Revista Brasileira de Enfermagem
REBEn
SUPPLEMENTARY EDITION 2
PROTECTION MEASURES FOR VULNERABLE POPULATIONS
ORIGINAL ARTICLE

Effect of educational video on newborn care for the knowledge of pregnant and postpartum women and their families

Efeito de vídeo educativo sobre cuidados ao recém-nascido no conhecimento de gestantes, puérperas e familiares

Efecto de vídeo educativo sobre cuidados al recién nacido en el conocimiento de embarazadas, puérperas y familiares

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How to cite this article:
Sousa LB, Braga HFGM, Alencastro ASA, Silva MJN, Oliveira BSB, Santos LVF, et al. Effect of educational video on newborn care for the knowledge of pregnant and postpartum women and their families. Rev Bras Enferm. 2022;75(Suppl 2):e20201371. https://doi.org/10.1590/0034-7167-2020-1371

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Submission: 02-03-2021 **Approval:** 06-25-2021

ABSTRACT

Objectives: to evaluate the effect of educational video on newborn care to increase the knowledge of pregnant, postpartum, and family members. **Methods:** a quasi-experimental study, with pre-intervention and post-intervention evaluation with a single group. Fifty-eight pregnant, postpartum, and family members treated in basic health units and a hospital in Ceará, Brazil, participated. The study used the McNemar and binomial tests for the analysis. **Results:** after the intervention, there was an increase in the frequency of hits, from 70.82% to 92.97%. Most of the questions presented a significant increase of hits ($p < 0.05$) with an emphasis on sleeping position, drying of clothes, free demand for breastfeeding, and things to avoid (such as accessories in the sleeping place and talc in diaper change). **Conclusions:** the educational video was effective to participants in acquiring knowledge on the care of newborns and can assist in health education activities carried out by nurses.
Descriptors: Newborn; Knowledge; Nursing; Health Education; Child Health.

RESUMO

Objetivos: avaliar o efeito de vídeo educativo sobre cuidados ao recém-nascido para o aumento do conhecimento de gestantes, puérperas e familiares. **Métodos:** estudo quase experimental, com avaliação pré-intervenção e pós-intervenção com grupo único. Participaram 58 gestantes, puérperas e familiares atendidos em Unidades Básicas de Saúde e hospital no Ceará, Brasil. Para a análise, utilizaram-se os testes de McNemar e binomial. **Resultados:** após a intervenção, houve aumento na frequência de acertos, passando de 70,82% para 92,97%. A maioria das questões apresentou aumento significativo ($p < 0,05$) de acertos, com destaque para aspectos sobre: posição para dormir, secagem das roupas, livre demanda do aleitamento materno e o que deve ser evitado (como acessórios no local de dormir e talco na troca de fraldas). **Conclusões:** o vídeo educativo se mostrou eficaz na aquisição de conhecimentos pelos participantes nos cuidados aos recém-nascidos e pode auxiliar nas atividades de educação em saúde realizadas pelos enfermeiros.
Descritores: Recém-Nascido; Conhecimento; Enfermagem; Educação em Saúde; Saúde da Criança.

RESUMEN

Objetivos: evaluar efecto de vídeo educativo sobre cuidados al recién nacido para el aumento del conocimiento de embarazadas, puérperas y familiares. **Métodos:** estudio cuasi-experimental, con evaluación pre-post intervención con grupo único. Participaron 58 embarazadas, puérperas y familiares atendidos en Centros de Salud y hospital en Ceará, Brasil. Para análisis, utilizaron los tests de McNemar y binomial. **Resultados:** tras intervención, hubo aumento en la frecuencia de aciertos, pasando de 70,82% para 92,97%. Mayoría de las cuestiones presentó aumento significativo ($p < 0,05$) de aciertos, con destaque para aspectos sobre: postura para dormir, secado de ropas, libre demanda de lactancia materna y lo que debe evitarse (como accesorios en local de dormir y talco en el cambio de pañales).
Conclusiones: el vídeo educativo se mostró eficaz en la adquisición de conocimientos por participantes en los cuidados a recién nacidos y puede auxiliar en las actividades de educación en salud realizadas por enfermeros.
Descriptores: Recién Nacido; Conocimiento; Enfermería; Educación en Salud; Salud del Niño.

