

Brazilian women... invisible deaths

We Brazilian women have wonderful news to celebrate with the *Maria da Penha Act*, which provides for prosecution in cases of violence against women. But not everything is reason for celebration. Every year, due to complications of pregnancy, childbirth, and postpartum, some 73 Brazilian women die per 100 thousand live births (as compared to 19 in Chile and six in Canada).

Maternal death is defined as occurring *during pregnancy or within 42 days postpartum, due to any cause related to or aggravated by the pregnancy or by measures taken in relation to it*. It is a tragedy for families and communities, since these women die young (at 29 on average in Brazil) and are the principal caregivers for the children and often their only source of support.

According to the World Health Organization, 90% of these deaths are avoidable. In Brazil, four women die every day in hospitals from pregnancy-related causes. The total number of maternal deaths is 1,600, according to official data (not all cases are reported); although this may seem like a small figure considering the total number of births, it could be reduced to only 160. Chile has achieved a major decrease in maternal mortality in the last decade through measures that do not require high-cost technology but which were efficient in controlling pregnancy-related hypertension, infections, and hemorrhages, the most frequent causes of avertable maternal death. Complications of abortion are also among the main causes of maternal mortality in Brazil, where abortion is considered a crime and is thus performed clandestinely, under precarious conditions for poorer women.

The technological resources to prevent women from dying of pregnancy-related complications have been available for decades. However, Brazilian women still die, and very unequally. In the State of Rio de Janeiro, from 2001 to 2003 those with fewer than three years of schooling died four times as often as those with a university education. In addition to being socially unequal, there is also a huge racial disparity: maternal mortality is five times higher in black women, regardless of years of schooling.

Contributing to the increased risk of maternal and neonatal mortality in Brazil, cesarean sections (still often performed with no clinical justification) show one of the highest rates in the world. Despite the National Pact to Reduce Maternal Mortality (2004), which aims to guarantee adequate childbirth care, access to family planning, surveillance of maternal deaths, and continuing education for health professionals, we have not made much progress. Brazilian society must mobilize and demand to make these goals a reality, integrating this issue into the broader context of human rights and the fight against poverty in our country.

Deliveries are predictable events, not sudden epidemics, so there is no justification for women in labor to be forced to rely on their own resources to find a place to give birth. We should be outraged by every single one of these deaths. Too often, maternal deaths become invisible or are rapidly forgotten after receiving momentary media coverage, only to be overshadowed by the next tragedy of the day. What was the name of that pregnant teenage girl in Duque de Caxias who earlier this year wandered from one hospital to another, pleading to be admitted, until she dropped dead? What was it that she died of?

Dóra Chor

Escola Nacional de Saúde Pública Sergio Arouca,
Fundação Oswaldo Cruz, Rio de Janeiro, Brasil.
dorinha@ensp.fiocruz.br

Kátia Silveira da Silva

Comitê de Prevenção e Controle de Morte Materna e
Perinatal do Estado do Rio de Janeiro.
Instituto Fernandes Figueira, Fundação Oswaldo Cruz,
Rio de Janeiro, Brasil.

Maria Teresa Cravo Almeida

Comitê de Prevenção e Controle de Morte Materna e
Perinatal do Estado do Rio de Janeiro.
Secretaria de Estado de Saúde e Defesa Civil do
Rio de Janeiro, Rio de Janeiro, Brasil.

Silvana Granado Nogueira da Gama

Escola Nacional de Saúde Pública Sergio Arouca,
Fundação Oswaldo Cruz, Rio de Janeiro, Brasil.

Luciana Santiago Tavares

Comitê de Prevenção e Controle de Morte Materna e
Perinatal do Estado do Rio de Janeiro.
Secretaria de Estado de Saúde e Defesa Civil do Rio de Janeiro,
Rio de Janeiro, Brasil.