

Ciência & Saúde Coletiva – 25 years: contributions to pregnancy, delivery, and childhood studies

Janaína Calu Costa (<https://orcid.org/0000-0002-7912-8685>)¹

Maria Fatima Santos Maia (<https://orcid.org/0000-0001-6688-2745>)¹

Cesar Gomes Victora (<https://orcid.org/0000-0002-2465-2180>)¹

Abstract *We reviewed the scientific production on maternal health and the health of children under ten years of age, published in Journal Ciência & Saúde Coletiva during the last 25 years, focusing on quantitative studies. The authors' characteristics, populations under study, thematic areas, and methodology are described. A total of 170 publications were identified and grouped into 12 major themes. Pregnancy, delivery, and puerperium were the subject of 47 studies, followed by child anthropometric assessments (29), breastfeeding (24), and mortality (13). The selected publications represented 3.5% of the total original papers published by the Journal since its creation in 1996 and about 5% of the publications in the 2015-2020 period. The primary data sources were health service records, information systems, and population surveys. The cross-sectional design was used in 113 of the 170 articles, and 70% covered only one municipality. The Southeast and Northeast Regions of Brazil were the target of most studies, and the North Region was the least represented. The publications reflect the complexity of maternal and child health themes, with a particular focus on the importance of the Unified Health System and showing how open access data can contribute to public health research.*

Key words *Child health, Maternal health, Epidemiology, Brazil, Review*

¹ Centro Internacional de Equidade em Saúde, Programa de Pós-Graduação em Epidemiologia, Universidade Federal de Pelotas. R. Marechal Deodoro 1160, Centro. 96020-220 Pelotas RS Brasil. jcosta@equidade.org
² Universidade Federal do Rio Grande. Rio Grande RS Brasil.

Introduction

The *Journal Ciência & Saúde Coletiva (C&SC)* celebrates its 25th anniversary, and is one of the leading journals in Brazilian Public Health¹. More than two decades of dissemination of studies, reviews, and opinions published by the Journal were accompanied by the implementation of the Unified Health System (SUS) and essentially political, social, and economic changes in Brazil².

For example, we experienced significant changes in the epidemiological profile of children and women living the experience of motherhood². Much attention has been paid to these populations concerning immunization practices, reducing mortality and malnutrition, and improving housing and sanitation conditions², and strengthening the evidence on the importance of the first thousand days of life – which include pregnancy and children's first two years of life – as primary determinants for adults' health and populations' development as a whole³⁻⁵.

Some challenges remain despite the progress achieved, such as high cesarean section^{6,7} and prematurity⁸ rates, high maternal mortality⁹, the transition from malnutrition to a scenario of childhood overweight and obesity¹⁰, increased occurrence of chronic diseases and conditions and mortality from external causes¹¹, and emerging and reemerging communicable diseases¹². The permanence of inequalities, which reflect, for example, on housing conditions and access to adequate sanitary structures, contributes to sustaining this scenario². These examples point to the complex factors affecting the lives of women and children¹¹.

Almost three million births occur annually in Brazil, and 30 million children under ten are estimated for 2020¹³. Therefore, these are expressive portions of the Brazilian population, demanding comprehensive and focused care due to their diverse specificities.

In light of this history, this review aimed to describe the characteristics of the original quantitative studies on maternal health and children under ten years of age published in the last 25 years by *Journal C&SC*. Studies on women's health, outside the scope of maternal health, are covered in another paper in this supplement.

Material and methods

Search strategy and study selection

Studies were selected from the electronic library SciELO (Scientific Electronic Library Online, <https://www.scielo.br/>), which includes all the volumes of the Journal, since its creation in 1996. The publications were screened by consulting the abstracts of all issues published and available in the database. For the first selection stage, the relevance of the titles of the publications categorized under the topics "Papers" and "Free Themes" was observed, thus disregarding editorials, opinion papers, critiques, and reviews. The abstracts were then consulted, and those that did not meet the eligibility criteria described below were rejected. In cases of uncertainty, the publication was selected for later consultation of the full-text and confirmation of the review topic's adequacy. The selection stages were carried out independently by two evaluators (JCC and MFSM), and a third evaluator (CGV) was consulted in case of persistent concern or divergence.

Eligibility criteria

Original quantitative studies that considered the population of pregnant women, puerperae, and children under ten years of age were eligible. The topics to be included were related to prenatal care, pregnancy, childbirth and puerperium for women, and child health.

The age criterion for inclusion of childhood studies was based on the Ministry of Health's definition of children as individuals from zero to nine years of age¹¹, as shown in the National Policy for Comprehensive Child Health Care (PNAISC).

Studies that used qualitative methods and analyzed policies and programs and the quality of health services were excluded. Institutions or professionals were the analytical units. Themes covered by other papers in this supplement, such as environmental health, mental health, oral health, accidents, violence, or women's health (except during pregnancy, childbirth, and the puerperium), were also excluded. Regarding food and nutrition studies, those who assessed food consumption were left out, but we kept those assessing nutritional status related to the profile of micronutrients/biomarkers and anthropometric indicators.

Data extraction

The following information was extracted from the selected publications: year of publication and affiliation institution of the first author; population (women or children); original location of the population, study design, sample origin, year of data, outcomes, and inclusion of socioeconomic factors or not.

The studied sample's origin was classified into PHC Units (UBS), hospitals/maternity hospitals, information systems, population surveys, schools, or other institutions. When relevant, the publications were grouped by Federative Unit (UF) from the paper's information on the original location of the studied population, and described as to their scope, and were characterized as 'only one municipality', 'several municipalities', 'only one state', 'several states', 'Brazil', and 'Over-all' when using data from multiple countries.

The studies were also categorized into thematic lines to describe the content covered. While many of them could be classified into more than one group, the most comprehensive category was chosen. Thematic lines are categories that we, authors of the review, defined and used for grouping the studies. They are based on objectives, target population, outcomes, and other publications content, and were set to describe the topics covered.

The characteristics of the studies are shown quantitatively, followed by a critical analysis of the results. The selected publications were submitted to a bibliometric analysis by searching each study's title on Google Scholar (<https://scholar.google.com.br/>), and studies identified with the highest number of citations are shown.

Results

Study selection

In the first independent search stage, 642 papers were identified from reading the titles. Both evaluators reviewed these works, and 287 were selected for full-text reading of the published text. Of these, 117 did not meet the eligibility criteria, resulting in 170 papers for analysis. This number corresponds to 3.5% of the original works published until March 2020. The selection flow is shown in Figure 1.

Publication period

Publications from 2005 were identified, and an increase is observed over the following years. Data were grouped into quinquennia since the evaluation of this indicator by year of publication could suffer interference from special issues and supplements published by the Journal. Figure 2 shows that the number of publications selected between the 2005-2009 and 2010-2014 periods increased fivefold, up from 12 to 63, and remained high, with 95 studies identified between 2015 and 2020.

For each of the quinquennia presented, the percentage of publications covering the topic of interest against the total was 1.5%, 3.4%, and 4.7%, respectively. In these cases, the total number of papers published each year was used as the denominator, excluding the categories Editorial, Letter, Critique, and Panelists' Comments. Data used by study authors in the analyses were collected between 1990 and 2016. Some studies fail to report in the method section the period to which the data refers.

Geographic distribution

Figure 3 shows the number of studies per UF of (A) affiliation institution of the first author and (B) population under study. None of the identified studies had authorship or population from Amapá, Rondônia, and Tocantins. Authorship is concentrated in some states in the South and Southeast regions, especially São Paulo, Rio de Janeiro, Rio Grande do Sul, and Minas Gerais. Pernambuco and Paraíba stand out in the Northeast region. Only 6 of the 170 (3.5%) studies were conducted by researchers linked to institutions in the North. The Oswaldo Cruz Foundation (Fiocruz) is the institution with the largest number of publications ($n = 15$), including authors from different states, followed by the State University of Paraíba (UEPB, $n = 9$, with the same author common to all selected studies) and the Federal University of Rio Grande (FURG, $n = 8$). In general, the studies are carried out with populations from the same UF of origin as the authors.

Thematic lines and sample/data origin

Chart 1 shows the papers' classification in thematic lines, their number in each category, and their content. Of the 170 studies, 47 had pregnant women or puerperae as a population and are part of the thematic group that includes

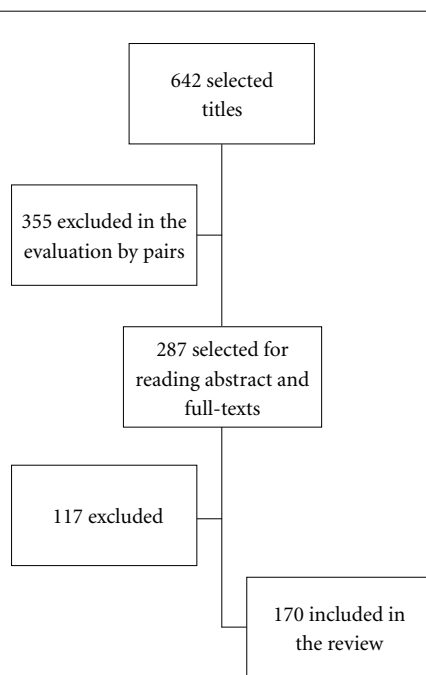


Figure 1. Publication selection process. *Journal Ciência & Saúde Coletiva*, 1996-2020.

‘prenatal, childbirth and the puerperium’. These studies’ data were mostly collected from medical records and interviews conducted in hospitals and maternity hospitals; the second primary source of information capture is the UBS. Prenatal care and teen pregnancy are the most discussed topics in this group.

Prenatal care was assessed from the perspective of quality and adequacy¹⁴⁻²¹, including, for example, the recommendations of the Prenatal Care and Childbirth Humanization Program¹⁵ and articulation with the teams of the Family Health Program (PSF)²². Social inequalities^{16,23-26} and prenatal care association with reproductive risk²⁷, birth weight, and prematurity were also assessed by researchers^{17,28}.

The studies’ second main focus was teen pregnancy²⁹⁻³², including socioeconomic profile³³ and social vulnerability³⁴, paternal responsibility³⁵, and rape-related pregnancies³⁶. The experiences of pregnancy and abortion of the population of children, adolescents, and young people living on the street are also among the topics covered³⁷, along with pregnancy and childbirth in prisons³⁸.