INTRODUCTION

The birth of a child modifies the entire routine of the family unit. It produces a mixture of feelings in caregivers, transforms the everyday life not only of parents but also of the family[1], and requires the development of new skills, adaptation to the new routine, autonomy, and safety related to the newborn (NB) care.

In addition, as newborns are more vulnerable due to the immaturity of the immune system, thus requiring a series of specific care, parents feel insecure, especially when it comes to the first child[1]. Consequently, it is essential greater attention to the basic care needs of newborns at home since this stage of life involves physical, emotional, and social challenges that can affect the quality of life of both caregivers and newborns[2].

Even if mothers are the primary caregivers of their children, other family members can influence care decisions directed to the newborn or even assist parents in this role. These family members can support newborn care practices based on evidence[3], provided they have such knowledge.

In this context, as the nurse is the professional who stands out most as a health educator, he often empowers the mother and family as protagonists of the care provided, especially at home. In addition to the family, parents consider nurses essentially a source of support to solve doubts about the care provided to the newborn. Therefore, they have an essential role as a mediator in the teaching-learning process about adequate care in the construction of autonomy and confidence in caring[4].

Therefore, to promote the care of the NBS, professionals use communication strategies, such as explanation, encouragement, and guidance[5], in addition to other tools, such as audiovisual resources.

Given this, it is crucial to develop and carry out educational interventions aimed at the newborns' caregivers that articulate knowledge and practices to minimize the difficulties of the neonatal period, collaborating in the family reorganization, in the promotion of a better quality of life and the Best Child Development[6].

By using the audiovisual resource, due to its versatility and applicability at all levels of the Health Care Network, nurses offer the public a solid base of knowledge so that they can better understand the information, be able to form a critical opinion on a given topic and look forward to transforming the environment in which it is inserted[7].

Following the Dialogic conceptions of Paulo Freire, the educational practice should be based on the construction of knowledge in a shared way among the people involved so that it seeks to transform reality and provide empowerment to individuals[8]. Given this, the realization of more dialogical and dynamic educational interventions favors the exchange of knowledge between nurses and families, creating possibilities for parents and family members to acquire knowledge and have more confidence in the care provided to the newborn at home.

Because of the importance of greater attention to the basic needs of home care for newborns, it is essential to use health education strategies to subsidize parents and family members in the development of adequate and safer practices.

To that end, the use of educational video is a motivational component and has a relevant role in the acquisition of knowledge and behavioral changes to promote health. In addition, this tool can optimize the performance of the nurse, who can reinforce information and focus, above all, those that have generated doubts in the target audience.

OBJECTIVES

To evaluate the effect of educational video on newborn care to increase the knowledge of pregnant, postpartum, and family members.

METHODS

Ethical aspects

The study was approved by the Research Ethics Committee of the *Universidade da Integração Internacional da Lusofonia Afro-Brasileira* (Unilab) and followed the norms of Resolution Nº 466/12 of the National Health Council of the Ministry of Health.

Design, period and place of study

It is a quasi-experimental study, with pre-intervention and post-intervention evaluation with a single comparison group, guided by the strobe tool. We applied the post-test right after the intervention because the longer is the time is between the pre-test and the post-test, the greater the possibility of interference from external sources[9].

The study was developed at the Primary Health Care Units (PHCU) of the municipalities of Acarape and Redenção, and *Hospital e Maternidade de Redenção*, in the state of Ceará (CE). Data collection took place between February and August 2020. It is worth noting that, due to the COVID-19 pandemic, the activities from May to August occurred remotely by chat communication through the popular WhatsApp application®.

