

Response to the article: Profile and spatial distribution of maternal mortality

Dear editor,

The study describes the details concerning Maternal Mortality (MM), being one of the Millennium Development Goals its decrease until 2015.¹ However, in the year 2015, the maternal mortality rate in developing countries was 239/100 thousand live births and 12/100 thousand live births in high-income countries. In this context, according to World Health Organization (WHO), annually, more than half a million women die due to complications in the pregnancy-puerperal cycle.² More than half of these deaths occur in hospitalizations arising from labor. The study highlights the concept of maternal mortality, which consists in death of women during pregnancy or puerperium, not including accidental or incidental causes. This mortality reflects life conditions, level of organization and quality of care provided to pregnant women.³ The study yet reports the creation of Maternal Mortality Committees in Brazil, which improved the records of deaths, once these risk situations affect, mostly, women with low access to healthcare and prenatal services of quality.³

Comparing the study carried out by Ruas *et al.*¹ with another study conducted in the city of Florianópolis, Santa Catarina, in the same period, we perceived that between the years 2010 and 2013, 7 maternal deaths and 593 deaths of women in reproductive age occurred.⁴ Data obtained by DATASUS⁴ demonstrated that the most influent obstetric cause was the indirect (4 deaths) versus the direct (3 deaths), which collides with the data presented by the study conducted by Ruas *et al.*¹ Indirect causes of maternal mortality are those caused by treatable diseases, previously existent or during the gestation.

Thereby, the importance of prenatal is indubitable in order to prevent the occurrence of maternal death by indirect causes. Prenatal represents a fundamental role in the early detection of maternal and fetal pathologies, allowing measures of treatment that avoid higher harm to both pregnant women and fetus.^{2,3}


Thus, we infer that the unfortunate reality of maternal deaths persists due to avoidable problems, with higher percentage in the city of Florianópolis, Santa Catarina, compared to numbers reported in the study of Ruas *et al.*¹ The best adherence of pregnant women to prenatal services offered by public network consists in a trustworthy strategy to obtain the reduction of these rates.

Author's contribution


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