Regarding the type of delivery, themes such as the historical course in the definition of cesarean delivery³⁹, factors associated with the type of delivery⁴⁰, neonatal and maternal morbidity⁴¹, and

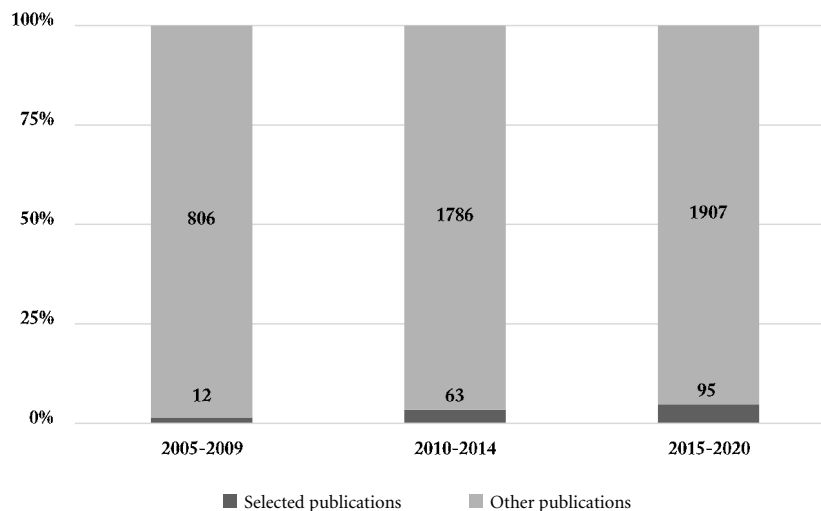


Figure 2. Total number of publications selected in the *Journal Ciência & Saúde Coletiva* by quinquennium (2005-2020).

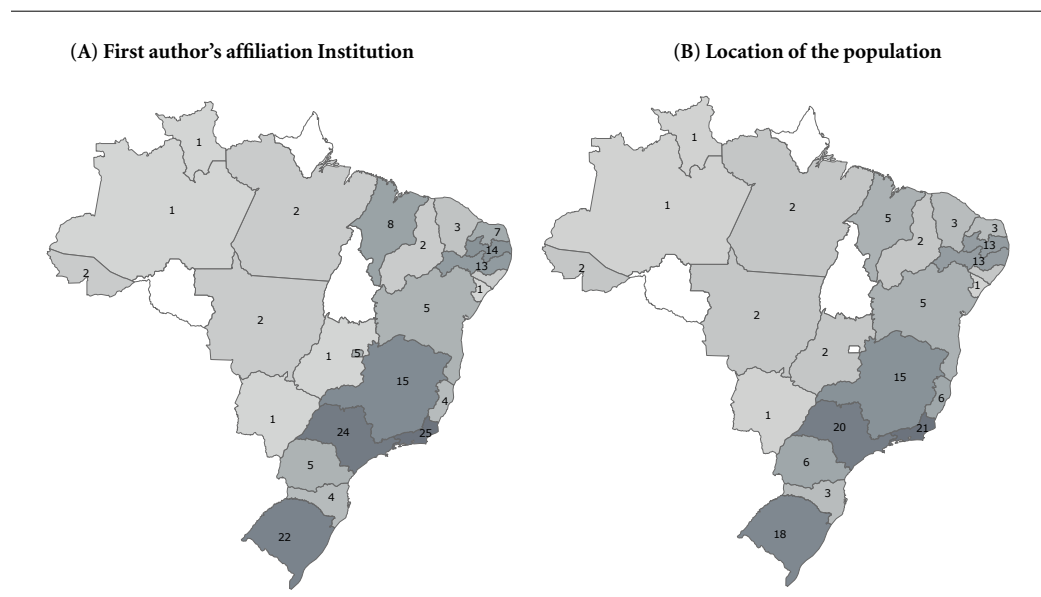


Figure 3. Geographic distribution of the first author's affiliation institution and the location of the population of the studies, by Federative Unit. *Journal Ciência & Saúde Coletiva*, 2005-2020.

Chart 1. Thematic lines, number of studies, and content of publications included in the review. *Journal Ciência & Saúde Coletiva*, selected papers, 2005-2020.

Main theme	Number of studies	Examples of content
Pregnancy, childbirth and puerperium	47	Social / sociodemographic profile Teenage pregnancy Listening in prenatal care Definition by cesarean delivery Care in the ESF Birth-related morbidities Use of medicines Care development HIV testing Gestational weight gain Prenatal care inequalities Maternal death near miss Prenatal care content Pregnancy and childbirth in prison Back pain Alcohol use Failure to perform cytopathological test Black women vulnerability Gestational breast cancer Knowledge and behavior about toxoplasmosis Vaccination against influenza
Nutritional status (anthropometry)	29	Overweight/Obesity Dwarfism/height deficit/stunting Fat percentage

It continues

Chart 1. Thematic lines, number of studies, and content of publications included in the review. *Journal Ciência & Saúde Coletiva*, selected papers, 2005-2020.

Main theme	Number of studies	Examples of content
Breastfeeding	24	Duration Guidelines Intention to breastfeed Breastfeeding types Abandonment/lack of breastfeeding Association with hospitalizations
Mortality	13	Neonatal mortality Child mortality Mortality of children under five AIDS mortality
Neonatal health	12	Kangaroo method Low birth weight Neonatal care Prematurity Use of surfactants Hearing screening Births occurring in SUS and non-SUS hospitals
Nutritional status (micronutrients/prevalence)	9	Iron Retinol/Vitamin A Lipid profile
Use of health services	9	Family Health Program Health education actions PHC quality of care Registration of action in the Children's Booklet Admission/Hospitalizations
Specific morbidities	7	Anencephaly Adherence to antiretroviral therapy Outbreak of diarrhea Tuberculosis Pneumonia Microcephaly
Maternal characteristics and child health outcomes	6	Gestational and congenital syphilis Maternal mental disorders and child health
Child development	5	Language and motor development Mother-child relationship Neuropsychomotor development Motor and cognitive development
Information systems	4	Quality of SINASC and SIM data Incomplete death certificate Fetal death surveillance Infant death investigation
Others	5	Use of medications and supplementary therapies Health promotion and education Health of sheltered children

association with the date of birth⁴² were explored. A single study explored the mortality of women hospitalized for childbirth and abortion⁴³, and two evaluated near-miss maternal mortality^{44,45}.

Concerning specific behaviors and morbidities, knowledge, and prevention of toxoplasmosis⁴⁶, factors associated with gestational breast cancer⁴⁷, cytopathological test⁴⁸, and rapid an-

ti-HIV test^{49,50}, vaccination coverage among puerperae and pregnant women^{51,52}, alcohol⁵³ and medication⁵⁴ use, folic acid supplementation⁵⁵, and severe low back pain⁵⁶. The nutritional status of pregnant women^{57,58} and its association with baby weight at birth and prematurity^{59,60} also appear among the topics addressed.

The remaining 123 studies were grouped into 11 other thematic lines, in which studies on 'nutritional status of children' assessed by anthropometry and 'breastfeeding' prevail, with 29 and 24 publications, respectively.

Schools and daycare centers were the main places where studies grouped under the thematic line 'nutritional status (anthropometry)' were carried out. The studies show a description of children's sample for both deficit and excess estimates of indicators against the reference population or use the mean of anthropometric indices as the outcome^{40,61-82}. Of these, three assessed differences between children benefiting from conditional cash transfer programs or had this group specifically as a study sample^{62,63,71}, and one assessed association with hospitalizations⁶⁷. Eight publications focused on children malnutrition^{64,74,76-81,83}, one carried out with the indigenous Yanomami population⁷⁸, and the other focused on children from Acre's Amazon region⁷⁷. Overweight was assessed in four of the studies in this thematic group^{73,75,82,84}.

Moreover, one of the publications had children and adolescents with cystic fibrosis as a sample and evaluated the distribution of body fat⁸⁵; two focused on different anthropometric analysis methods^{86,87}; one assessed both overweight and short stature in children born with low weight⁸⁸; and one evaluated weight gain speed⁸⁹.

Among the 29 studies grouped under the theme 'breastfeeding', data were collected primarily in hospitals and maternity hospitals. Breastfeeding patterns⁹⁰⁻⁹⁶ and support for breastfeeding are explored in this thematic line through guidance and social support⁹⁷⁻¹⁰⁰. Other topics frequently appearing are factors associated with duration, intention, adherence, abandonment, and lack of breastfeeding¹⁰¹⁻¹⁰⁷. The association with non-nutritive sucking habits^{108,109} and with morbidities and hospitalization¹¹⁰; description of types of milk offered to children¹¹¹ and association with supplementary diet¹¹²; and cross-breastfeeding¹¹³ were also addressed.

Also, in the nutritional assessment field, anemia and vitamin A deficiency in children were the most studied outcomes¹¹⁴⁻¹²¹ among the nine publications categorized as 'nutritional status

(biomarkers/prevalence)'. One study evaluated the lipid profile¹²².

The 12 studies addressing 'neonatal health' mainly assessed low birth weight¹²³⁻¹²⁶, including children of adolescent mothers¹²⁵, spatial inequalities¹²⁴, and care practice, such as hearing screening¹²⁷, use of surfactants¹²⁸, kangaroo method¹²⁹, and sleeping in dorsal decubitus¹³⁰. Child care was also assessed in light of the agreement to reduce neonatal mortality¹³¹. Characteristics associated with the temporal tendency of prematurity¹³² and the quality of life of preterm infants¹³³ have been studied in two publications. The geographic distribution of births was assessed according to the institution's administration (SUS or non-SUS)¹³⁴.

The five studies that evaluated *maternal characteristics and outcomes in the child's health* (excluding those referring to pregnancy and childbirth, which were included in the first thematic line described above), had congenital syphilis¹³⁵⁻¹³⁸ and impact of mental disorder, maternal depression, and socioeconomic status in the health of offspring^{139,140} as outcomes.

The theme of *child development* – defined by the authors as neuropsychomotor, language, cognitive – was covered by five studies that evaluated risk factors for the development of children attended at the UBS¹⁴¹, the influence of gender¹⁴², losses in the mother-child relationship¹⁴³, the influence of the home environment¹⁴⁴, and association with malnutrition and vitamin A¹⁴⁵ supplementation. All publications in this group refer to children up to four years old.

Many studies used secondary data collected from Health Information Systems, especially those made available by DATASUS, the Ministry of Health's IT department, namely, SIM, SINASC, and SIH. These are the sources used in practically all the studies grouped in the thematic line 'mortality' (n = 13). This group includes publications that have evaluated time trends^{146,147} and spatial distribution¹⁴⁸⁻¹⁵⁰ of mortality indicators, their determinants¹⁵¹, and risk factors^{152,153}. The authors also explored inequalities¹⁵⁴ and death avoidability¹⁵⁵, including analysis according to ethnicity/skin color¹⁵⁶ and the impact of economic crises on mortality¹⁵⁷. Most studies were on infant mortality. Two explored neonatal mortality^{150,152}, one studied children under five years of age¹⁵⁷ – including infant, neonatal, and child mortality – and one study evaluated AIDS mortality in children and adolescents¹⁵⁸.

