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

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.

Keywords Child health, Maternal health, Epidemiology, Brazil, Review
Introduction

The Journal Ciência & Saúde Coletiva (Cé-SC) celebrates its 25th anniversary, and is one of the leading journals in Brazilian Public Health. 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 Brazil.

For example, we experienced significant changes in the epidemiological profile of children and women living the experience of motherhood. Much attention has been paid to these populations concerning immunization practices, reducing mortality and malnutrition, and improving housing and sanitation conditions, 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 whole.

Some challenges remain despite the progress achieved, such as high cesarean section rates, prematurity rates, the transition from malnutrition to a scenario of childhood overweight and obesity, increased occurrence of chronic diseases and conditions and mortality from external causes, and emerging and reemerging communicable diseases. The permanence of inequalities, which reflect, for example, on housing conditions and access to adequate sanitary structures, contributes to sustaining this scenario.

Almost three million births occur annually in Brazil, and 30 million children under ten are estimated for 2020. 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 Cé-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 SciEL (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 age, 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 ‘Overall’ 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.

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
‘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 adequacy, including, for example, the recommendations of the Prenatal Care and Childbirth Humanization Program and articulation with the teams of the Family Health Program (PSF). Social inequalities and prenatal care association with reproductive risk, birth weight, and prematurity were also assessed by researchers.

The studies’ second main focus was teen pregnancy, including socioeconomic profile, paternal responsibility, and rape-related pregnancies. The experiences of pregnancy and abortion of the population of children, adolescents, and young people living on the street are also among the topics covered, along with pregnancy and childbirth in prisons.

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

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

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.

<table>
<thead>
<tr>
<th>Main theme</th>
<th>Number of studies</th>
<th>Examples of content</th>
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<tbody>
<tr>
<td>Pregnancy, childbirth and puerperium</td>
<td>47</td>
<td>Social / sociodemographic profile</td>
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<td>Prenatal care inequalities</td>
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<td>Failure to perform cytopathological test</td>
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<td>Black women vulnerability</td>
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<td>Gestational breast cancer</td>
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<td>Knowledge and behavior about toxoplasmosis</td>
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<td>Vaccination against influenza</td>
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<td>Nutritional status (anthropometry)</td>
<td>29</td>
<td>Overweight/Obesity</td>
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<td>Dwarfism/height deficit/stunting</td>
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<td>Fat percentage</td>
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association with the date of birth were explored. A single study explored the mortality of women hospitalized for childbirth and abortion, and two evaluated near-miss maternal mortality.

Concerning specific behaviors and morbidities, knowledge, and prevention of toxoplasmosis, factors associated with gestational breast cancer, cytopathological test, and rapid an-
ti-HIV test\textsuperscript{49,50}, vaccination coverage among pu-
erpereae and pregnant women\textsuperscript{51,52}, alcohol\textsuperscript{53} and medica-
tion\textsuperscript{54} use, folic acid supplementation\textsuperscript{55}, and severe low back pain\textsuperscript{56}. The nutritional status of pregnant women\textsuperscript{77,78} and its association with baby weight at birth and prematurity\textsuperscript{79,80} also appear among the topics addressed.

The remaining 123 studies were grouped into 11 other thematic lines, in which studies on ‘nu-
tritional status of children’ assessed by anthropo-
metry and ‘breastfeeding’ prevail, with 29 and 24 publications, respectively.

Schools and daycare centers were the main places where studies grouped under the the-
matic 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\textsuperscript{80,81-82}. Of these, three assessed differences between children benefiting from conditional cash transfer programs or had this group specifically as a study sample\textsuperscript{80,83,71}, and one assessed association with hospitalizations\textsuperscript{89}.

Eight publications focused on children malnu-
trition\textsuperscript{64,74,76,81,83}, one carried out with the indig-
enuous Yanomami population\textsuperscript{85}, and the other focused on children from Acre’s Amazon region\textsuperscript{77}. Overweight was assessed in four of the studies in this thematic group\textsuperscript{73,75,82,84}.

Moreover, one of the publications had children and adolescents with cystic fibrosis as a sam-
ple and evaluated the distribution of body fat\textsuperscript{85}; two focused on different anthropometric analysis methods\textsuperscript{86,87}; one assessed both overweight and short stature in children born with low weight\textsuperscript{88}; and one evaluated weight gain speed\textsuperscript{89}.

