

Permanent education in maternal and child health for community health agents: an experience report

Educação permanente para agentes comunitários de saúde na saúde materno-infantil: relato de experiência
Educación permanente en salud materno-infantil para agentes comunitarios de salud: informe de experiencia

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Abstract

Objective: To report Nursing students' experience in carrying out a permanent education activity for Community Health Agents about puerperal and newborn care. **Methods:** A descriptive study of the experience report type, developed in February and March 2022 at a Family Health Unit from Belém-PA, involving Nursing students, a nurse working in the unit and 10 Community Health Agents (CHAs). For the construction and application of the activity, the problematization methodology was used through the Maguerez Arch, represented in five stages: observation of the reality; key points; theorization; solution hypotheses; and application to reality. **Results:** The students realized that the CHAs showed interest in the subject matters addressed and related the topics to their experiences in the community, as well as they understood the fundamental role they play. The subject matters observed with the main questions and discussions were as follows: puerperal women's mental health; hygiene care for the newborn; and the infant immunization schedule. **Conclusion:** Through the students' experience, it was possible to evidence that the permanent education offered to the CHAs about health care for puerperal women and newborns is essential for the quality of the service they offer to the community, contributing to humanized and individualized assistance.

Descriptors: Community Health Agents; Infant, Newborn; Postpartum Period; Education, Continuing.

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Whats is already known on this?

As they can understand the specific needs of the dyad, the performance of Community Health Agents (CHAs) is essential for holistic care in maternal-neonatal health.

What this study adds?

The study shows how adequate training, along with permanent education, improves the assistance and critical view of these professionals towards the specificities of the maternal-neonatal population.



How to cite this article: Santos ER, Gadelha IP, Soares RCS, Araújo LT, Amador SMM, Albuquerque WBM, Caldas SP. Permanent education in maternal and child health for community health agents: an experience report. Rev. enferm. UFPI. [internet] 2023 [Cited: ano mês abreviado dia];12:e2949. doi: 10.26694/reufpi.v12i1.2949

Resumo

Objetivo: Relatar a experiência de acadêmicos de enfermagem na realização de uma atividade de educação permanente para Agentes Comunitários de Saúde sobre os cuidados à puérpera e ao recém-nascido. **Métodos:** Estudo descritivo, tipo relato de experiência, desenvolvido em uma Unidade de Saúde da Família de Belém-PA, nos meses de fevereiro e março de 2022, envolvendo os acadêmicos de enfermagem, a enfermeira da unidade e 10 Agentes Comunitários de Saúde (ACS). Para a construção e aplicação da atividade utilizou-se a metodologia da problematização através do Arco de Maguerez, representado em cinco etapas: observação da realidade, pontos-chave, teorização, hipóteses de solução e aplicação à realidade. **Resultados:** Os acadêmicos perceberam que os ACS demonstraram interesse nos assuntos abordados, e relacionaram os temas com as vivências na comunidade, bem como entenderam o papel fundamental que desempenham. Os assuntos observados maiores dúvidas e discussões foram: saúde mental da puérpera, cuidados com a higiene do recém-nascido e o calendário vacinal infantil. **Conclusão:** Através da experiência dos acadêmicos foi possível evidenciar que a educação permanente aos ACS sobre os cuidados da saúde da puérpera e do recém-nascidos é essencial para a qualidade do atendimento ofertado por eles à comunidade, contribuindo para uma assistência humanizada e individualizada.

Descritores: Agentes Comunitários de Saúde; Recém-Nascido; Período Pós-Parto; Educação Continuada; Promoção da Saúde.