Besides studies on mortality indicators, those included in the group 'information systems',

which also included death surveillance forms, were used in publications that aimed to assess factors associated with the systems' incompleteness and data quality¹⁵⁹⁻¹⁶².

The thematic category 'specific morbidities' included seven studies with the following outcomes: adherence to antiretroviral therapy¹⁶³, diarrhea^{164,165}, tuberculosis¹⁶⁶, pneumonia¹⁶⁷, microcephaly¹⁶⁸, and anencephaly¹⁶⁹.

Studies grouped under the theme 'use of health services' addressed the association of health conditions¹⁷⁰ and use of services by children with PSF¹⁷¹ and Primary Care¹⁷²; use of the Child Health Handbook^{173,174}; hospitalizations for complex chronic conditions^{175,176} and hospitalization for asthma¹⁷⁷ and diarrhea¹⁷⁸.

The category of thematic lines called 'others' included studies on the use of medicines¹⁷⁹ and supplementary therapies¹⁸⁰ by children, the health situation of institutionalized children¹⁸¹, a study on health education¹⁸², and the impact assessment of a health promotion program¹⁸³.

Figure 4 shows the charts that summarize the methodological characteristics of the 170 studies: a) scope, b) design, c) sample/data origin, d) socioeconomic factors.

Scope

Approximately 70% of the publications cover only one municipality (n = 115); the others are divided evenly between state (n = 20), national (n = 15), or include more than one municipality (n = 16); only one publication used data from multiple countries in an ecological study on child mortality (Figure 4a).

Design

The cross-sectional design predominates (n = 132), with three of these nested in cohorts and one nested in a case-control study. The other designs were ecological studies and time series, used in 20 publications, cohorts/longitudinal studies, identified in 11 studies, and case-control studies, found in 7 publications (Figure 4b).

Sample/data origin

Health services are the primary source of samples used in the selected studies. Together, UBS, hospitals, and maternity hospitals were the sample base of 77 studies (45%) (Figure 4c). Besides the information systems already mentioned, used in 35 (20%) studies, we identified 29 (17%)

publications using data from population surveys. The survey analysis used data from the following sources: National Demography and Health Survey (PNDS), carried out in 2006; National Household Sample Survey (PNAD) from 1993 to 2008; State Health and Nutrition Survey (PESN) II and III, carried out respectively in 1997 and 2006 in the state of Pernambuco; Neonatal Call: evaluation of prenatal care and children under one year in the North and Northeast regions in 2013-2014; National Study of Homemade Fortified Supplementary Food (ENFAC); Etiological factors of preterm birth and consequences of perinatal factors on child health: Birth cohorts in two Brazilian cities – BRISA; Household Budget Survey (POF) 2008-2009; 2013 National Health Survey; and a household survey carried out in Fortaleza, capital of Ceará, and other rural municipalities. Besides these, schools were home to the samples in 22 (13%) studies and other institutions in seven (4%) of the studies.

Socioeconomic factors

Variables related to socioeconomic status were found in 129 (76%) publications (Figure 4d). Those including income, wealth, or schooling in studies with individual and water supply data and a municipal development index in ecological studies were considered for this characterization.

Citations

The bibliometric analysis performed to evaluate the most cited papers among the 170 works selected identified three of them with more than 100 citations. The topics addressed were the PSF impact on child health indicators in municipalities in the Northeast with 133 citations and published in 2006¹⁷⁰; the trajectory of women in the definition of cesarean delivery in Rio de Janeiro with 149, from 2008³⁹; and evaluation of health care for pregnant women within the PSF, from 2009²².

Discussion

The *Journal C&SC* is a fundamental part of the process of institutionalizing research on Brazilian Public Health¹⁸⁴. Childhood studies gained space in 2005 and increased significantly over time. It is a period in which we have observed a national decline of mortality rates from preventable caus-

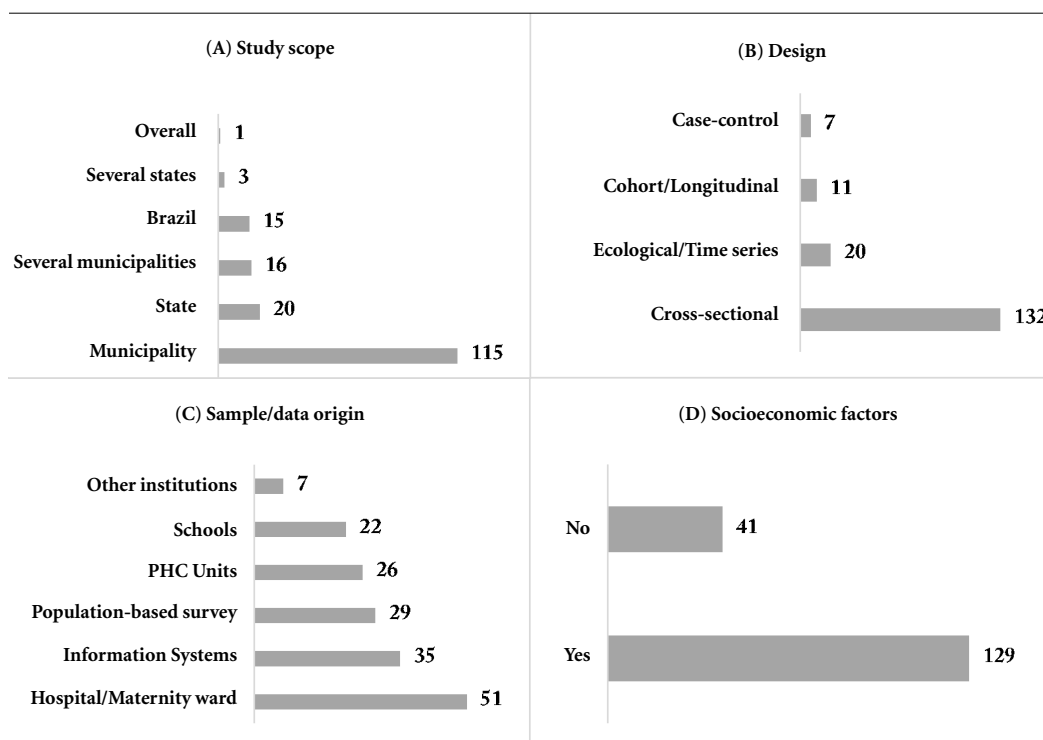


Figure 4. Number of publications included in the review according to data characteristics (A) Study scope, (B) Design, (C) Sample/data origin, (D) Socioeconomic factors. *Journal Ciência & Saúde Coletiva*, selected papers, 2005-2020

es, the prevalence of infectious diseases and malnutrition, among other factors that impact the survival and full development of children².

Several actions, programs, and public policies were implemented during this period in our country with a focus on improving the health conditions of the population, both for pregnant women and women who had recently given birth, and children. Some examples of national initiatives are National Policy for Obstetric and Neonatal Care (2005)¹⁸⁵, Rede Cegonha (2011)¹⁸⁶, National Policy for Comprehensive Child Health Care (2015)¹⁸⁷, National Food and Nutrition Policy (2012)¹⁸⁸, Brazilian Population Food Guide (2014)¹⁸⁹, National Primary Care Policy (2012)¹⁹⁰ and the various thematic Primary Care Notebooks^{191,192}. The Journal has played an essential role in contributing to the direct or indirect evaluation of several of these programs.

Despite the increased number of publications over the years, both the authors and the samples studied are still concentrated in states in

the South and Southeast regions of the country. Even in the Northeast, which has an important number of papers, studies are concentrated in only two states, which is not exclusive to Collective Health, and most Brazilian publications, in all fields, are from authors linked to institutions in the Southeast region¹⁹³. It is worth mentioning that the most-cited journals in the field are linked to institutions in this region, which can act as a driving force for local authors¹⁹⁴.

Most of the studies are conducted with samples from a single municipality. Local studies are extremely relevant to analyze health inequalities, which are so prevalent in the country. Although Brazil has shown significant improvements in women's and children's health on a national scale, not all regions and states showed the same trend or evolved at the same pace¹⁹⁵. Regional inequalities were reported in several studies included in the review, primarily through spatial analyses^{124,134,138,148-150,165,166}. While declining for many indicators, evidence of persistent inequali-

ties between regions of the country was found in the temporal analysis of the health conditions of women and children¹⁹⁵.

Assessing subgroups of the population and taking a closer look at local demands is a way of understanding the specifics and instrumentalizing decision-making, allowing formulating public policies to reduce inequalities.

The sample of selected publications reflects the diverse themes encompassing maternal and child health. However, studies mainly target food and nutrition, especially regarding children's nutritional status, assessed by anthropometric indicators, and with a particular focus on linear growth, micronutrient deficiency, and breastfeeding. Besides this thematic group are studies on mortality, an essential indicator of the quality of life and care for children under five years of age.

Concerning data sources, national information systems are shown as essential tools for analyzing Brazilian women and children's health situation, stressing the Live Birth Information System (SINASC) and the Mortality Information System (SIM). Also, while less frequent, the Hospital Admissions System (SIH) and even the population census figure as data sources for the analyzed studies. The use of secondary data, collected routinely in health services, is essential to improve information systems' quality. Some studies report the low reliability of information systems despite such relevance, which may be due to the lack of basic fields in the original documents or during inclusion in the system itself, characteristics that also depend on the structural conditions of each location¹⁶¹. Even so, in general, improved national systems concerning coverage and data quality¹⁹⁶ are noted.

Besides data collected systematically through the SUS, local or national surveys and research appeared significantly in the studies identified. On the other hand, the most recent national survey specifically on maternal and child health, the PNDS, was conducted in 2006, which hinders studies on population-based trend analyses. Medical records were frequent data sources for the studies, as was information collected in schools and UBS.

Health care advances in the SUS are also reflected in the publications, and PHC equipment and the Family Health Strategy appear prominently. Several studies included in this review employ information available in the UBS, such as medical records and the Child Health Booklet, which can be important drivers of researchers' articulation with teams working in the health

care network, identifying gaps and proposing strategies to improve quality and information coverage^{173,174}. Registration of health services is an essential source of subnational data, by municipality, region, or district, related to management decisions and local dynamics, working as service quality assessment instruments¹⁹⁷.

The diverse sources used in the selected papers reveal the importance of articulation between the three spheres of SUS management, besides intersectoral articulation, especially with Education.