Therefore, health professionals of the PHCU contacted the participants by phone with their proper authorization and science. Thus, to collect data remotely, the most convenient time was agreed with each participant so that there was a simultaneous interaction between the researcher and the participant.

Population or sample; criteria of inclusion and exclusion

The sample was selected for convenience and consisted of 58 participants who waited for prenatal care and childcare at the PHCU or who were in the infirmary of the hospital. Inclusion criteria were: reading and writing skills, being pregnant, being postpartum with a child up to 28 days old or being a close family member (such as the child's father, grandmother, or aunt/uncle). Exclusion criteria used: postpartum women with hospitalized newborns or those who have lost their children, pregnant women with a dead fetus in the womb, and family members of these children. The possibility of the participants' discomfort when asked about care for the NB because of the emotional fragility they were experiencing motivated the use of the exclusion criterion.

Study protocol

The researchers developed a structured interview in three stages to assess the participants' knowledge before and after the

intervention. It had an average duration of 40 minutes, considering the initial interaction, the application of the instruments for information collection, and the educational video.

The study highlights that, in the online collection, participants should self-complete the questionnaires (pre-test and post-test), available through Google Forms. Therefore, the participant informed about the completion of the instrument by message so that the researcher sent the next link and continued the steps of data collection.

At the initial stage, there was the explanation of the purpose of the study, and the selected people were invited to participate. As they accepted, they signed the Informed Consent Form in two ways; and in the case of online collection, the term was accessed by a link to request the acceptance of the participation, so that the participant received in his e-mail a copy of the Informed Consent Form. Then, they applied: 1) a form consisting of sociodemographic data to characterize the profile of the participants, with questions about age, family income, occupation, marital status, education, amount of pregnancies, and kinship of the participants with the child; and 2) a questionnaire regarding the care of the newborn (pre-test), organized by the authors, with 26 multiple choice questions elaborated based on the information contained in the educational video, with the content validated previously[10].

The second stage was related to the application of the educational intervention. It is noteworthy that the educational video "Taking care of your baby" has a duration of 24 minutes and is based on the theory of self-efficacy, which means a person's confidence to successfully execute the behavior to produce the desired results[11]. Health experts (24 judges, 15 teachers, and 9 assistants), communication experts (3 judges), and the target audience validated this technology. It obtained the global CVI of 0.90 when content judges validated script content and CVI of 0.81 when judges of the technical area validated it. All the judges' suggestions were accepted, and after recording the video, the target population (25 participants) evaluated it, which considered that the material had 100% relevance and clarity of the scenes. It achieved the global CVI of 0.90, meaning an excellent level of agreement among mothers regarding the level of importance of the video content[10].

The presentation of this material occurred individually, through the notebook or tablet and a headset, and online through the video link to the WhatsApp® of the participants. The contents covered in the video were: general care for newborns, newborn hygiene, umbilical stump care, sleep, immunizations, sunbathing, breastfeeding, and colic[10]. In addition, after completing the post-test, there was clarification of the participants' doubts and guidance focused on the issues with less accuracy.

Finally, the third stage corresponded to the completion of the post-test after the application of the video. The two questionnaires (pre-test and post-test) had the same questions, aiming to identify the assimilation of knowledge through the correct scores.

Analysis of results and statistics

The data were arranged in an Excel spreadsheet and analyzed using the IBM Statistical Package for the Social Sciences (SPSS) program, version 20.0. The study performed a descriptive analysis of the variables and inferential analysis using the nonparametric McNemar test and the binomial test to verify whether there was a difference between the groups before and after the intervention and analyze the change in responses. The questions had four alternatives, with only one true answer. Therefore, in the analysis with these tests, the answers to each question were dichotomized (right and wrong). A significance level of 95% ($p < 0.05$) was established.

