

## Advances and challenges in healthcare for delivery and childbirth in the Unified Health System (SUS): the role of *Rede Cegonha*

Since the year of the launch of the Comprehensive Assistance Program for Woman and Child Health in 1984 through to the present, the agenda for comprehensive healthcare for the woman and child has made major leaps forward. Policies, programs and actions were instituted and commitments between managers of the three spheres of government were established to respond to changes in the epidemiological situation and to the demands of the women's movement for the humanization of childbirth. In the last two decades, the main highlights were the Prenatal and Birth Humanization Program (2000), the National Policy for Comprehensive Care for Women's Health, the National Pact for the Reduction of Maternal and Neonatal Mortality (both in 2004), and the Pact for the Reduction of Child Mortality in the Northeast and Brazil's 'Legal Amazon' (2009). Although these policies have ensured advances in the right to health, with practically universal access to prenatal care and hospital delivery and a reduction in maternal and child morbidity and mortality, the perpetuation of these indicators at high levels in comparative international terms are a clear sign of the obstacles yet to be overcome. These include the predominance of preventable causes of maternal and infant death, the high frequency of unnecessary obstetric interventions, such as cesarean section, and the prevalence of neonatal deaths in the first hours of life<sup>1</sup>. This situation involves the management of services and work processes in healthcare for women and the newborn, especially in the hospital environment, in which a significant percentage of adverse events occurs. To transform this scenario, the Ministry of Health (MS) inaugurated *Rede Cegonha* (RC) in 2011 as the way to achieve changes in the model of care for delivery and childbirth, in order to broaden access and ensure the qualification of practices of care and management in healthcare for both woman and child. As part of the process of improving the strategy and supporting decision making, the MS, in partnership with two teaching and research institutions in the country (Fundação Oswaldo Cruz and Universidade Federal do Maranhão), conducted the evaluation of the delivery and childbirth components of the RC<sup>2</sup>. A total of 606 maternity units affiliated to the SUS with the RC action plan from all states of the federation, responsible for more than 50% of births in the country, were evaluated in 2017. The evaluation involved managers, health workers and postpartum women, in addition to document analysis and observation of the environment. The results, presented in seventeen original articles, address: i) challenges facing the RC; ii) methodological aspects of the evaluation, highlighting opportunities and weaknesses; iii) creation and use of a matrix for assessment of the degree of implementation of the actions of delivery and childbirth; iv) analysis of inequities in access to childbirth (due to race/color, age, motor/visual/hearing impairment, among others); v) physical structure and work processes in comprehensive care for the newborn and the transition from the environment model in hospitals that perform deliveries in the RC; vi) situation of neonatal beds in the country; vii) care in delivery by a nurse; viii) state-by-state feedback of the results of the assessment to managers and workers; ix) tendency for cesarean sections and neonatal mortality before and after the implementation of the RC; and, lastly, x) two qualitative studies – one of which analyzes the social practices of delivery and childbirth in Brazil from the perspective of women in the postpartum period; while the other evaluates the attention to delivery and childbirth in maternity hospitals in the North and Northeast of Brazil, based on the perception of RC assessors. We trust that this supplement will contribute to a broad reflection on the advances and challenges of delivery and childbirth in Brazil. Happy reading!

Silvana Granado Nogueira da Gama (<https://orcid.org/0000-0002-9200-0387>)<sup>1</sup>

Erika Barbara Abreu Fonseca Thomaz (<https://orcid.org/0000-0003-4156-4067>)<sup>2</sup>

Sonia Duarte de Azevedo Bittencourt (<https://orcid.org/0000-0003-2466-1797>)<sup>1</sup>

<sup>1</sup> *Escola Nacional de Saúde Pública Sérgio Arouca, Fiocruz. Rio de Janeiro RJ Brasil.*

<sup>2</sup> *Departamento de Saúde Pública, Universidade Federal do Maranhão. São Luís MA Brasil.*

## References

1. Leal MC, Szwarcwald CL, Almeida PVB, Aquino EML, Barreto ML, Barros F, Victora C. Saúde reprodutiva, materna, neonatal e infantil nos 30 anos do Sistema Único de Saúde (SUS). *Cien Saude Colet* 2018; 23(6):1915-1928.
2. Bittencourt SDA, Vilela MEA, Marques MC, Santos A, Silva CK, Domingues RMSM, Reis A, Santos G. Atenção ao Parto e Nascimento em Maternidades da Rede Cegonha: avaliação do grau de implantação das ações. *Cien Saude Colet* 2021; 26(3):801-819.