Analyses of socioeconomic and regional inequalities are an essential part of Brazilian Collective Health studies since they strongly influence living and health conditions, reflected in the coverage of interventions, nutritional status, and other indicators². Most of the published papers report socioeconomic variables, showing the importance of taking these aspects into account when describing the sample, analyzing the data, and interpreting the results.

When comparing the theme of the publications analyzed, we can observe that the Journal has systematically addressed most of the health problems affecting Brazilian pregnant women, puerperae, and children. However, topics such as maternal mortality, prematurity, psychomotor development, and childhood obesity were targets of fewer articles than would be expected due to their importance in the Brazilian context.

In summary, after taking stock of the trajectory of *Journal C&SC*, we can say that some of the main elements of this 25-year history are the diverse themes addressed by the authors on elements that affect the lives of women and children and allow a broad view of the actions within the SUS, especially at the municipal level; the multiple institutions that submit their scientific production to this Journal; and availability of all volumes, in an organized way, in SciELO, with open and free access.

Some challenges arise for the next years of the Journal and mingle with the challenges of Brazilian science, such as support for the decentralization of production and advanced internationalization, a project already underway with the possibility of publishing in two languages.

This review paper presents the strong point of including studies on pregnancy, childbirth, and the puerperium, highly impacting periods in women's health, and determinants for the development of children, especially in the first two years of life. Also, the screening of papers by the abstract of all numbers published by *Journal*

C&SC allowed the more precise identification of the studies to be included.

The review's limitations can be considered as not including studies evaluated in other papers in the supplement (such as oral health, mental health, environmental health, and accidents and violence), a decision taken to avoid duplication in the description of publications. This exclusion criterion reduces the number of studies reported in this work because it does not include all those conducted with the population under ten years of age, restricting its scope.

Conclusion

Brazil's experience has been successful at interventions aimed at pregnancy, childbirth, and childhood care, and *Journal C&SC* has followed this historical trend. Several historical landmarks mix and influence the Journals history, and the profile of published studies tends to accompany these processes. Scientific publications are an essential component of public health practice. The set of studies published by *Journal C&SC* considers a rich research material, reflecting experiences within the SUS and from the intersectoral and inter-federative articulation, so dear to health promotion.

Collaborations

JC Costa, and MFS Maia conducted the process of screening and selecting papers, extracting, and analyzing data. JC Costa, MFS Maia, and CG Victora participated in the work's conception, data interpretation, drafting the manuscript, and the final version's approval.

References

1. Minayo MCS, Gomes R. Cien Saude Colet no contexto nacional e internacional da divulgação científica. *Cien Saude Colet* 2015; 20(7):2013-2022.
2. Victora CG, Aquino EML, Leal MC, Monteiro CA, Barros FC, Szwarcwald CL. Maternal and child health in Brazil: progress and challenges. *Lancet* 2011; 377(9780):1863-1876.
3. Adair LS, Fall CHD, Osmond C, Stein AD, Martorell R, Ramirez-Zea M, Sachdev HS, Dahly DL, Bas I, Norris SA, Micklesfield L, Hallal P, Victora CG. Associations of linear growth and relative weight gain during early life with adult health and human capital in countries of low and middle income: findings from five birth cohort studies. *Lancet* 2013; 382(9891):525-534.
4. Martorell R, Horta BL, Adair LS, Stein AD, Richter L, Fall CHD, Bhargava SK, Biswas SKD, Perez L, Barros FC, Victora CG, Consortium on Health Orientated Research in Transitional Societies G. Weight gain in the first two years of life is an important predictor of schooling outcomes in pooled analyses from five birth cohorts from low- and middle-income countries. *J Nutr* 2010; 140(2):348-354.
5. Victora CG, Horta BL, Mola CL, Quevedo L, Pinheiro RT, Gigante DP, Gonçalves H, Barros FC. Association between breastfeeding and intelligence, educational attainment, and income at 30 years of age: a prospective birth cohort study from Brazil. *Lancet Glob Health* 2015; 3(4):e199-e205.
6. Barros AJD, Victora CG, Horta BL, Wehrmeister FC, Bassani D, Silveira MF, Santos LP, Blumenberg C, Barros FC. Antenatal care and caesarean sections: trends and inequalities in four population-based birth cohorts in Pelotas, Brazil, 1982–2015. *Int J Epidemiol* 2019; 48(Supl. 1):i37-i45.
7. Barros AJD, Santos IS, Matijasevich A, Domingues MR, Silveira M, Barros FC, Victora CG. Patterns of deliveries in a Brazilian birth cohort: almost universal cesarean sections for the better-off. *Rev Saude Publica* 2011; 45(4):635-643.
8. Silveira MF, Santos IS, Barros AJD, Matijasevich A, Barros FC, Victora CG. Aumento da prematuridade no Brasil: revisão de estudos de base populacional. *Rev Saude Publica* 2008; 42(5):957-964.
9. Silva BG, Lima NP, Silva SG, Antunez SF, Seerig LM, Restrepo-Mendez MC, Wehrmeister FC. Maternal mortality in Brazil from 2001 to 2012: time trends and regional differences. *Rev Bras Epidemiol* 2016; 19(3):484-493.
10. Coutinho JG, Gentil PC, Toral N. A desnutrição e obesidade no Brasil: o enfrentamento com base na agenda única da nutrição. *Cad Saude Publica* 2008; 24(Supl. 2):S332-S340.
11. Brasil. Ministério da Saúde (2018). *Política Nacional de Atenção Integral à Saúde da Criança: orientações para implementação*. Brasília: MS; 2018.
12. Waldman EA, Sato AP. Path of infectious diseases in Brazil in the last 50 years: an ongoing challenge. *Rev Saude Publica* 2016; 50:68.
13. Instituto Brasileiro de Geografia e Estatística (IBGE). *Estatísticas do Registro Civil: nascidos vivos, por ano de nascimento (Tabela 2679)*. Rio de Janeiro: IBGE; 2018.
14. Niquini RP, Bittencourt SA, Lacerda EM, Saunders C, Leal MC. Avaliação do processo da assistência nutricional no pré-natal em sete unidades de saúde da família do Município do Rio de Janeiro. *Cien Saude Colet* 2012; 17(10):2805-2816.
15. Mendes RB, Santos JMJ, Prado DS, Gurgel RQ, Bezerra FD, Gurgel RQ. Avaliação da qualidade do pré-natal a partir das recomendações do Programa de Humanização no Pré-natal e Nascimento. *Cien Saude Colet* 2020; 25(3):793-804.
16. Martinelli KG, Santos Neto ETD, Gama SGN, Oliveira AE. Acesso ao pré-natal: desigualdades em região de alta mortalidade materna do sudeste brasileiro. *Cien Saude Colet* 2016; 21(5):1647-1658.
17. Gonzaga IC, Santos SL, Silva AR, Campelo V. Atenção pré-natal e fatores de risco associados à prematuridade e baixo peso ao nascer em capital do nordeste brasileiro. *Cien Saude Colet* 2016; 21(6):1965-1974.
18. Santos LAV, Lara MO, Lima RCR, Rocha AF, Rocha EM, Gloria JCR, Ribeiro GC. História gestacional e características da assistência pré-natal de puérperas adolescentes e adultas em uma maternidade do interior de Minas Gerais, Brasil. *Cien Saude Colet* 2018; 23(2):617-625.
19. Goudard MJ, Simoes VM, Batista RF, Queiroz RC, Alves MT, Coimbra LC, Martins MG, Barbieri MA, Nathasje IF. Inadequação do conteúdo da assistência pré-natal e fatores associados em uma coorte no nordeste brasileiro. *Cien Saude Colet* 2016; 21(4):1227-1238.
20. Durães-Pereira MB, Novo NF, Armond JE. A escuta e o diálogo na assistência ao pré-natal, na periferia da zona Sul, no município de São Paulo. *Cien Saude Colet* 2007; 12(2):465-476.
21. Mario DN, Rigo L, Boclin KLS, Malvestio LMM, Anziliero D, Horta BL, Wehrmeister FC, Martinez-Mesa J. Qualidade do pré-natal no Brasil: Pesquisa Nacional de Saude 2013. *Cien Saude Colet* 2019; 24(3):1223-1232.
22. Costa GD, Cotta RM, Reis JR, Siqueira-Batista R, Gomes AP, Franceschini SC. Avaliação do cuidado a saúde da gestante no contexto do Programa Saude da Família. *Cien Saude Colet* 2009; 14(Supl. 1):1347-1357.
23. Fonseca SC, S MD, Pereira CM, Scoralick AC, Jorge MG, Rozario S. Desigualdades no pré-natal em cidade do Sudeste do Brasil. *Cien Saude Colet* 2014; 19(7):1991-1998.
24. Garcia EM, Martinelli KG, Gama SGND, Oliveira AE, Esposti CDD, Santos Neto ETD. Risco gestacional e desigualdades sociais: uma relação possível? *Cien Saude Colet* 2019; 24(12):4633-4642.
25. Theophilo RL, Rattner D, Pereira EL. Vulnerabilidade de mulheres negras na atenção ao pré-natal e ao parto no SUS: análise da pesquisa da Ouvidoria Ativa. *Cien Saude Colet* 2018; 23(11):3505-3516.
26. Pinto LF, Malafaia MF, Borges JA, Baccaro A, Soranz DR. Perfil social das gestantes em unidades de saúde da família do município de Teresópolis. *Cien Saude Colet* 2005; 10(1):205-213.
27. Xavier RB, Jannotti CB, Silva KS, Martins AC. Risco reprodutivo e renda familiar: análise do perfil de gestantes. *Cien Saude Colet* 2013; 18(4):1161-1171.