RESULTS

Of the 58 participants, 44 participated in person and 14 remotely. Thirty-seven were pregnant, fourteen were postpartum, and seven were family members. The majority were female (96.6%) since there were only two parents (3.5%). The predominant age group was between 19 and 29 years (65.5%), with a mean of 23.9 years (SD±6.99), and the average family income was R$ 1,103.3 (SD±816.23). Most reported as housewives (36.2%), living with their partner (82.8%), and having completed high school (44.8%). More than half of the women were in the first pregnancy (55.2%).

Regarding the evaluation of the frequency of correct answers that represents the acquisition of knowledge among the participants after the applied intervention, the study confirmed that, after the educational video, the number of correct answers increased by 22.15%, as shown in Figure 1.

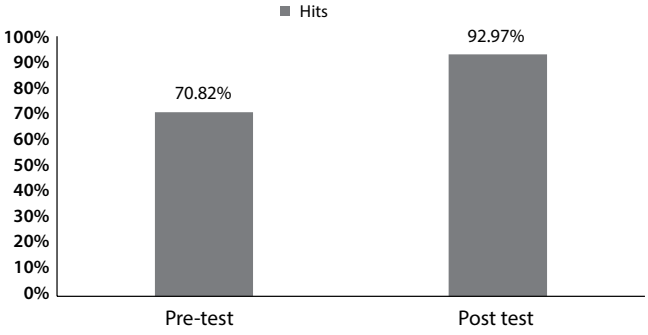

Figure 1 – Percentage of participants in the knowledge test before and after watching the educational video, Redenção, Ceará, Brazil, 2020, (N = 58)

When the study compares the correct answers in each question about the care of the newborn in the test performed before and after the educational intervention, it confirmed that there was an increase in the number of correct answers in almost all of them, except for questions 12 and 17, as presented in Table 1.

More than half of the questions presented a statically significant difference ($p < 0.05$) between the pre-test and the post-test, except for ten questions (3, 5, 8, 10, 11, 12, 15, 16, 17 and 20). In addition, in question 12, the value of *p* is not presented because there is no change in the response of the participants between the two moments.

It is noteworthy that the greatest variations in responses (total amplitude) for a higher amount of post-test hits occurred in the questions related to the position of the newborn to sleep, accessories to avoid at the sleeping place, frequency of baths, and the products used per day, non-use of talc, drying of clothes and feeding time of the newborn (Table 1).

Comparing the participant's responses of the two modalities of collection, in person and remotely, there was a considerable increase in the frequency of post-test hits in both. Thus, regardless of the way of applying the intervention and questionnaires, the study evidenced the construction of knowledge, without difference between parents or family members who participated in a face-to-face or remote manner.

Table 1 - Number of hits of pregnant, postpartum and family members on the care of the newborn in pre-intervention and post-intervention educational tests, Redenção, Ceará, Brazil, 2020, (N = 58)

Topics of the Questions	Hits				*p* value[a.b]
	Pre-test		Post-test		
	n	%	n	%	
Q1. Sleeping position	15	25.9	53	91.4	**< 0.001**
Q2. Accessories in the sleeping place	22	37.9	51	87.9	**< 0.001**
Q3. Products used during bathing	56	96.6	57	98.3	1.000
Q4. Frequency of baths and products per day	30	51.7	52	89.7	**< 0.001**
Q5. Water temperature	51	87.9	56	96.6	0.063
Q6. Genital hygiene (direction)	39	67.2	54	93.1	**< 0.001**
Q7. No use of talc	19	32.8	49	84.5	**< 0.001**
Q8. Use of ointments when changing diapers	56	96.6	58	100	0.500[b]
Q9. Frequency of diaper change	50	86.2	57	98.3	0.016
Q10. Importance of cleaning the umbilical stump	52	89.7	57	98.3	0.063
Q11. Umbilical stump cleaning form	48	82.8	58	100	0.002[b]
Q12. Separate washing of NB and family clothes	58	100	58	100	-
Q13. Products used in washing	30	51.7	52	89.7	**< 0.001**
Q14. Drying clothes	10	17.2	46	79.3	**< 0.001**
Q15. Importance of vaccination	55	94.8	56	96.6	1.000
Q16. What are the vaccines of the NB	50	86.2	55	94.8	0.125
Q17. Sunbathing schedule	55	94.8	55	94.8	1.000
Q18. Sunbathing time	39	67.2	51	87.9	0.004
Q19. Oral hygiene	41	70.7	57	98.3	**< 0.001**
Q20. Importance of breastfeeding	54	93.1	56	96.6	0.625
Q21. Breastfeeding period	50	86.2	57	98.3	0.016[b]
Q22. Frequency for breast feeding	25	43.1	45	77.6	**< 0.001**
Q23. Time in the breast	39	67.2	49	84.5	0.021
Q24. Correct handle	39	67.2	52	89.7	**< 0.001**
Q25. Causes for colic	46	79.3	55	94.8	0.012
Q26. Management for colic	39	67.2	56	96.6	**< 0.001**

