004 through GM/MS Ordinance No. 198/2004, which was reformed in 2007 by GM/MS Ordinance No. 1.996/2007 (Brasil, 2004; Brasil, 2007).

The Multiprofessional Health Residency (MHR) was established by Law No. 11.129 of 2005 and serves as a crucial tool for intersectoral cooperation within the National Policy for Permanent Health Education (PNEPS). The MHR aims to facilitate the integration between education and work. It also ensures the qualified insertion of young professionals with a profile suited to modifying practices and creating a new culture of intervention and understanding of health within the implementation and organization of the Unified Health System (SUS) (Brasil, 2005).

In the setting of this study, the Multiprofessional Residency in Primary Care Program of the Escola Multicampi de Ciências Médicas (EMCM), which is a specialized unit of the Federal University of Rio Grande do Norte (UFRN), has been operating since 2016 in the municipalities of Caicó and Currais Novos in the state of Rio Grande do Norte. The program participates in and enhances PHC services and the entire HCN (Oliveira e Oliveira; Melo; Pinto, 2015).

Therefore, this research is guided by the following question: what are the effects of the MHR's participation in maternal and child care towards ensuring the attribute of longitudinality in PHC?

The relevance of the topic lies in the need to reflect on the potential of the MHR's participation in the maternal and child care provided in PHC, aiming to ensure its attributes, such as longitudinality – considered its central characteristic, in view of the MHR's potential as a work management tool capable of expanding and strengthening PHC as a usual and longitudinal source of care.

Given this context, the present study aimed to understand the effects of the MHR's participation in maternal and child care towards ensuring the longitudinality attribute in PHC.

Materials and Methods

This is a qualitative, analytical-descriptive study. It is supported by the theoretical and methodological perspective of phenomenology. The study was conducted between January and August 2020 and its setting was with the primary health care (PHC) services of a municipality in the countryside of Rio Grande do Norte (RN).

According to González et al. (2012), phenomenological assumptions relate experience to the human way of being in the world, considering aspects of time and space and reflecting that the phenomenon is that which shows itself and how it shows itself. This requires the researcher to remain open to understanding lived experiences, considering participants' reports, the context of the experience within the phenomenon, and their own prior experiences. The phenomenon under analysis in this study concerns the participation of the MHR in the actions and services of maternal and child care offered in PHC aiming to guarantee the dimensions of the attribute of longitudinality.

The MHR program under study is a result of a multi-campus pedagogical project and is aligned with the mission of the Escola Multicampi de Ciências Médicas (EMCM) - which was implemented as part of the Mais Médicos (More Doctors) Program and is considered a key element for developing the proposal of social responsibility and sociopolitical transformation in the countryside of RN. The program aims to provide excellent training and also enable processes of (re)construction and (re)qualification of health care within the Health Care Networks (HCNs). It contributes to improving female users' living conditions, consolidating the integration of education, service, and community, encouraging the permanent education of health workers, and retaining graduated professionals in these municipalities (UFRN, 2021).

The program comprises 44 residents, equally distributed between the municipalities of Caicó and Currais Novos, from 8 professional categories: Nursing, Dentistry, Nutrition, Physiotherapy, Social Work, Pharmacy, Physical Education, Psychology, Veterinary Medicine, and Speech Therapy (Martins et al., 2021).

Residents are placed in regional public health services, serving as practical training settings under agreements and negotiations within the scope of the Contrato Organizativo de Ação Pública Ensino-Saúde (Organizational Contract for Public Health-Education Action). The residents' training process is grounded in the theoretical and methodological frameworks of Collective Health and Interprofessional Health Education and Work. It advocates for collaborative practices, project-based learning, and community-based learning (UFRN, 2021).

The program's curriculum is organized around three integrated axes. These are distributed across theoretical, practical, and theoretical-practical modules. The transversal axis, offered to all residents, covers content that supports integrated practice and the coordination of actions in health care. The axis common to the concentration area corresponds to the particularities of care in Primary Care and its specific characteristics in the interaction of the multiprofessional team's knowledge (UFRN, 2021; Oliveira e Oliveira; Melo; Pinto, 2015).