Resumen

Objetivo: Informar la experiencia de estudiantes de Enfermería con respecto al desarrollo de una actividad de educación permanente para Agentes Comunitarios de Salud sobre la atención a puérperas y recién nacidos. **Métodos:** Estudio descriptivo del tipo informe de experiencia, desarrollado durante los meses de febrero y marzo de 2022 en una Unidad de Salud de la Familia de Belém-PA, en el participaron estudiantes de Enfermería, la enfermera de la unidad y 10 Agentes Comunitarios de Salud (ACS). A fin de diseñar y aplicar la actividad, se recurrió a la metodología de la problematización a través del Arco de Maguerez, representado en cinco etapas: observación de la realidad, puntos clave, teorización, hipótesis de solución, y aplicación a la realidad. **Resultados:** Los estudiantes percibieron que los ACS demostraron interés por los asuntos abordados y relacionaron los temas con las vivencias en la comunidad, además de entender el rol fundamental que desempeñan. Los asuntos observados que generaron mayores dudas y debates fueron los siguientes: salud mental de la puérperas, cuidados con respecto a la higiene del recién nacido, y el calendario de vacunación infantil. **Conclusión:** A través de la experiencia de los estudiantes, fue posible evidenciar que la educación permanente provista a los ACS sobre la atención de la salud de mujeres puérperas y recién nacidos es esencial para la calidad de la asistencia que ofrecen a la comunidad, contribuyendo así a una asistencia humanizada e individualizada.

Descritores: Agentes Comunitarios de Salud; Recién nacido; Educación Continua; periodo postparto; promoción de la salud.

INTRODUCTION

The Family Health Strategy (FHS) is characterized as the main tool for the reorganization of Primary Health Care in the community model and with ties to the territory; thus, it is through this Basic Health Unit (BHU) modality that the Unified Health System proposes to cover the population in the needs regarding prevention and health promotion in a holistic and equitable way. Considering the bond with the community and the family approach as elementary characteristics of the FHS units, it is possible through them to reach more patients with care needs but who cannot access Basic Units.⁽¹⁾

Community Health Agents are the main protagonists in establishing the link between the community and the FHS, identifying health demands in the family context and in the housing area. They have their profession regulated since 1990, whose criterion to fill vacancies with professionals who are part of the community, who have a reliability bond and the possibility of creating a bridge between the patients and the BHU. This criterion also provides the population with professionals who know the reality of the neighborhood and who understands the difficulties faced by the residents.⁽²⁾

The conception of Community Health Agent (CHA) was initiated as part of the Community Health Agents Program (*Programa de Agentes Comunitários de Saúde*, PACS) and was created to contribute directly to the reduction of infant and maternal mortality in the Northeast region, later expanded to the North region, due to the endemic situation of cholera in the region. After success of the program, the strategy was expanded to the entire Brazilian territory and incorporated into the FHS.⁽³⁾

The CHAs work through home visits (HVs), where they can provide the community with health education and guidance aimed at health promotion and prevention directed at people, families and communities. It is through the CHAs that an expanded view of the community and the situation in which they are becomes possible.⁽³⁾ Thus, with the support and privileged knowledge of the CHA, the FHS team can outline which strategies will be used to improve the quality of life of the population.

Home Visits by CHAs must be carried out, on average, once a month to each family, taking into account that families with more needs are visited more frequently;⁽³⁾ within this group in greatest need are puerperal women, a chronologically variable postpartum period, and newborns (NBs), a period characterized from the first to the twenty-eighth day of the infant's life; these two groups present vulnerabilities and social and health demands that require attention and dedication from the family, the support network and the health professionals.⁽⁴⁾

According to the Ministry of Health, the care that CHAs should perform with newborns consists of the following: verifying birth identification data through the child's booklet; verifying if neonatal screening (heel, eye and ear test) has already been performed; verifying if the BCG and Hepatitis B vaccines have already been applied; providing guidance on care for the umbilical stump, hygiene and feeding of the newborn; in addition to that, the importance of the encouragement given by the CHAs regarding exclusive breastfeeding is highlighted, given that breast milk for the NB assists in development of the Gastrointestinal Tract, also contributing to colic reduction and control of the infant's weight, as well as strengthening the affective ties between mother and newborn.⁽⁵⁾ In addition, CHAs can act as a bridge when scheduling consultations for monitoring growth and development at the Basic Health Unit (BHU) and observing the relationship with the parents and family members and whether the environment offers the newborn safety and structure for healthy infant development.