28. Noronha GA, C LM, Lira PI, Veras AA, Gonçalves FC, Batista Filho M. Evolução da assistência materno-infantil e do peso ao nascer no Estado de Pernambuco em 1997 e 2006. *Cien Saude Colet* 2012; 17(10):2749-2756.
29. Béria JU, Schermann LB, Leal AF, Hilgert JB, Stein AT, Alves GG, Câmara S, Palazzo L. Maternidade na adolescência inicial: estudo caso-controle no sul do Brasil. *Cien Saude Colet* 2020; 25(2):439-448.
30. Rossetto MS, Schermann LB, Béria JU. Maternidade na adolescência: indicadores emocionais negativos e fatores associados em mães de 14 a 16 anos em Porto Alegre, RS, Brasil. *Cien Saude Colet* 2014; 19(10):4235-4246.
31. Santos MM, Barros DC, Baiao MR, Saunders C. Atenção nutricional e ganho de peso gestacional em adolescentes: uma abordagem quantitativa. *Cien Saude Colet* 2013; 18(3):789-802.
32. Santos NL, Costa MC, Amaral MT, Vieira GO, Bacelar EB, Almeida AH. Gravidez na adolescência: análise de fatores de risco para baixo peso, prematuridade e cesariana. *Cien Saude Colet* 2014; 19(3):719-726.
33. Paraguassú ALCB, Costa MCO, Nascimento Sobrinho CL, Patel BN, Freitas JT, Araújo FPO. Situação socio-demográfica e de saúde reprodutiva pré e pós-gestacional de adolescentes, Feira de Santana, Bahia, Brasil. *Cien Saude Colet* 2005; 10(2):373-380.
34. Silva KS, Rozenberg R, Bonan C, Chuva VC, Costa SF, Gomes MA. Gravidez recorrente na adolescência e vulnerabilidade social no Rio de Janeiro (RJ, Brasil): uma análise de dados do Sistema de Nascidos Vivos. *Cien Saude Colet* 2011; 16(5):2485-2493.
35. Costa MCO, Lima IC, Martins Júnior DF, Santos CAST, Araújo FPO, Assis DR. Gravidez na adolescência e co-responsabilidade paterna: trajetória sociodemográfica e atitudes com a gestação e a criança. *Cien Saude Colet* 2005; 10(3):719-727.
36. Souto RMCV, Porto DL, Pinto IV, Vidotti CCF, Barufaldi LA, Freitas MG, Silva MMAD, Lima CM. Estupro e gravidez de meninas de até 13 anos no Brasil: características e implicações na saúde gestacional, parto e nascimento. *Cien Saude Colet* 2017; 22(9):2909-2918.
37. Neiva-Silva L, Demenech LM, Moreira LR, Oliveira AT, Carvalho FT, Paludo SDS. Experiência de gravidez e aborto em crianças, adolescentes e jovens em situação de rua. *Cien Saude Colet* 2018; 23(4):1055-1066.
38. Leal MC, Ayres BVS, Esteves-Pereira AP, Sánchez AR, Larouzé B. Nascer na prisão: gestação e parto atrás das grades no Brasil. *Cien Saude Colet* 2016; 21(7):2061-2070.
39. Dias MA, Domingues RM, Pereira AP, Fonseca SC, Gama SG, Theme Filha MM, Bittencourt SD, Rocha PM, Schillithz AO, Leal MC. Trajetória das mulheres na definição pelo parto cesáreo: estudo de caso em duas unidades do sistema de saúde suplementar do estado do Rio de Janeiro. *Cien Saude Colet* 2008; 13(5):1521-1534.
40. Meller FO, Schafer AA. Fatores associados ao tipo de parto em mulheres brasileiras: PNDS 2006. *Cien Saude Colet* 2011; 16(9):3829-3835.
41. Cardoso PO, Alberti LR, Petroianu A. Morbidade neonatal e maternas relacionada ao tipo de parto. *Cien Saude Colet* 2010; 15(2):427-435.
42. Chiavegatto Filho AD. Partos cesáreos e a escolha da data de nascimento no Município de São Paulo. *Cien Saude Colet* 2013; 18(8):2413-2420.
43. Kale PL, Jorge MHPM, Fonseca SC, Cascao AM, Silva KSD, Reis AC, Taniguchi MT. Mortes de mulheres internadas para parto e por aborto e de seus concep-tos em maternidades públicas. *Cien Saude Colet* 2018; 23(5):1577-1590.
44. Rosendo TM, Roncalli AG. Near miss materno e iniquidades em saúde: análise de determinantes contextuais no Rio Grande do Norte, Brasil. *Cien Saude Colet* 2016; 21(1):191-201.
45. Rosendo TM, Roncalli AG. Prevalência e fatores associados ao Near Miss Materno: inquérito populacional em uma capital do Nordeste Brasileiro. *Cien Saude Colet* 2015; 20(4):1295-304.
46. Moura IPDS, Ferreira IP, Pontes AN, Bichara CNC. Conhecimento e comportamento preventivo de gestantes sobre Toxoplasmose no município de Imperatriz, Maranhão, Brasil. *Cien Saude Colet* 2019; 24(10):3933-3946.
47. Monteiro DLM, Nunes CL, Rodrigues NCP, Antunes CA, Almeida EM, Barmpas DBS, Magalhães ALC, Trajano AJB. Fatores associados ao câncer de mama gestacional: estudo caso-controle. *Cien Saude Colet* 2019; 24(6):2361-2369.
48. Terlan RJ, Cesar JA. Não realização de citopatológico de colo uterino entre gestantes no extremo sul do Brasil: prevalência e fatores associados. *Cien Saude Colet* 2018; 23(11):3557-3566.
49. Soares ML, Oliveira MI, Fonseca VM, Brito AS, Silva KS. Preditores do desconhecimento do status sorológico de HIV entre puérperas submetidas ao teste rápido anti-HIV na internação para o parto. *Cien Saude Colet* 2013; 18(5):1313-1320.
50. Oliveira MIC, Silva KSD, Gomes DM. Fatores associados a submissão ao teste rápido anti-HIV na assistência ao parto. *Cien Saude Colet* 2018; 23(2):575-584.
51. Rocha BC, Carvalheira AP, Ferrari AP, Tonete VL, Duarte MT, Parada CM. Cobertura vacinal e fatores associados em puérperas de município paulista. *Cien Saude Colet* 2016; 21(7):2287-2292.
52. Mendoza-Sassi RA, Linhares AO, Schroeder FMM, Maas NM, Nomiyama S, César JA. Vacinação contra Influenza entre gestantes no Sul do Brasil e fatores associados. *Cien Saude Colet* 2019; 24(12):4655-4664.
53. Guimaraes VA, Fernandes KS, Lucchese R, Vera I, Martins BCT, Amorim TA, Guimaraes RA. Prevalência e fatores associados ao uso de álcool durante a gestação em uma maternidade de Goiás, Brasil Central. *Cien Saude Colet* 2018; 23(10):3413-3420.
54. Brum LF, Pereira P, Felicetti LL, Silveira RD. Utilização de medicamentos por gestantes usuárias do Sistema Único de Saúde no município de Santa Rosa (RS, Brasil). *Cien Saude Colet* 2011; 16(5):2435-2442.
55. Linhares AO, Cesar JA. Suplementação com ácido fólico entre gestantes no extremo Sul do Brasil: prevalência e fatores associados. *Cien Saude Colet* 2017; 22(2):535-542.

56. Duarte VM, Meucci RD, Cesar JA. Dor lombar intensa em gestantes do extremo Sul do Brasil. *Cien Saude Colet* 2018; 23(8):2487-2494.
57. Santos EN, Velarde LG, Ferreira VA. Associação entre deficiência de vitamina A e variáveis socioeconômicas, nutricionais e obstétricas de gestantes. *Cien Saude Colet* 2010; 15(Supl. 1):1021-1030.
58. Ferreira LB, Melo LF, Melo MEF, Sousa TM, Miranda C, Pereira SCL, Notaro KAM, Santos LCD. Fatores assistenciais e gestacionais associados a anemia em nutrízes atendidas em um banco de leite humano. *Cien Saude Colet* 2018; 23(11):3567-3575.
59. Fonseca MR, Laurenti R, Marin CR, Traldi MC. Ganho de peso gestacional e peso ao nascer do concepto: estudo transversal na região de Jundiá, São Paulo, Brasil. *Cien Saude Colet* 2014; 19(5):1401-1407.
60. Oliveira ACM, Pereira LA, Ferreira RC, Clemente APG. Estado nutricional materno e sua associação com o peso ao nascer em gestações de alto risco. *Cien Saude Colet* 2018; 23(7):2373-2382.
61. Martino HS, Ferreira AC, Pereira CN, Silva RR. Avaliação antropométrica e análise dietética de pré-escolares em centros educacionais municipais no sul de Minas Gerais. *Cien Saude Colet* 2010; 15(2):551-558.
62. Monteiro F, Schmidt ST, Costa IB, Almeida CC, Matuda NS. Bolsa Família: insegurança alimentar e nutricional de crianças menores de cinco anos. *Cien Saude Colet* 2014; 19(5):1347-1357.
63. Vega JB, Taddei JA, Población AP. Características sociodemográficas e nutricionais de crianças brasileiras menores de 2 anos beneficiárias de programas de transferência condicionada de renda em 2006. *Cien Saude Colet* 2014; 19(3):931-942.
64. Souza MM, Pedraza DF, Menezes TN. Estado nutricional de crianças assistidas em creches e situação de (in)segurança alimentar de suas famílias. *Cien Saude Colet* 2012; 17(12):3425-3436.
65. Pereira LFDS, Andrade LMB, Spyrides MHC, Lyra CO. Estado nutricional de menores de 5 anos de idade no Brasil: evidências da polarização epidemiológica nutricional. *Cien Saude Colet* 2017; 22(10):3341-3352.
66. Pedraza DF, Silva FA, Melo NLS, Araujo EMN, Sousa CPC. Estado nutricional e hábitos alimentares de escolares de Campina Grande, Paraíba, Brasil. *Cien Saude Colet* 2017; 22(2):469-477.
67. Pedraza DF. Hospitalização por doenças infecciosas, parasitismo e evolução nutricional de crianças atendidas em creches públicas. *Cien Saude Colet* 2017; 22(12):4105-4114.
68. Pedraza DF, Oliveira MM, Rocha ACD, Araújo EMN. Índices antropométricos de crianças assistidas em creches e sua relação com fatores socioeconômicos, maternos e infantis. *Cien Saude Colet* 2016; 21(7):2219-2232.
69. Lourenco AEP, Vieira JL, Rocha CMMD, Lima FF. Influência da ambiência escolar no estado nutricional de pré-escolares de Macaé, Rio de Janeiro, Brasil. *Cien Saude Colet* 2019; 24(7):2399-2410.
70. Pedraza DF. Perfil antropométrico de crianças segundo a estrutura das creches. *Cien Saude Colet* 2017; 22(4):1361-1371.
71. Oliveira FC, Cotta RM, Sant'Ana LF, Priore SE, Franceschini SC. Programa Bolsa Família e estado nutricional infantil: desafios estratégicos. *Cien Saude Colet* 2011; 16(7):3307-3316.
72. Oliosia PR, Zaniqueli DDA, Barbosa MCR, Mill JG. Relação entre composição corporal e dislipidemias em crianças e adolescentes. *Cien Saude Colet* 2019; 24(10):3743-3752.
73. Barbosa Filho VC, Campos W, Fagundes RR, Lopes AS, Souza EA. Presença isolada e combinada de indicadores antropométricos elevados em crianças: prevalência e fatores sociodemográficos associados. *Cien Saude Colet* 2016; 21(1):213-224.
74. Jesus GM, Castela ES, Vieira TO, Gomes DR, Vieira GO. Déficit nutricional em crianças de uma cidade de grande porte do interior da Bahia, Brasil. *Cien Saude Colet* 2014; 19(5):1581-1588.
75. Kneipp C, Habitzreuter F, Mezadri T, Hofelmann DA. Excesso de peso e variáveis associadas em escolares de Itajaí, Santa Catarina, Brasil. *Cien Saude Colet* 2015; 20(8):2411-2422.
76. Lang RM, Almeida CC, Taddei JA. Segurança alimentar e nutricional de crianças menores de dois anos de famílias de trabalhadores rurais Sem Terra. *Cien Saude Colet* 2011; 16(7):3111-3118.
77. Mantovani SAS, Ramalho AA, Pereira FLCC, Oliart-Guzmán H, Delfino BM, Braña AM, Martins AC, Filgueira-Júnior JA, Santos AP. Nanismo em crianças menores de cinco anos de idade ainda e um problema de saúde na Amazônia Ocidental Brasileira: um estudo de base populacional em Assis Brasil, Acre, Brasil. *Cien Saude Colet* 2016; 21(7):2257-2266.
78. Orellana JDY, Marrero L, Alves CLM, Ruiz CMV, Haddon SS, Oliveira MW, Basta PC. Associação de baixa estatura severa em crianças indígenas Yanomami com baixa estatura materna: indícios de transmissão intergeracional. *Cien Saude Colet* 2019; 24(5):1875-1883.
79. Pedraza DF, Queiroz DD, Paiva AA, Cunha MA, Lima ZN. Seguridad alimentaria, crecimiento y niveles de vitamina A, hemoglobina y zinc en niños preescolares del nordeste de Brasil. *Cien Saude Colet* 2014; 19(2):641-650.
80. Pedraza DF, Sales MC, Menezes TN. Fatores associados ao crescimento linear de crianças socialmente vulneráveis do Estado da Paraíba, Brasil. *Cien Saude Colet* 2016; 21(3):935-946.
81. Rissin A, Figueiroa JN, Benicio MH, Batista Filho M. Retardo estatural em menores de cinco anos: um estudo "baseline". *Cien Saude Colet* 2011; 16(10):4067-4076.
82. Santos DFB, Strapasson GC, Golin SDP, Gomes EC, Wille GMFC, Barreira SMW. Implicações da pouca preocupação e percepção familiar no sobrepeso infantil no município de Curitiba, PR, Brasil. *Cien Saude Colet* 2017; 22(5):1717-1724.
83. Pedraza DF, Menezes TN. Fatores de risco do déficit de estatura em crianças pré-escolares: estudo caso-controle. *Cien Saude Colet* 2014; 19(5):1495-1502.
84. Meller FO, Araújo CL, Madruga SW. Fatores associados ao excesso de peso em crianças brasileiras menores de cinco anos. *Cien Saude Colet* 2014; 19(3):943-955.
85. Chaves CRMM, Cunha ALP, Costa AC, Costa RSS, Lacerda SV. Estado nutricional e distribuição de gordura corporal em crianças e adolescentes com fibrose cística. *Cien Saude Colet* 2015; 20(11):3319-3328.
86. Ferrari GLM, Solé D, Pires C, Matsudo V, Katzmarzyk PT, Fisberg M. Correlatos da gordura corporal e circunferência da cintura em crianças de São Caetano do Sul, Brasil. *Cien Saude Colet* 2019; 24(11):4019-4030.