The longitudinal axis is organized by the professional categories that make up the program and corresponds to the uniqueness of each professional core, with each profession having intrinsic points to integrate into the multidisciplinary team (UFRN, 2021; Oliveira e Oliveira; Melo; Pinto, 2015).

Between January and August 2020, individual interviews were conducted with 33 (thirty-three) participants: 10 (ten) residents, 17 (seventeen) FHS professionals, and 6 (six) female users. All interviewees participated in maternal and child care activities with the support of the residency program in the studied municipality. Two distinct scripts were used, one for female users and another for residents and professionals, both involving probing questions about the role of the MHR alongside FHS teams in providing maternal and child care in PHC. Data collection ceased based on the saturation criteria (Moura et al., 2022).

Thematic analysis of the interview data followed the proposal by Braun and Clarke (2006), guided by the theoretical-conceptual framework on longitudinality of care, understood through the works of Starfield, Shi and Macinko (2005), Oliveira et al. (2023), Kessler et al. (2019), and Rodríguez and Peña (2022).

Based on these references, the following dimensions of the longitudinality of care attribute were considered: the professionals' knowledge of the assigned population, user identification of a usual source of care, adequate access to and use of

the source of care, monitoring of female users' health needs, mutual and humanized cooperation, and an environment with interpersonal bonds/ties.

Aiming for a deeper investigation of the research subject, data triangulation from the three different perspectives of the involved social actors (female users, professionals, and residents) was performed for subsequent discussion and correlation with the literature relevant to the topic. This subtype of triangulation relies on different data sources and the different perspectives that the protagonists of the phenomenon can assume to achieve a richer and more detailed description and understanding of the studied phenomenon (Azevedo et al., 2013; Holanda; Farias, 2020).

The research was approved by the Research Ethics Committee of the Faculdade de Ciências da Saúde do Trairi at UFRN, under report number 20140619.2.0000.5568. To preserve the participants' identity, the codenames U1 to U6 were used for the female users, P1 to P17 for the professionals, and R1 to R10 for the residents.

Results and Discussion

In the comprehensive analysis of the interview data, participant reports were highlighted and gave rise to several core thematic units of meaning. During data interpretation, these units of meaning were triangulated and grouped into thematic categories, which, in turn, formed the sub-topics of this work.

It is important to emphasize, first and foremost, that this study involves a municipality in the countryside of Northeast Brazil, shaped by specific geographic, economic, political, social, and cultural factors. These particularities may reverberate, to a greater or lesser extent, in the results found.

- Residency Participation in Maternal and Child Care Actions

The residency comes and brings (actions and services); it arrives and suddenly all of this happens here. **(P2)**

This category was derived from core units of meaning related to the MHR's participation in actions and services provided to the maternal and child population. It was observed that prenatal care provided jointly by multiple professionals, pregnancy

support groups, bonding visits to maternity wards, postpartum home visits, lingual frenulum assessments in newborns (“tongue-tie tests”), and shared growth and development monitoring sessions were the activities most frequently reported by participants.

During my two previous pregnancies, I never had follow-up as good as the follow-up now with the residency. **(U2)**

The residency was crucial for carrying out these actions, as some actions were already being done, but not regularly and in a shared manner. **(R6)**

The residency was important for reactivating some actions, making them more regular... and even bringing new actions, like the bonding visit for pregnant women to the city's maternity ward. **(P17)**

The MHR's involvement expanded maternal and child care actions and services, strengthening work management for more comprehensive and shared health care. This included new actions considered important by participants, such as the bonding visits to the maternity ward conducted with the pregnant women followed by the teams.

