

Advances and challenges in maternal and child health in Brazil

The past three decades have seen many advances in health care in Brazil, especially for mothers and children. Political awareness as to the importance of universal access to public health has been legitimized by civil society and is enshrined in the Federal Constitution of 1988, culminating in the creation of the National Health System (SUS).

During this period, there has been progress in terms of decentralization, the raising of awareness as to the right to health and social participation, investment in human resources and in remote areas, in particular through the Community Health Officers and Family Health Programs (PACS and PSF), in addition to various advances in the fields of science and technology and the like. Following sanitary reforms, the Integrated Healthcare programs for women and for children (the PAISM and the PAISC) were developed and have subsequently become a hallmark of commitment to the health of mothers and children in Brazil.

Apart from the PAISM, the PAISC, the PACS and the PSF, there have been many other reasons for advances in maternal and child health, such as socio-economic and demographic changes, improvements in women's education and in the water and sanitation system, and conditional wealth distribution programs. As a result of these favorable circumstances, Brazil has succeeded ahead of schedule in meeting Millennium Development Goals (MDGs) 1 and 4, a 50% reduction in the number of undernourished children and a two thirds reduction in child mortality between 1990 and 2015. However, MDG 5, a 60% reduction in maternal mortality, will probably not be met within the established time frame.

Maternal mortality, which violates an inalienable human right, can be avoided by provision of early access to good quality health care. In recent decades, there has been a significant rise in the coverage of prenatal consults and hospital deliveries to almost 100%. However, while more widespread use of services has helped to achieve important improvements in maternal and child mortality and morbidity indicators, it has not ensured prenatal interventions are of satisfactory quality and has led to an intensive medicalization of labor and childbirth.

It is widely agreed that the reasonable use of prevention, diagnosis and treatment technologies bring invaluable benefits for the health of individuals. However, the indiscriminate use of often unnecessary and potentially harmful procedures, without a clear medical reason, has risen in a context of the commodification of health, inadequate training of professional and a misinformed population, among other factors.

Given the challenge of managing a universal and equitable health system in a country of continental proportions, wracked by regional and socio-economic inequalities, the Brazilian Ministry of Health (MS) has placed its trust in the formation of Health Care Networks (RAS). These RAS, one in each district, are organized in various ways so as to provide interventions and services of varying levels of technological sophistication, integrated by logistical and management systems to ensure all-round care.

Since 2011 the MS has been introducing the maternal and child healthcare network known as the Stork Network (RC), with a view of providing care in such a way as to ensure ensure that women have the right to family planning and humane care during pregnancy, childbirth and puerperium and that children have the right to a safe birth and growth and healthy development.

The guidelines of the RC include assurances regarding: assessment and classification of risk and vulnerability; broader access to and improvements in the quality of prenatal care; registration of the pregnant woman at a major hospital and safe transport thereto; good practices and safety during labor and delivery; and good quality child healthcare during the first 24 months of life.

To achieve these aims, the RC has proposed to support inter-State pacts whereby the cycle of pregnancy and childbirth and the follow-up of newborns is managed according to a scheme involving five key components: high-quality prenatal care, labor and delivery, puerperium and integrated child healthcare, and a logisti-

cal system involving ambulance services and regulation.

Much certainly still needs to be done and to be improved, if these major challenges are to be met. But Brazilian society seems to have woken up to the urgent need to confront obstacles to adequate family planning, care during pregnancy, labor and childbirth and the follow-up of newborns.

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