87. Jensen NSO, Camargo TFB, Bergamaschi DP. Índice de massa corpórea e perímetro da cintura são bons indicadores para classificação do estado nutricional de crianças. *Cien Saude Colet* 2016; 21(4):1175-1180.
88. Kuhn-Santos RC, Suano-Souza FI, Puccini RF, Stru-faldi MWL. Fatores associados ao excesso de peso e baixa estatura em escolares nascidos com baixo peso. *Cien Saude Colet* 2019; 24(2):361-370.
89. Fonseca PCA, Carvalho CA, Ribeiro SAV, Nobre LN, Pessoa MC, Ribeiro AQ, Priore SE, Franceschini SDCC. Determinantes da velocidade média de crescimento de crianças até seis meses de vida: um estudo de coorte. *Cien Saude Colet* 2017; 22(8):2713-2726.
90. Caminha MFC, Azevedo PT, Sampaio BB, Acioly VM, Belo MP, Lira PI, Batista Filho M. Aleitamento materno em crianças de 0 a 59 meses no estado de Pernambuco, Brasil, segundo o peso ao nascer. *Cien Saude Colet* 2014; 19(7):2021-2032.
91. Caminha MFC, Serva VB, Anjos MM, Brito RB, Lins MM, Batista Filho M. Aleitamento materno exclusivo entre profissionais de um Programa Saúde da Família. *Cien Saude Colet* 2011; 16(4):2245-2250.
92. Méio MDBB, Villela LD, Gomes Junior SS, Tovar CM, Moreira MEL. Amamentação em lactentes nascidos pré-termo após alta hospitalar: acompanhamento durante o primeiro ano de vida. *Cien Saude Colet* 2018; 23(7):2403-2412.
93. Santos EMD, Silva LSD, Rodrigues BFS, Amorim TMAX, Silva CSD, Borba JMC, Tavares FCLP. Avaliação do aleitamento materno em crianças até dois anos assistidas na atenção básica do Recife, Pernambuco, Brasil. *Cien Saude Colet* 2019; 24(3):1211-1222.
94. Boccolini CS, Boccolini PM, Carvalho ML, Oliveira MI. Padrões de aleitamento materno exclusivo e internação por diarreia entre 1999 e 2008 em capitais brasileiras. *Cien Saude Colet* 2012; 17(7):1857-1863.
95. Gusmao AM, Beria JU, Gigante LP, Leal AF, Schermann LB. Prevalência de aleitamento materno exclusivo e fatores associados: estudo transversal com mães adolescentes de 14 a 16 anos em Porto Alegre, RS, Brasil. *Cien Saude Colet* 2013; 18(11):3357-3368.
96. Silva MA, Soares MM, Fonseca PCA, Vieira SA, Carvalho CA, Amaral RM, Franceschini SDCC, Novaes JF. Relação entre os tipos de aleitamento materno e o consumo de vitamina A e ferro em crianças de 6 a 12 meses. *Cien Saude Colet* 2019; 24(11):4009-4018.
97. Alves JS, Oliveira MIC, Rito RVVF. Orientações sobre amamentação na atenção básica de saúde e associação com o aleitamento materno exclusivo. *Cien Saude Colet* 2018; 23(4):1077-1088.
98. Silva CME, Pellegrinelli ALR, Pereira SCL, Passos IR, Santos LCD. Práticas educativas segundo os “Dez passos para o sucesso do aleitamento materno” em um Banco de Leite Humano. *Cien Saude Colet* 2017; 22(5):1661-1671.
99. Almeida GG, Spiri WC, Juliani CM, Paiva BS. Proteção, promoção e apoio ao aleitamento materno em um hospital universitário. *Cien Saude Colet* 2008; 13(2):487-494.
100. Morgado CMC, Werneck GL, Hasselmann MH. Rede e apoio social e práticas alimentares de crianças no quarto mês de vida. *Cien Saude Colet* 2013; 18(2):367-376.
101. Carrascoza KC, Possobon RF, Ambrosano GM, Costa Junior AL, Moraes AB. Determinantes do abandono do aleitamento materno exclusivo em crianças assistidas por programa interdisciplinar de promoção a amamentação. *Cien Saude Colet* 2011; 16(10):4139-4146.
102. Machado AK, Elert VW, Pretto AD, Pastore CA. Intenção de amamentar e de introdução de alimentação complementar de puérperas de um Hospital-Escola do sul do Brasil. *Cien Saude Colet* 2014; 19(7):1983-1989.
103. Fernandes RC, Höfelmann DA. Intenção de amamentar entre gestantes: associação com trabalho, fumo e experiência prévia de amamentação. *Cien Saude Colet* 2020; 25(3):1061-1072.
104. Tenorio MCDS, Mello CS, Oliveira ACM. Fatores associados a ausência de aleitamento materno na alta hospitalar em uma maternidade pública de Maceió, Alagoas, Brasil. *Cien Saude Colet* 2018; 23(11):3547-3556.
105. Mendes SC, Lobo IKV, Sousa SQ, Vianna RPT. Fatores relacionados com uma menor duração total do aleitamento materno. *Cien Saude Colet* 2019; 24(5):1821-1829.
106. Ferreira HLOC, Oliveira MF, Bernardo EBR, Almeida PC, Aquino PS, Pinheiro AKB. Fatores associados a adesão ao aleitamento materno exclusivo. *Cien Saude Colet* 2018; 23(3):683-690.
107. Rigotti RR, Oliveira MIC, Boccolini CS. Associação entre o uso de mamadeira e de chupeta e a ausência de amamentação no segundo semestre de vida. *Cien Saude Colet* 2015; 20(4):1235-1244.
108. Albuquerque SS, Duarte RC, Cavalcanti AL, Beltrão EM. A influência do padrão de aleitamento no desenvolvimento de hábitos de sucção não nutritivos na primeira infância. *Cien Saude Colet* 2010; 15(2):371-378.
109. Moimaz SA, Rocha NB, Garbin AJ, Saliba O. Relação entre aleitamento materno e hábitos de sucção não nutritivos. *Cien Saude Colet* 2011; 16(5):2477-2484.
110. Mota TT, Caminha MFC, Figueiroa JN, Lira PI, Batista Filho M. Influência do aleitamento materno na hospitalização de menores de dois anos no estado de Pernambuco, Brasil, em 1997 e 2006. *Cien Saude Colet* 2015; 20(8):2347-2358.
111. Carvalho CA, Fonseca PCA, Nobre LN, Silva MA, Pessoa MC, Ribeiro AQ, Priore SE, Franceschini SDCC. Fatores sociodemográficos, perinatais e comportamentais associados aos tipos de leite consumidos por crianças menores de seis meses: coorte de nascimento. *Cien Saude Colet* 2017; 22(11):3699-3710.
112. Bortolini GA, Giugliani ERJ, Gubert MB, Santos LMP. Amamentação está associada à diversidade alimentar infantil no Brasil. *Cien Saude Colet* 2019; 24(11):4345-4354.
113. von Seehausen MP, Oliveira MIC, Boccolini CS. Fatores associados ao aleitamento cruzado. *Cien Saude Colet* 2017; 22(5):1673-1682.
114. Oliveira CSM, Augusto RA, Muniz PT, Silva SA, Cardoso MA. Anemia e deficiência de micronutrientes em lactentes atendidos em unidades básicas de saúde em Rio Branco, Acre, Brasil. *Cien Saude Colet* 2016; 21(2):517-530.