The MHR is established as one of the strategies of the National Policy for Permanent Health Education (PNEPS) to transform the prevailing health care model in the country, aiming to overcome a care process strictly centered on the physician figure, the hospital, and imposing, impersonal interventions (Ota, 2023; Carneiro; Teixeira; Pedrosa, 2022). The collaborative work enabled by the MHR promotes a distinctive health training. Consequently, graduates from these programs are skilled at working in teams, according to local-regional needs, and guided by the principles of the SUS (Carneiro; Lima; Arce, 2025).

In the researched context, it is evident that, following the MHR's participation, prenatal and child development consultations were perceived as more regular and shared among team professionals and residents. This enhances the potential of PHC to provide more longitudinal and comprehensive follow-up for the assigned population. The study by Santos et al. (2020) highlights the importance of the MHR, especially in PHC, for promoting spaces for problematization within services, for interdisciplinary practice, and for constructing new knowledge and renewing health care, reverberating in more qualified, comprehensive, and humanized care.

- Bonding and Response to Maternal and Child Health Needs

This was the health unit where I received the best care of all the neighborhoods I've lived in, and I think it's largely because of you, the residency. **(U4)**

This category identified core units of meaning related to the bonding between health teams, residents, and the female users under follow-up, as well as the responses to their health needs.

Whenever the professionals could, they met my needs, both at home and at the health center. **(U6)**

I believe it did meet [the needs], reaping the benefits up to the present days. Thanks to the dedication, or rather, the commitment that the residency had, for them to have this commitment with their own care. **(P2)**

Participants emphasized in their statements that the health needs of the supported female users were comprehensively met through the assistance of the MHR to the health teams. In PHC, comprehensiveness attribute is closely linked to longitudinality of care, and the fulfillment of both is essential for the good performance and quality of health services (Starfield; Shi; Macinko, 2005; Moysés et al., 2019).

Oliveira et al. (2023) state in their study that health teams need to understand the factors that promote longitudinality of care and recognize its impacts, so they can use strategies that improve the quality of care and the organization of health facilities.

So these actions strengthen the bonds of this triad: the user, the service professional, and the resident. **(P6)**

I became very attached, mainly to the residency, but also to the other patients and some professionals at the unit, they are wonderful. **(U4)**

Besides [the bond] between us and the female users, a bond was also created among ourselves. **(P4)**

It is also understood that participants recognize the building of closeness and bonds between female users, residents, and professionals, considered a determining factor for the effects of the maternal and child care provided, given that bonding is a tool that facilitates ensuring its longitudinal character.

It is also inferred that the established bond may also enhance user adherence to the offered care. Consequently, they begin to recognize PHC services as their usual source of care and to trust the longitudinal follow-up by their reference professionals. These findings corroborate studies that have been emphasizing the effects of MHR integration on the quality of work and health care at this level of attention (Dilélío et al., 2024; Silva; Dalbello-Araujo, 2019; Martins et al., 2021).

From the reports, it is understood that the MHR's participation was considered crucial for ensuring the provided care met the female users' health needs, highlighting the potential of the bonding between residents and female users. This bonding was possible, according to the reports, due to open and accessible communication with these users and greater availability to address their demands and concerns.

Belfort, Vasconcelos, and Nicolotti (2025) concluded in their study that the MHR was able to expand and transform knowledge and practices in the training scenarios, center care on the community's health needs, and emphasize a collective teaching-learning process embedded in the daily life of the services and the people.

- Guaranteeing Longitudinality in Maternal and Child Care

I wish every health unit had the residency. (P15)

This category was formed from core units of meaning related to the effects of the MHR's participation across the provided actions, with a view to ensuring the attribute of care longitudinality. It was found that, from the participants' perspective, the MHR was fundamental in orienting actions and services based on the dimensions of the longitudinality attribute.