[a]McNemar test; [b]Binomial tests; NB – Newborn.

DISCUSSION

This study evidenced that there was a higher number of correct answers in the post-test questions, that is, after watching the educational video, indicating the efficiency of this strategy to acquire knowledge about the care of the NB. In addition, the results elucidate that the educational intervention made it possible to correct or minimize inadequate information and consolidate good care practices.

The care of the baby must be prepared throughout the gestational period and extend until after the birth of the child, when other doubts and difficulties may arise about the care to be given to the newborn. However, during the months in which the woman performs prenatal care, for the limited time of consultations, it is a challenge for health professionals to provide and discuss the necessary information with the pregnant woman and family[12].

Scope review found that, of the 77 postnatal health education interventions directed to parents, more than half (56%) led to positive change in care practices for newborns. In addition, of the studies that used only one intervention on care, 75% of these were directed only to breastfeeding, emphasizing those interventions implemented through verbal, written information, and counseling[13]. Given this, it highlights the importance and necessity of the use of multi-thematic educational interventions, appropriating the numerous educational methods and tools to address the various areas involved in the care of the newborn.

After the video's exhibition, there was an increase in the correct answers regarding the knowledge about the sleep of the NB. In the pre-test, the lateralized position and the use of objects in place for the newborn to sleep were the most marked responses by the participants. This result corroborates a study on maternal knowledge and sleep position of the baby, in which 82.1% of the participants stated that the baby should sleep in lateral or ventral decubitus, and most learned it from the children's grandmothers[14]. In addition, studies have shown that the main risk factors associated with Sudden Infant Death Syndrome (SIDS) are the presence of soft objects in the crib, bed-sharing, inadequate surfaces, and ventral and lateralized position of the baby to sleep[15-16].

Thus, addressing this issue with the participants was essential, as after viewing the educational video, the answers became adequate, that is, they indicated the use of the supine position (belly up) and lateralized head and rejected the use of accessories in the sleeping place, as such care minimizes the risks of asphyxiation and the occurrence of SIDS[17]. However, this theme must be continuously strengthened in the health education process of nurses with the family, as it helps in the understanding of strategies to promote safe sleep for newborns and avoid illnesses.

Bathing in the NB is one of the most challenging tasks for many mothers and caregivers. The main doubts concern the proper way to bathe the baby, the optimal water temperature, the number of baths, and the products to be used[1]. The present study observed that most participants already knew the most suitable products and water temperature when bathing. On the other hand, the exhibition of the educational video contributed to increasing the number of participants' answers on the frequency of baths and the products used per day and on the direction of genitalia hygiene.

Usually, the number of baths per day depends on the habits that the family establishes for the NB and even the type of climate in the region. The ideal is that the bath of the newborn is with warm water to avoid hypothermia and use of little liquid soap with neutral pH, restricting its use mainly in cases of more than one bath per day to avoid irritation and dryness of the skin of the NB since it is more sensitive and easier to absorb chemical substances[18-19]. In addition, intimate hygiene should be performed in the anteroposterior direction, with longitudinal movements to prevent feces from coming into contact with the penis or vagina of the NB and reduce the risk of infections[20].