115. Paula WK, Caminha MF, Figueiroa JN, Batista Filho M. Anemia e deficiência de vitamina A em crianças menores de cinco anos assistidas pela Estratégia Saúde da Família no Estado de Pernambuco, Brasil. *Cien Saude Colet* 2014; 19(4):1209-1222.
116. Oliveira TSC, Silva MC, Santos JN, Rocha DS, Alves CR, Capanema FD, Lamounier JA. Anemia entre pré-escolares: um problema de saúde pública em Belo Horizonte, Brasil. *Cien Saude Colet* 2014; 19(1):59-66.
117. Pedraza DF, Rocha AC, Sousa CP. Crescimento e deficiências de micronutrientes: perfil das crianças assistidas no núcleo de creches do governo da Paraíba, Brasil. *Cien Saude Colet* 2013; 18(11):3379-3390.
118. Miglioli TC, Fonseca VM, Gomes Junior SC, Lira PI, Batista Filho M. Deficiência de Vitamina A em mães e filhos no estado de Pernambuco. *Cien Saude Colet* 2013; 18(5):1427-1440.
119. Mariath AB, Giachini RM, Lauda LG, Grillo LP. Estado de ferro e retinol sérico entre crianças e adolescentes atendidos por equipe da Estratégia de Saúde da Família de Itajai, Santa Catarina. *Cien Saude Colet* 2010; 15(2):509-516.
120. Pedraza DF, Araujo EMN, Santos GLDD, Chaves LRM, Lima ZN. Factores asociados a las concentraciones de hemoglobina en preescolares. *Cien Saude Colet* 2018; 23(11):3637-3647.
121. Oliveira AP, Pascoal MN, Santos LC, Pereira SC, Justino LE, Petarli GB, Kitoko PM. Prevalência de anemia e sua associação com aspectos sociodemográficos e antropométricos em crianças de Vitória, Espírito Santo, Brasil. *Cien Saude Colet* 2013; 18(11):3273-3280.
122. Souza NA, Vieira SA, Fonseca PCA, Andreoli CS, Priore SE, Franceschini SDCC. Dislipidemia familiar e fatores associados a alterações no perfil lipídico em crianças. *Cien Saude Colet* 2019; 24(1):323-332.
123. Arimatea JE, Silva CMFP, Costa AJL, Fonseca SC, Gama SGN, Lacerda EMA, Kale PL. Baixo peso ao nascer e peso pós-natal em bebês a termo menores de seis meses de idade, Rio de Janeiro, RJ, Brasil. *Cien Saude Colet* 2015; 20(5):1459-1466.
124. Lima MC, Oliveira GS, Lyra CO, Roncalli AG, Ferreira MA. A desigualdade espacial do baixo peso ao nascer no Brasil. *Cien Saude Colet* 2013; 18(8):2443-2452.
125. Belfort GP, Santos MMAS, Pessoa LDS, Dias JR, Heidelmann SP, Saunders C. Determinantes do baixo peso ao nascer em filhos de adolescentes: uma análise hierarquizada. *Cien Saude Colet* 2018; 23(8):2609-2620.
126. Capelli JC, Pontes JS, Pereira SE, Silva AA, Carmo CN, Boccolini CS, Almeida MF. Peso ao nascer e fatores associados ao período pre-natal: um estudo transversal em hospital maternidade de referência. *Cien Saude Colet* 2014; 19(7):2063-2072.
127. Fernandes JC, Nozawa MR. Estudo da efetividade de um programa de triagem auditiva neonatal universal. *Cien Saude Colet* 2010; 15(2):353-361.
128. Lessa CCR, Lamy Filho F, Lamy ZC, Silva AAM, Moreira MEL, Gomes MASM. Prevalência e fatores associados ao uso de surfactante em unidades de Terapia Intensiva Neonatais brasileiras: análise multinível. *Cien Saude Colet* 2018; 23(9):3067-3076.
129. Araújo CL, Rios CT, Santos MH, Gonçalves AP. Método Mãe Canguru: uma investigação da prática domiciliar. *Cien Saude Colet* 2010; 15(1):301-307.
130. Cesar JA, Acevedo JD, Kaczan CR, Venzo JCP, Costa LR, Silva L, Neumann NA. Intenção das mães em colocar o bebê para dormir em decúbito dorsal: um estudo de base populacional. *Cien Saude Colet* 2018; 23(2):501-508.
131. Pinheiro JMF, Tinoco LS, Rocha ASS, Rodrigues MP, Lyra O, Ferreira MAF. Atenção à criança no período neonatal: avaliação do pacto de redução da mortalidade neonatal no Rio Grande do Norte, Brasil. *Cien Saude Colet* 2016; 21(1):243-252.
132. Balbi B, Carvalhaes MABL, Parada CMGL. Tendência temporal do nascimento pré-termo e de seus determinantes em uma década. *Cien Saude Colet* 2016; 21(1):233-241.
133. Martini JA, Perosa GB, Padovani FHP. Qualidade de vida de escolares nascidos prematuros, o relato do cuidador e o auto-relato infantil. *Cien Saude Colet* 2019; 24(12):4699-4706.
134. Santos PC, Silva ZP, Chiaravalloti Neto F, Almeida MF. Análise espacial dos aglomerados de nascimentos ocorridos em hospitais SUS e não SUS do município de São Paulo, Brasil. *Cien Saude Colet* 2014; 19(1):235-244.
135. Cardoso ARP, Araújo MAL, Cavalcante MS, Frota MA, Melo SP. Análise dos casos de sífilis gestacional e congênita nos anos de 2008 a 2010 em Fortaleza, Ceará, Brasil. *Cien Saude Colet* 2018; 23(2):563-574.
136. Hebmuller MG, Fiori HH, Lago EG. Gestações subseqüentes em mulheres que tiveram sífilis na gestação. *Cien Saude Colet* 2015; 20(9):2867-2878.
137. Lima MG, Santos RF, Barbosa GJ, Ribeiro GS. Incidência e fatores de risco para sífilis congênita em Belo Horizonte, Minas Gerais, 2001-2008. *Cien Saude Colet* 2013; 18(2):499-506.
138. Teixeira LO, Belarmino V, Goncalves CV, Mendoza-Sassi RA. Tendência temporal e distribuição espacial da sífilis congênita no estado do Rio Grande do Sul entre 2001 e 2012. *Cien Saude Colet* 2018; 23(8):2587-2597.
139. Leivas PHS, Tejada CAO, Bertoldi AD, Santos AMA, Jacinto PA. Associação da posição socioeconômica e da depressão materna com a saúde das crianças: avaliação da PNAD 2008, Brasil. *Cien Saude Colet* 2018; 23(5):1635-1645.
140. Costa DO, Souza FIS, Pedroso GC, Strufaldi MWL. Transtornos mentais na gravidez e condições do recém-nascido: estudo longitudinal com gestantes assistidas na atenção básica. *Cien Saude Colet* 2018; 23(3):691-700.
141. Ribeiro DG, Perosa GB, Padovani FH. Fatores de risco para o desenvolvimento de crianças atendidas em Unidades de Saúde da Família, ao final do primeiro ano de vida: aspectos sociodemográficos e de saúde mental materna. *Cien Saude Colet* 2014; 19(1):215-226.
142. Silva MLD, Cavalcante LIC, Heumann S, Lima TVR. Relação entre gênero e desempenho neuropsicomotor de crianças em Belém, Brasil. *Cien Saude Colet* 2018; 23(8):2721-2730.
143. Cavalcante MCV, Lamy FF, Franca AKTDC, Lamy ZC. Relação mãe-filho e fatores associados: análise hierarquizada de base populacional em uma capital do Brasil-Estudo BRISA. *Cien Saude Colet* 2017; 22(5):1683-1693.