The residency strengthened the female users as a group; I think it was important for this bond between the service and the community, and with a specific group, in this case, maternal and child health. (R5)

I wouldn't be the mother I am today if it weren't for you, the residents. (U5)

The residency was very important, it brought us a lot of information, they were always there willing to help us. (U3)

The residency generates this expanded care, this broadened clinical practice, where we have a range of options as professionals, where I can make a referral, provide interprofessional follow-up. (P4)

The participants' reports highlight effects of the residents' support, such as greater user engagement, better communication, the building of stronger bonds, and the promotion of more comprehensive care. Therefore, it is deduced that the MHR's participation promoted maternal and child health care within PHC, guided by a broadened clinical perspective and the longitudinal monitoring of their biopsychosocial and family needs.

These findings align with the study by Silva and Dalbello-Araujo (2019), which observed that in PHC, a team expanded by the inclusion of multiprofessional residents is capable of promoting a greater scope of population care services, more comprehensive attention, and regular follow-up over time.

It is understood that participants perceived the MHR as a mechanism driving work management in PHC, fostering within the services a culture of action planning, shared care scheduling, and commitment to ensuring PHC attributes, thereby strengthening the capacity of the offered actions to provide longitudinal maternal and child care.

The residency always pushed to follow a schedule, and since the community health agents had more contact with the health center's public, they would spread the word. **(P15)**

With the residency, we saw the importance of prioritizing what we call the strategic planning of actions and, in this planning, establishing short, medium, and long-term goals. **(P10)**

Planning was always emphasized by the residency; sometimes we even became too dependent on the residents for it. **(R9)**

Studies have found that the work of MHR programs in health services has the potential to strengthen teamwork, the learning process, interprofessional relationships, and the acquisition of competencies that promote comprehensive user care, such as care planning (Carneiro; Lima; Arce, 2025; Silva; Dalbello-Araujo, 2019).

- Resident Training Throughout Maternal and Child Care

There were several experiences, various shared types of knowledge. **(R10)**

This category was formed from core units of meaning identified regarding the training of residents throughout the provided actions. It was observed that participants consider that maternal and child care in PHC provided important formative experiences within the scope of the MHR.

The actions helped everyone to work as a team, and I think that is very productive for the residency. **(P4)**

I learned a great deal, as I wasn't familiar with this maternal and child care line of work. **(R10)**

So everyone gains a lot, right? The residents too, since they learn a lot from each other. **(R4)**

The residency was very important because it's an exchange of experience; they were also, I believe, learning alongside us. **(U1)**

It is understood that maternal and child care provided under the logic of care longitudinality and collaborative work can impact not only the health and well-being of the population but also the education management process within the services. In the

setting of this research, successful experiences related to teamwork, to building bonds with the assigned population, and to the exchange of knowledge/experiences throughout the actions were highlighted.

The formative experiences that occurred in the studied maternal and child care context were enabled by the work and care organization model of PHC through the FHS. This reaffirms this level of care as a potent field of practice for the processes of training and permanent health education (Brasil, 2007).

Furthermore, it is inferred that the experiences highlighted by the participants have the potential to promote the acquisition and consolidation of competencies desired by the MHR programs. Supported by in-service training, these programs aim to train professionals according to local needs, that is, with specific capacities and specialties tailored to regional deficiencies, through the insertion of residents into SUS services (Carneiro; Lima; Arce, 2025).

However, just as they perceived the effects of the MHR's participation in guaranteeing longitudinal maternal and child care in PHC and in significant professional and personal training, the residents also highlight in their reports the work overload generated from trying to sustain the regularity of the actions and services studied.

The residency worked on qualifying these moments, they managed to improve all the actions, and ensured their execution regardless of the teams' full engagement. **(R5)**

It's as if, the moment the residency leaves, some actions will no longer happen, because it's as if we were, like, truly the bond and the means through which these actions would be performed. **(R6)**

There were challenges regarding the team. It was a difficulty I encountered, because often we couldn't walk together. **(R1)**

It is deduced that the residents perceive a certain fragility in the engagement and support of some team professionals during the planning and development of actions at certain moments and scenarios of the study. Considering that these professionals are also their preceptors, it is inferred that this context of fragile preceptorship may have generated challenges to ensuring longitudinal care and a meaningful teaching-learning process in PHC.