Through the technical manual for low-risk prenatal care in 2012, the Ministry of Health prioritizes some functions that must be performed by Community Agents, as well as identifying pregnant women who are missing consultations through prenatal care home visits and emphasizing its importance, as well as frequency of the consultations in the unit.⁽⁶⁾

In addition to that, as part of the Prenatal follow-up, puerperal care is a priority for Primary Care professionals; among the tasks of CHAs in the HVs for this population group is to identify warning signs in the postpartum period (fever, persistent pain, abnormal bleeding, mental distress), offering initial information about body care, reproductive planning, breastfeeding and the importance of puerperal consultations.⁽³⁾ In addition to passing on situations regarding health problems in puerperal women to the nurse working in the unit, as this helps the professional nurse to better understand the main health problems in the community.⁽⁶⁾

In this context, understanding the importance of CHAs in promoting the health of puerperal women and newborns, and understanding that, through permanent education, health education emerges as a powerful tool inherent to the Unified Health System for improving and strengthening the health professionals' performance.

It is noted that the current study raises questions that are still little addressed in the scientific production in Brazil, linked to the context of CHA health workers and to performance of their function, inherent to the new laws related to the care of puerperal women and newborns. Thus, the study aims at reporting the Nursing students' experience in performing a permanent education activity for Community Health Agents on the care for puerperal women and newborns.

METHODS

A descriptive study of the experience report type, on the construction and application of a permanent education action that emerged from the activities of the Maternal and Neonatal Academic League (*Liga Acadêmica Materna e Neonatal*, LAMNeo), which is institutionalized by the Pan Amazon College (*Faculdade Pan Amazônica*, FAPAN), and involves technical-scientific and teaching-service integration activities developed by Nursing students from different Higher Education Institutions.

The experience took place between February and March 2022, at the Sacramento II Family Health Strategy Unit, located in the municipality of Belém, state of Pará. The experience was guided by the use of the problematization methodology foreseen by the Maguerez Arch,⁽⁷⁾ conjugated in its five stages:

1) Observation of the reality, which occurred during the practical activities of the mandatory internship, where the Nursing students who are part of LAMNeo identified the weakness in the performance of the CHAs related to recording, monitoring and promoting the health of puerperal women and NBs in the community;

2) Survey of key points, carried out with the Nurse working in the Unit, who is responsible for the supervision and health education of the CHAs; at this moment, some subject matters characterized as little mastered by the CHAs were identified: immunization of the NB, importance and guidelines on breastfeeding; guidelines regarding clinical conditions of the NB (hygiene, fever, colic, umbilical stump and neonatal screening); importance of the health unit for the puerperal woman; communication between the Health Agent and the NB's family; and importance of planning the visits and welcoming puerperal women and newborns at the health unit.

3) Theorization: this stage was carried out by the students through searches in electronic libraries of scientific articles to assist in the support and theoretical foundation on the themes; the *Scientific Electronic Library Online* (SCIELO) and the Virtual Health Library (*electronic libraries*, BVS) electronic libraries were

used, in addition to *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS). The “newborn”, “puerperal women”, “Community Health Agent” and “health care” descriptors were used, which were associated with each other by means the “AND” Boolean operator. As inclusion criteria, articles in English, Portuguese and Spanish that were published from January 2017 to February 2022 were chosen. The exclusion criteria applied corresponded to duplicate articles and subject matters not consistent with the theme proposed. A total of 4 studies were identified through this search, which served to scientifically ground the health education action carried out by the students.

4) Solution hypotheses: together with the nurse, the students chose to perform a permanent education activity for the CHAs with a participatory, dialogical and problematizing methodology; in this way, informative folders were used to help understanding, as well as and a quiz dynamics for the participants, in order to foster discussion and, thus, build all the necessary knowledge. Consequently, it was decided to add to the folder diverse information on the importance of breastfeeding, health and hygiene of the newborn, home visits, puerperal women's mental health, vaccination of the newborn, and general guidelines on the main functions that should be performed by the CHAs. Another important point is in relation to the quiz: the questions aimed at understanding the Health Agent's level of knowledge in relation to the theme after the action, namely: “Which is the importance of keeping the NB with vernix without bathing in the first 24 hours of life?”, “How should the umbilical stump be cleaned”, “For how long is exclusive breastfeeding recommended?”