It is recommended changing diapers after each urination and evacuation to avoid irritations and diaper rash on the skin. It does not recommend the use of talc since there is a risk of asphyxiation by inhaling the dust particles[20-21]. Based on this reference, we can see the change of the concept of the participants in the current study since, after the educational video, they obtained more answers in this matter.

A study conducted with primiparous puerperal mothers found that, among all the care provided to the newborn, the

second more evident doubt was the way to care for the umbilical stump (42.85%)[22]. Umbilical stump care is a practice that often reflects the popular knowledge acquired from other generations, in addition to being permeated by beliefs and myths that can compromise the health of the newborn, causing omphalitis and its complications[23-24].

In this context, both mothers and caregivers must be guided about adequate care for the stump to preserve the newborn's health and prevent diseases. The present study shows that, before the intervention, a large part of the participants already had satisfactory knowledge about this care, and, after exposure to the video, they began to acquire the information that the cleaning of the umbilical stump should be carried out with the use of a sterile cotton swab or gauze, soaked in 70% alcohol, from the base to the end and leaving it dry[23-25].

The skin of the NB is characterized by being more fragile and sensitive and requires special care regarding products intended for hygiene and protection. Regarding the care of clothes, the recommendation is to separate the family's clothes from the NB's clothes for washing, use neutral soap, avoid the excessive use of laundry soap and softener because of the chemical properties of these products and their adhesion to the fabric that may cause allergies on the skin of the child[20-26]. Given the aforementioned care, after the intervention with the educational video, a higher number of participants correctly answered the questions about this issue since, in the pre-test answers, most informed that the ideal would be to use powdered soap or neutral and softening soap.

According to the results on how to dry the NB's clothes, the educational video intervention modified the participants' answers between the stages of the study since most understood that the clothes should be dried under the sun instead of dried in the shade or wind in the second stage, differently from the answers in the pre-test. In some states of northeastern Brazil, people believe that drying the clothes of the NB in the sun causes diarrhea in the NB, yet no studies in the literature address this relationship. However, it is believed that this information is part of the popular knowledge or intergenerational practices, reproducing an action by common sense[27].

Concerning vaccination, its recognition for disease control can influence the conduct of children's health care. According to the results, this study showed that even before the exhibition of the educational video, most participants correctly knew how to answer about the importance of vaccination: they were aware that the NB need to receive the BCG vaccine and the hepatitis B vaccine. A study in São Paulo pointed out that the decision to vaccinate children is influenced by sociocultural factors and family tradition and is considered an act of parental responsibility[28].

In addition, the media has increasingly influenced people's decision-making regarding health. Thus, vaccination campaigns, dissemination of scientific evidence on the benefits of this practice, and guidance of health professionals are some of the strategies that favor the adherence of parents to this care[29].

The study observed that a large number of the participants already knew the appropriate time for sunbathing, however, there was a positive change in the post-test answers regarding the sunlight exposure time. According to the recommendations, this practice should be daily, or at least three times a week, at times before 7 am or after 4 pm, with the child wearing as little clothing as possible and exposing the frontal and dorsal region of the NB for an average of 10 minutes each[20].

Concerning oral hygiene, health professionals must stimulate adequate care so that oral health to be part of the routine of parental behaviors. The study confirmed that the educational video improved the participants' knowledge since, from the intervention used, there was an increased number of correct answers about the achievement of this care. Oral hygiene should be started after the birth of the NB, using gauze or diaper moistened in clean water[20].

As for the questions about breastfeeding, the most of participants, in the two moments of evaluation of the study's knowledge, recognized that breastfeeding has all the necessary nutrients, minerals, and immune elements, and correctly answered that the breastfeeding period should be exclusive until the sixth month of the baby's life. A study conducted with 323 postpartum women in the infirmary of a maternity hospital presented similar data, in which 83.6% of the participants knew the optimal time of exclusive breastfeeding, and 48.6% cited immunity as significant benefit offered to the child[30].