Preceptorship should constitute a space for shared reflection on the daily life of health services, being an opportunity for preceptors and learners (residents, undergraduates) to propose "strategies, arrangements, and paths for a living, dialogical, and expanded clinical practice" (Belfort; Vasconcelos; Nicolotti, 2025, p. 6).

However, the overload experienced by FHS professionals daily in PHC services must be problematized, as well as the lack of financial incentives or guaranteed time for permanent education that often permeate these professionals' daily work (Silva; Dalbello-Araujo, 2019). Such factors may be linked to the difficulties in the preceptorship process that were evidenced in this research at certain moments and scenarios.

The studies by Souza et al. (2025) and Carneiro, Lima, and Arce (2025) observed that the barriers imposed on the training and teaching-service integration process occurring in the MHR would be related to some daily service obstacles, the lack of understanding about interprofessional education, as well as the strong uniprofessional and biomedical culture that predominates in the practice settings of the programs.

The daily routine of health services and the dynamics of care management are pointed out as central aspects of the health training process, directing towards confronting the challenges for the consolidation of the SUS (Silva; Dalbello-Araujo, 2019). Duarte and Bernardes (2025, p. 19) emphasize the importance of collectively building and strengthening the representation and management spaces of the MHR to guarantee "contextualized and comprehensive training," prioritizing dialogue with those individuals responsible for the daily practices in the services and territories.

- Difficulties and Dissatisfactions During Shared Maternal and Child Care

I had no dissatisfaction, and I think if it made a difference for one person, it was worth it, and it did for me. (U₁)

This thematic category was composed of core units of meaning that emerged from participant reports on how they perceived the difficulties and dissatisfactions that permeated the maternal and child care provided in PHC. It was identified that the female users perceived few difficulties, which were related to their own participation and the regular engagement of their peers in the offered actions.

The only challenge was talking about myself; the actions weren't just for us, they were about us, and it's very difficult to talk about myself. (U₂)
The main difficulty was managing to align all the pregnant women's schedules so that more actions could happen. (U₃)

Often they complained about lack of time to participate, and sometimes the appointment took a while, as mornings were hectic because they had chores to do, do you understand? (P9)

It was found that the impossibility of balancing domestic responsibilities with regular participation in activities being routinely offered in PHC services was a core meaning that emerged significantly in the reports of both users and professionals. Thus, it is inferred that this unavailability may have been a challenging factor preventing a portion of the assigned maternal and child population from participating more effectively and regularly in the offered services.

Starfield, Shi, and Macinko (2005) emphasize that user follow-up, satisfaction, and trust are essential dimensions of the longitudinality attribute, as are treatment follow-through and effectiveness, assessment of health needs, understanding of the referral process, and reduction of hospitalizations. For these authors, positioning the relationship with the user as the central aspect of this attribute is what differentiates it from "continuity of care" – a term often used as a synonym but that involves a succession of events between consultations without considering the location, reasons, and personal relationship over time.

In contrast, it is deduced that for the MHR and the FHS, the main challenges involved working collaboratively and in an integrated manner.

Regarding difficulties, I think it's about the team. It was a difficulty I encountered because often we couldn't work together. (R1)

We also dialogued with the team about the importance of the actions not being solely the residents' responsibility, encouraging them to participate as well, because in the unit where I was the assigned resident, it relied only on the residency. (R8)

The dissatisfaction was with those unit professionals who did not integrate, did not unite, and did not participate as a team. (P2)

Silva and Dalbello-Araujo (2019) mention that in the context of the MHR, it is important to use strategies that humanize work relations, as they consider that the aspects involved in work processes reveal the ethical and political stance and commitment to the ideals of the Sanitary Reform Project for the SUS.

Other difficulties identified more precisely in the analysis of some participants' statements were related to communication in certain activities, user transportation, the structure of PHC facilities, professional overload, and insufficient training for some maternal and child care actions and services.