5) Feedback with application to reality: it consisted in performing the intervention on the afternoon of March 4th, 2022, starting at 2:30 pm in the break room for the FHS professionals. Permanent education had the participation of 10 CHAs and 7 Nursing students linked to the Maternal and Neonatal Academic League (LAMNeo). The activity took place through dialogic exposition, distribution of folders and of the quiz with questions addressing the following topics: immunization of the NB, breastfeeding, clinical conditions of the NB; importance of the health unit for the puerperal woman; communication between the CHA and the NB's family; and importance of planning visits and welcoming the puerperal woman and the NB at the health unit. Subsequently, a fraternization moment was held between the participants of the activity.

RESULTS

According to the students' experience about the permanent education action for the CHAs, it was possible to raise several questions in the literature that the CHAs need to be prepared to pass on to the mothers and caregivers of the NBs they assist, as in the case of subject matters such as postpartum depression, proper hygiene of the infant, exclusive breastfeeding and vaccination in the first years of life, among other extremely information relevant for the population.

Consequently, the Community Health Agents showed great interest in the action, asking questions and interacting with the group of students during all the topics addressed; the main subject matters that generated interest in the CHAs were related to the puerperal women's mental health, which made possible to exchange diverse information experienced by a Community Agent, who stated that she had already gone through Postpartum Depression (PPD), contributing to a deeper understanding of the subject matter, as well as to better fixation on the theme in the CHAs.

In addition to that, exclusive breastfeeding was also a topic of major relevance, in which the participants also showed great interest and, to better illustrate and ease the training process, breasts made of crochet and a doll were used: the doll looked like a newborn, thus, the facilitator showed how the NB should latch the breast correctly, following the steps recommended by the Ministry of Health.

Through the CHAs' questions, it was possible to identify the presence of puerperal women offering other food products to the NBs, or even tea to relieve colic, as they believe that the breast milk produced is insufficient. However, in many cases, the problem was not the amount of milk produced or the recurrent colic, but inadequate latch to the breast, where the infant sucks a lot of air (cause of the colic) and consumes little milk (cause of constant hunger).

Another subject matter was about vaccination in the first months of life and during pregnancy, in addition to the proper NB hygiene practice; these subject matters provided knowledge exchange moments, being discussed by the students and demonstrated through a self-explanatory booklet that contained proper hygiene step-by-step instructions, as well as the mandatory vaccines for the mother and child, with visible interest in the subject matter and adherence to the dynamics.

In addition, all questions were answered and both the participants and the students showed great gratitude and satisfaction for the training. In addition to that, they showed interest in the group of students returning to the health unit to address other topics related to women's and children's health, as they stated that they always like to learn about new subject matters, and that they understand the importance of the CHA profession in the development of strategies for health promotion and for the prevention of diseases and health problems.

DISCUSSION

In view of the subject matter discussed with the Community Health Agents, a knowledge gap can be noticed in the scientific literature linked to the updating of health standards connected to the subject matter presented, targeted at performance of their function. However, they show an interest in seeking more information and incorporating care actions to improve the care provided to this population group highlighted in the study.

In this way, it was possible to explain the definition of Postpartum Depression, as well as the period in which it can commonly occur, usually between the fourth and eighth week, although it can last for the next few postpartum months. Thus, this condition poses risks to the health of the puerperal woman and the infant, as postpartum depression is characterized by discouragement, sadness, suicidal thoughts, fear of hurting the child and even rejection of the child itself.⁽⁸⁾

In this way, it is possible to survey parameters that allow CHAs to early identify puerperal women with PPD, or even situations of vulnerability that may trigger this condition. Therefore, the importance of CHAs' training and understanding on how to identify the onset of PPD is noted, for early diagnosis and intervention strategies together with the multiprofessional team.⁽⁹⁾

In addition to that, it was explained how breastfeeding, together with proper breast management, provides benefits for the NB and the mother alike, such as physical and psychological benefits, in addition to avoiding nutritional problems and infections and contributing to the development of the infant's cognition.⁽¹⁰⁻¹¹⁾ The Ministry of Health states that the introduction of food products before 6 months of life can trigger diarrhea, more hospitalizations due to respiratory diseases and less absorption of nutrients from breast milk, such as zinc and iron, in addition to other problems.⁽¹²⁾