Among the 29 studies grouped under the theme ‘breastfeeding’, data were collected pri-
marily in hospitals and maternity hospitals. Breastfeeding patterns\textsuperscript{90-96} and support for breastfeeding are explored in this thematic line through guidance and social support\textsuperscript{97-100}. Other topics frequently appearing are factors associated with duration, intention, adherence, abandonment, and lack of breastfeeding\textsuperscript{101-107}. The association with non-nutritive sucking habits\textsuperscript{108,109} and with morbidities and hospitalization\textsuperscript{110}; description of types of milk offered to children\textsuperscript{111} and association with supplementary diet\textsuperscript{112}; and cross-breastfeeding\textsuperscript{113} were also addressed.

Also, in the nutritional assessment field, anemia and vitamin A deficiency in children were the most studied outcomes\textsuperscript{114-121} among the nine publications categorized as ‘nutritional status (biomarkers/prevalence)’. One study evaluated the lipid profile\textsuperscript{122}.

The 12 studies addressing ‘neonatal health’ mainly assessed low birth weight\textsuperscript{123-126}, including children of adolescent mothers\textsuperscript{125}, spatial inequalities\textsuperscript{124}, and care practice, such as hearing screening\textsuperscript{127}, use of surfactants\textsuperscript{128}, kangaroo method\textsuperscript{129}, and sleeping in dorsal decubitus\textsuperscript{130}.

Child care was also assessed in light of the agree-
ment to reduce neonatal mortality\textsuperscript{131}. Characteristics associated with the temporal tendency of prematurity\textsuperscript{132} and the quality of life of preterm infants\textsuperscript{133} have been studied in two publications. The geographic distribution of births was assessed according to the institution’s administra-
tion (SUS or non-SUS)\textsuperscript{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 syphilis\textsuperscript{135-138} and impact of mental disorder, maternal depression, and socioeconomic status in the health of offspring\textsuperscript{139,140} as outcomes.

The theme of child development – defined by the authors as neuropsychomotor, language, cogni-
tive – was covered by five studies that evaluated risk factors for the development of children at-
tended at the UBS\textsuperscript{141}, the influence of gender\textsuperscript{142}, losses in the mother-child relationship\textsuperscript{143}, the influence of the home environment\textsuperscript{144}, and association with malnutrition and vitamin A\textsuperscript{145} supplementation. All publications in this group refer to children up to four years old.

Many studies used secondary data collect-
ed from Health Information Systems, especially those made available by DATASUS, the Ministry of Health’s IT department, namely, SIM, SINA-
SC, and SIH. These are the sources used in prac-
tically all the studies grouped in the thematic line ‘mortality’ (n\textsuperscript{=13}). This group includes publica-
tions that have evaluated time trends\textsuperscript{146,147} and spatial distribution\textsuperscript{148-150} of mortality indicators, their determinants\textsuperscript{151}, and risk factors\textsuperscript{152,153}.

The authors also explored inequalities\textsuperscript{154} and death avoidability\textsuperscript{155}, including analysis according to ethnicity/skin color\textsuperscript{156} and the impact of eco-
nomic crises on mortality\textsuperscript{157}. Most studies were on infant mortality. Two explored neonatal mor-
tality\textsuperscript{156,152}, one studied children under five years of age\textsuperscript{157} – including infant, neonatal, and child mortality – and one study evaluated AIDS mortali-
ty in children and adolescents\textsuperscript{158}.

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, diarrhea164,165, 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 Handbook173,174; hospitalizations for complex chronic conditions175,176 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-
es, the prevalence of infectious diseases and malnutrition, among other factors that impact the survival and full development of children. 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), Rede Cegonha (2011), National Policy for Comprehensive Child Health Care (2015), National Food and Nutrition Policy (2012), Brazilian Population Food Guide (2014), National Primary Care Policy (2012) and the various thematic Primary Care Notebooks. 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 region. 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 authors.

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 pace. Regional inequalities were reported in several studies included in the review, primarily through spatial analyses. While declining for many indicators, evidence of persistent inequality...
ties between regions of the country was found in the temporal analysis of the health conditions of women and children\(^\text{195}\).

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 location\(^\text{161}\). Even so, in general, improved national systems concerning coverage and data quality\(^\text{196}\) 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\(^\text{173,174}\). 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 instruments\(^\text{197}\).

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 indicators\(^\text{3}\). 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
Ciência & Saúde Coletiva 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 Victoria participated in the work’s conception, data interpretation, drafting the manuscript, and the final version’s approval.
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