Regarding the frequency and duration of breastfeeding, most of the participants in the pre-test answered that the ideal frequency would be every three hours and that the time to stay in the breast should be 10 or 20 minutes. However, after the educational intervention with the educational video, there was a positive change in the responses, which evidenced the assimilation of the knowledge regarding the information that breastfeeding should occur on demand, the NB should remain for the time necessary to feel satisfied, there must be a rotation of the breasts in the correct way to ensure that the NB receives the milk with more fat, and, for the suitable attachment, the baby needs to grip most of the areola, be with the lips turned outwards (fish), the nose free and the chin resting on the breast[31].

A study evaluated the effect of an educational intervention using guidelines, practical demonstration, and video application on breastfeeding technique and found that women who received the intervention presented correct breastfeeding technique in a significantly higher proportion than those who did not receive the intervention, 64.04% versus 15.11%[32]. In another study addressing educational technology, it was evident that the use of the serial album was able to raise the maternal self-efficacy scores for breastfeeding, in addition to having a positive impact on the incidence of exclusive breastfeeding[33].

Another issue that often worries parents and relatives of newborns is childhood colic. In the present study, after the application of the educational video, there was an increase of the right answers concerning the cause of colic and the management of this problem. Some measures that may relieve the symptoms are: massage in the newborn's belly, put a warm compress on his abdomen, move the legs in the direction of the trunk and place the abdominal region of the mother next to the baby[20].

A study on the mothers' knowledge about the care of children under the first birthday found that most of the mistakes they made were related to the ignorance of home strategies for colic relief[34]. On the other hand, a study conducted in an infirmary in the city of Rio de Janeiro observed that some mothers even

knew the massage techniques for colic relief but did not always use them[35].

The study showed that the educational video made it easier to understand the care and how to do it, contributing to the learning process and possibly to the implementation of knowledge because it was based on self-efficacy theory. The number of hits after the educational intervention is significantly relevant to provide evidence about the effectiveness of the strategy as a facilitator of health practices.

Study limitations

The small number of samples is presented as a limitation of the study since almost all data collection took place during the COVID-19 pandemic. Future studies should verify the retention of learning over time and confirm the change of behavior in the daily practice of the target audience.

Contributions to the field of Nursing, Health or public policy

The findings of this study indicate that the use of educational video is a tool that can help parents and families in improving learning, acquiring information and skills to care for the newborn, in addition to making them feel more confident in the care process because the video aims to improve self-efficacy. In addition, to care for an infant, both the mother and the next of kin need to learn the most appropriate and safe practices. Thus, nurses in their role as educators and health promoters can favor the knowledge of parents and family members through educational technologies, in addition to contributing to elucidate possible doubts and myths that involve care for the newborn.

CONCLUSIONS

This study provided evidence that the educational video "taking care of your baby" favors the acquisition of knowledge among pregnant, postpartum, and family members about the care for the newborn since, after the intervention, there was an increase in accuracy in the questions investigated.

The results of the study showed how the change in the concept of caregivers was essential for the health of the newborn because, after using the proposed educational intervention, there was a reduction in the amount of inappropriate information as the participants' level of knowledge was modified and considerable improvements were achieved. This educational video is relevant as an auxiliary resource for the nurses to perform health education activities, facilitating the teaching-learning process of the child's caregivers.

In short, identifying the main difficulties regarding NB care is a fundamental aspect so that health professionals, especially nurses, can direct information in a more objective and effective way for the dialogical construction of knowledge together with the population. In addition, Health Education actions are important moments for children's caregivers to acquire knowledge that changes their behaviors and make them able to promote the health of the newborn.

FUNDING

This work received financial support from the Coordination of Improvement of Higher-Education Personnel (CAPES) and the National Council for Scientific and Technological Development (CNPq).

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