It is necessary that CHAs master the knowledge about the harmful effects of interrupting exclusive breastfeeding so that it is passed on in an integral and reliable way to pregnant women. In this way, creation of a bond will be eased and the professional will be able to carry out health education activities with a more positive impact on the woman and the NB.⁽¹²⁾

Finally, it was possible to clarify the importance of childhood vaccination, a factor that is directly related to NBs' quality of life, as vaccines contribute to the reduction of infant morbidity and mortality, guaranteeing promotion and protection of NB health.⁽¹³⁾

Thus, it was sought to explain the main factors that may influence the reduction of NBs' vaccination coverage, such as low socioeconomic status, lack of information about the benefits of vaccination, low maternal education, or even absence of family support.⁽¹⁴⁾

A study carried out in 2017 with 180 children aged from zero to eight years old evidenced that the vaccination coverage rate among these children rose from 81.5% to 93.1% after providing diverse information on the importance of vaccination and delivery of educational materials for those families with delayed vaccination.⁽¹⁴⁾ Understanding these factors contributes for the CHAs to provide better assistance to the community, which will have a greater scientific basis to provide quality health education aimed at increasing vaccination coverage.

In view of the above, the importance of implementing a National Policy on Permanent Education in Health (*Política Nacional de Educação Permanente em Saúde*, PNEPS) for the CHAs is noticed, as this program aims at contributing to overcoming the difficulties encountered in everyday work and provides greater improvement and safety for the practice of these professionals.⁽¹⁵⁾ In addition to that, permanent education contributes to providing a holistic and individualized service, understanding that each pregnant and/or puerperal woman and newborn will have different needs which must be fully met, reducing the risks of diseases and enabling early intervention.

The study is limited to the extent that it is not possible to identify all the work demands with which the CHAs are routinely in contact and, thus, in order for them to be better trained, it becomes necessary to hold other meetings on permanent education, so that better care provision is enabled. In addition to that, another factor that contributes to this knowledge gap about the main doubts of these professionals was the

reduced number of only 10 CHAs; in other words, this study was limited to the perception of a small group of professionals.

On the other hand, this study contributes to improving the care provided to the population assisted by this Family Health Strategy unit, as carrying out permanent education actions for these professionals provides greater knowledge of the health care for pregnant and/or puerperal women and newborns. In addition to that, it contributes to holistic care and better bonding between professionals and health service users.

CONCLUSION

Therefore, the experience underwent by the students allowed for a critical view on the importance of Community Health Agents to improve health in pregnant and/or puerperal women and newborns, as well as how they need to be well-trained to offer holistic assistance. Therefore, the permanent education action proved to be important to improve the CHAs' knowledge and make their assistance more comprehensive and, consequently, contribute to health promotion among the users under their care. It was possible to observe that all the information discussed there will be of great use in the community where the CHAs work. Finally, the action experienced by the students emphasizes the importance of teaching-service integration as a two-way qualified training tool, where both students and health professionals from the service come out strengthened from this integration.

CONTRIBUTIONS

Contributed to the conception or design of the study/research: Santos ER, Gadelha IP. Contributed to the collection, analysis and interpretation of data: Santos ER, Gadelha IP, Soares RCS, Araújo LT, Amador SMM, Albuquerque WBM. Contributed to article writing or critical review: Caldas SP. Final approval of the version to be published: Caldas SP.

ACKNOWLEDGMENT

We thank the Maternal and Neonatal Academic League (*Liga Acadêmica Materna e Neonatal*, LAMNeo) for allowing us to live this experience rich in knowledge, with which it was possible to carry out this study.

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Conflicts of interest: No
Submission: 2022/17/08
Revised: 2022/27/10
Accepted: 2023/14/03
Publication: 2023/12/04

Editor in Chief or Scientific: Raylane da Silva Machado
Associate Editor: Emiliania Bezerra Gomes

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