The issue of communication sometimes causes problems, as there's always someone who says they didn't know. **(P1)**

The difficulty regarding the activities is that the pregnant women have a lot of trouble with transportation, like getting to the unit. **(R4)**

Another difficulty was the space, and our management should invest more in this sector. **(P4)**

We started to embrace all the actions and it became a bit overwhelming. **(R1)**

On an individual level, I had a lot of difficulty because I lacked prior knowledge about this maternal and child population. **(R6)**

Souza et al. (2025) emphasize that work overload and ineffective communication interfere with the interprofessional collaboration fostered in the MHR context and highlight the need for investments in improving the teaching-learning processes of residents guided by interprofessional collaboration.

The study by Oliveira et al. (2023) highlights the need to strengthen the longitudinality attribute in PHC, recognizing its impacts on user health, given that it promotes quality of care, treatment adherence, and user satisfaction.

Silva and Dalbello-Araujo (2019) point out that the limits for health care directly impact the performance of residency programs, but few weaknesses originate specifically from the programs themselves. In this sense, the authors suggest that the insertion of residents into services would reveal those aspects that are weakening health work, but would also highlight those that are enhancing it.

Duarte and Bernardes (2025), studying materials and public documents to address discourses and controversies involved in the institutionalization and daily life of MHRs in Brazil, observed a non-linear construction process and the existence of distinct interests and power relations surrounding the programs' functioning, which may be promoting setbacks and precarious conditions.

Final Considerations

It is concluded that the participation of the Multiprofessional Health Residency (MHR) contributed to expanding and qualifying the maternal and child care provided in Primary Health Care (PHC). It strengthened actions and services with the potential to guarantee longitudinal and humanized follow-up for the assigned population, as well as to create collective and democratic spaces for care, permanent education, and interprofessional work.

It is deduced from the perceptions of the study participants that the maternal and child health care provided with the collaboration of the Residency met the dimensions of the longitudinality of care attribute and adequately responded to the health needs of the female users followed in PHC. The residents' leading role in work management was highlighted, demonstrating strong engagement and availability in the actions, accessible and continuous communication with the users, as well as significant closeness and bonding with the assigned territories.

It was observed that maternal and child care provided through collaborative practices not only ensured the dimensions of the longitudinality attribute but also enhanced the management of educational activities within the services, enabling residents and service professionals to engage in teaching and learning processes based on the integration of education, work, and community. Such processes are thus capable of promoting essential competencies for work in PHC and SUS.

Despite specific challenges, the study reaffirms the MHR's strategic role in reflecting upon, reorienting, and strengthening the work and education processes that take place within the SUS, especially in PHC facilities – given their important coordinating role for the entire Health Care Network (HCN) and their potential to resist the still prevalent biological and fragmented care model.

To this end, the research points to the need to enable, problematize, and qualify the process of integrating education, service, and community within the scope of the MHR and PHC. This is necessary to ensure training that is dignified, humanistic, interprofessional, and aligned with PHC attributes, the principles of the SUS, adequate preceptorship, and permanent education within the services.

Some limitations were present throughout this study, among them: the scarcity of studies that aim to relate the performance of the MHR with the presence and extent of the longitudinality attribute – which may have limited the discussion; the difficulty in contacting and securing the collaboration of the female users – considering changes in territories and the overloaded life context of the mother-users; and also the limits inherent to the study's own approach.

Acknowledgements

We thank program student Mayra Kelly for her contributions to data collection and organization; all the users, teams, and people in the Family Health management of the municipality of Caicó/RN; and all the faculty, coordinators, residents, and preceptors of the Multiprofessional Residency in Primary Care Program of EMCM/UFRN for their availability and collaboration with the research. In memory of Débora Cristina, the eternal mother of Anthony Arthur.

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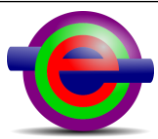
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