144. Lamy Filho F, Medeiros SM, Lamy ZC, Moreira ME. Ambiente domiciliar e alterações do desenvolvimento em crianças de comunidade da periferia de São Luís - MA. *Cien Saude Colet* 2011; 16(10):4181-4187.
145. Correia LL, Rocha HAL, Campos JS, Silveira DMI, Machado MMT, Leite AJM, Cunha AJLA. Interação entre suplementação de vitamina A e desnutrição crônica no desenvolvimento infantil. *Cien Saude Colet* 2019; 24(8):3037-3046.
146. Lourenco EC, Guerra LM, Tuon RA, Vidal e Silva SM, Ambrosano GM, Corrente JE, Cortellazzi KL, Vazquez FL, Meneghim MC, Pereira AC. Variáveis de impacto na queda da mortalidade infantil no Estado de São Paulo, Brasil, no período de 1998 a 2008. *Cien Saude Colet* 2014; 19(7):2055-2062.
147. Silva ESAD, Paes NA. Programa Bolsa Família e a redução da mortalidade infantil nos municípios do semiárido brasileiro. *Cien Saude Colet* 2019; 24(2):623-630.
148. Rodrigues M, Bonfim C, Portugal JL, Frias PG, Gurgel IG, Costa TR, Medeiros Z. Análise espacial da mortalidade infantil e adequação das informações vitais: uma proposta para definição de áreas prioritárias. *Cien Saude Colet* 2014; 19(7):2047-2054.
149. Buhler HF, Ignotti E, Neves SM, Hacon SS. Análise espacial de indicadores integrados determinantes da mortalidade por diarreia aguda em crianças menores de 1 ano em regiões geográficas. *Cien Saude Colet* 2014; 19(10):4131-4140.
150. Oliveira GS, Lima MCBM, Lyra CO, Oliveira AGRC, Ferreira MAF. Desigualdade espacial da mortalidade neonatal no Brasil: 2006 a 2010. *Cien Saude Colet* 2013; 18(8):2431-2441.
151. Geib LT, Freu CM, Brandao M, Nunes ML. Determinantes sociais e biológicos da mortalidade infantil em coorte de base populacional em Passo Fundo, Rio Grande do Sul. *Cien Saude Colet* 2010; 15(2):363-370.
152. Sleutjes FCM, Parada CMGL, Carvalhaes MABL, Temmer MJ. Fatores de risco de óbito neonatal em região do interior paulista, Brasil. *Cien Saude Colet* 2018; 23(8):2713-2720.
153. Lima JC, Mingarelli AM, Segri NJ, Zavala AA, Takano OA. Estudo de base populacional sobre mortalidade infantil. *Cien Saude Colet* 2017; 22(3):931-939.
154. Garcia LP, Santana LR. Evolução das desigualdades socioeconômicas na mortalidade infantil no Brasil, 1993-2008. *Cien Saude Colet* 2011; 16(9):3717-3728.
155. Santos HG, Andrade SM, Silva AM, Mathias TA, Ferrari LL, Mesas AE. Mortes infantis evitáveis por intervenções do Sistema Único de Saúde: comparação de duas coortes de nascimentos. *Cien Saude Colet* 2014; 19(3):907-916.
156. Picoli RP, Cazola LHO, Nascimento DDG. Mortalidade infantil e classificação de sua evitabilidade por cor ou raça em Mato Grosso do Sul. *Cien Saude Colet* 2019; 24(9):3315-3324.
157. Tejada CAO, Triaca LM, Liermann NH, Ewerling F, Costa JC. Crises econômicas, mortalidade de crianças e o papel protetor do gasto público em saúde. *Cien Saude Colet* 2019; 24(12):4395-4404.
158. Melo MC, Ferraz RO, Nascimento JL, Donalísio MR. Incidência e mortalidade por AIDS em crianças e adolescentes: desafios na região sul do Brasil. *Cien Saude Colet* 2016; 21(12):3889-3898.
159. Oliveira CM, Guimaraes MJB, Bonfim CVD, Frias PG, Antonino VCS, Guimaraes ALS, Medeiros ZM. Adequação da investigação dos óbitos infantis no Recife, Pernambuco, Brasil. *Cien Saude Colet* 2018; 23(3):701-714.
160. Ramalho MO, Frias PG, Vanderlei LC, Macedo VC, Lira PI. Avaliação da incompletude da declaração de óbitos de menores de um ano em Pernambuco, Brasil, 1999-2011. *Cien Saude Colet* 2015; 20(9):2891-2898.
161. Silva LP, Moreira CM, Amorim MH, Castro DS, Zandonade E. Avaliação da qualidade dos dados do Sistema de Informações sobre Nascidos Vivos e do Sistema de Informações sobre Mortalidade no período neonatal, Espírito Santo, Brasil, de 2007 a 2009. *Cien Saude Colet* 2014; 19(7):2011-2020.
162. Maria LFBS, Araújo TVB. Um olhar sobre a vigilância dos óbitos fetais do Jaboatão dos Guararapes, Pernambuco, Brasil, em 2014. *Cien Saude Colet* 2017; 22(10):3415-3428.
163. Trombini ES, Schermann LB. Prevalência e fatores associados a adesão de crianças na terapia antirretroviral em três centros urbanos do sul do Brasil. *Cien Saude Colet* 2010; 15(2):419-425.
164. Araújo TM, Dantas JM, Carvalho CE, Costa MA. Surto de diarreia por rotavírus no município de Bom Jesus (PI). *Cien Saude Colet* 2010; 15(Supl. 1):1039-1046.
165. Torres RM, Bittencourt SA, Oliveira RM, Siqueira AS, Sabroza PC, Toledo LM. Uso de indicadores de nível local para análise espacial da morbidade por diarreia e sua relação com as condições de vida. *Cien Saude Colet* 2013; 18(5):1441-1450.
166. Venâncio TS, Tuan TS, Nascimento LFC. Incidência de tuberculose em crianças no estado de São Paulo, Brasil, sob enfoque espacial. *Cien Saude Colet* 2015; 20(5):1541-1547.
167. Caldart RV, Marrero L, Basta PC, Orellana JD. Fatores associados a pneumonia em crianças Yanomami internadas por condições sensíveis a atenção primária na região norte do Brasil. *Cien Saude Colet* 2016; 21(5):1597-1606.
168. Pereira EL, Bezerra JC, Brant JL, Araujo WN, Santos LMP. Perfil da demanda e dos Benefícios de Prestação Continuada (BPC) concedidos a crianças com diagnóstico de microcefalia no Brasil. *Cien Saude Colet* 2017; 22(11):3557-3566.
169. Fernández RR, Larentis DZ, Fontana T, Jaeger GP, Moreira PB, Garcias GL, Roth MGM. Anencefalia: um estudo epidemiológico de treze anos na cidade de Pelotas. *Cien Saude Colet* 2005; 10(1):185-190.
170. Roncalli AG, Lima KC. Impacto do Programa Saúde da Família sobre indicadores de saúde da criança em municípios de grande porte da região Nordeste do Brasil. *Cien Saude Colet* 2006; 11(3):713-724.
171. Oliveira BLCA, Moreira JPL, Luiz RR. A influência da Estratégia Saúde da Família no uso de serviços de saúde por crianças no Brasil: análise com escore de propensão dos dados da Pesquisa Nacional de Saúde. *Cien Saude Colet* 2019; 24(4):1495-1505.
172. Mesquita Filho M, Luz BS, Araujo CS. A atenção primária a saúde e seus atributos: a situação das crianças menores de dois anos segundo suas cuidadoras. *Cien Saude Colet* 2014; 19(7):2033-2046.

173. Vieira GO, Bastos MC, Reis MRD, Moreira ISS, Martins CDC, Gomes DR, Santana GS, Vieira TO. Fatores associados ao uso da Caderneta de Saúde da Criança em uma cidade de grande porte do nordeste brasileiro, 2009. *Cien Saude Colet* 2017; 22(6):1943-1954.
174. Vieira DS, Santos NCCB, Costa DKG, Pereira MM, Vaz EMC, Reichert APS. Registro de ações para prevenção de morbidade infantil na caderneta de saúde da criança. *Cien Saude Colet* 2016; 21(7):2305-2313.
175. Lobo IKV, Konstantyner T, Areco KCN, Vianna RPT, Taddei JAAC. Internações por Condições Sensíveis a Atenção Primária de Menores de um ano, de 2008 a 2014, no estado de São Paulo, Brasil. *Cien Saude Colet* 2019; 24(9):3213-3226.
176. Moura EC, Moreira MCN, Menezes LA, Ferreira IA, Gomes R. Condições crônicas complexas em crianças e adolescentes: internações no Brasil, 2013. *Cien Saude Colet* 2017; 22(8):2727-2734.
177. Souza ECO, Santos ES, Rosa AM, Botelho C. Fatores socioeconômicos e risco para a hospitalização por asma em crianças em municípios de Mato Grosso, Brasil. *Cien Saude Colet* 2018; 23(8):2523-2532.
178. Vasconcelos MJOB, Rissin A, Figueiroa JN, Lira PIC, Batista Filho M. Doenças diarreicas e hospitalizações em menores de cinco anos no estado de Pernambuco, Brasil, nos anos de 1997 e 2006. *Cien Saude Colet* 2018; 23(3):715-722.
179. Moraes CG, Mengue SS, Tavares NU, Dal Pizzol TS. Utilização de medicamentos entre crianças de zero a seis anos: um estudo de base populacional no sul do Brasil. *Cien Saude Colet* 2013; 18(12):3585-3593.
180. Gentil LB, Robles AC, Grosseman S. Uso de terapias complementares por mães em seus filhos: estudo em um hospital universitário. *Cien Saude Colet* 2010; 15(Supl. 1):1293-1299.
181. Cavalante LI, Magalhaes CM, Pontes FA. Processos de saúde e doença entre crianças institucionalizadas: uma visão ecológica. *Cien Saude Colet* 2009; 14(2):615-625.
182. Oliveira CB, Frechiani JM, Silva FM, Maciel EL. As ações de educação em saúde para crianças e adolescentes nas unidades básicas da região de Maruípe no município de Vitória. *Cien Saude Colet* 2009; 14(2):635-644.
183. Oliveira TB, Presoto LH. Eficácia de um programa de promoção da saúde em infantes de pré-escola na cidade de Anápolis, Goiás. *Cien Saude Colet* 2009; 14(5):1891-1902.
184. Nunes ED. A revista *Cien Saude Colet* e o processo de institucionalização de um campo de conhecimentos e práticas. *Cien Saude Colet* 2015; 20(7):1975-1982.
185. Brasil. Ministério da Saúde (MS). Portaria nº 1.067, de 4 de julho de 2005. Institui a Política Nacional de Atenção Obstétrica e Neonatal, e dá outras providências. *Diário Oficial da União* 2005; 5 jul.
186. Brasil. Ministério da Saúde (MS). Portaria nº 1.459, de 24 de junho de 2011. Institui, no âmbito do Sistema Único de Saúde - SUS - a Rede Cegonha. *Diário Oficial da União* 2011; 25 jun.
187. Brasil. Ministério da Saúde (MS). Portaria nº 1.130, de 5 de agosto de 2015. Institui a Política Nacional de Atenção Integral à Saúde da Criança (PNAISC) no âmbito do Sistema Único de Saúde (SUS). *Diário Oficial da União* 2015; 6 ago.
188. Brasil. Ministério da Saúde (MS). *Política Nacional de Alimentação e Nutrição*. Brasília: MS; 2012.
189. Brasil. Ministério da Saúde (MS). *Guia alimentar para a população Brasileira*. Brasília: MS; 2014.
190. Brasil. Ministério da Saúde (MS). *Política Nacional de Atenção Básica*. Brasília: MS; 2012.
191. Brasil. Ministério da Saúde (MS). *Saúde da criança: aleitamento materno e alimentação complementar*. Brasília: MS; 2015.
192. Brasil. Ministério da Saúde (MS). *Núcleo de Apoio à Saúde da Família*. Brasília: MS; 2014.
193. Leta J. Brazilian growth in the mainstream science: The role of human resources and national journals. *J Scientometric Res* 2012; 1(1):44-52.
194. Barbosa MMAL, Cuenca AMB, Oliveira K, França Junior I, Alvarez MCA, Omae LY. Most-cited public health articles of scientific journals from Brazil. *Rev Saude Publica* 2019; 53:81.
195. Barros AJD, Victora CG, Wehrmeister FC. *Desigualdades em saúde materno-infantil no Brasil*. Pelotas: UFPel; 2019.
196. Jorge MHPM, Laurenti R, Gotlieb SLD. Análise da qualidade das estatísticas vitais brasileiras: a experiência de implantação do SIM e do SINASC. *Cien Saude Colet* 2007; 12(3):643-654.
197. Organização Pan-Americana da Saúde (OPAS). *Indicadores de Saúde: Elementos conceituais e práticos*. Santiago: OPAS; 2018.

Article submitted 08/06/2020

Approved 24/06/2020

Final version submitted 26/06/2020