

## Death surveillance as an instrument to reduce invisibility from social and assistance exclusion of women and children

Maternal and infant deaths constitute a public health problem in most of countries, despite being predominantly evitable. Understanding the denial of life as a suppression of the most elementary human right, the United Nations Organization have encouraged countries to make commitments towards its challenging since the year 2000, by the Millennium Development Goals (MDG), updated in new goals to be achieved until 2030 with the Sustainable Development Goals (SDG).<sup>1</sup>

However, fetal deaths equally relevant, besides not being contemplated in the MDG and SDG, are neglected and imperceptible to society and public Power for not being the aim of particular care. The visibility conceded to maternal and child death by monitoring the MDG supported the reduction of the problem, yet not evenly in all countries which, even in those who had advanced the most, still indebted with specific populations such as indigenous, quilombolas, gipsy, riverside and homeless.<sup>2,3</sup>

In order to develop effective public policies directed to women and children, the adequate knowledge regarding the relevance of problems, its determinants and circumstances of its occurring is indispensable. Countries which own complete continuous registry information systems can measure safely the mortality range, although sometimes information are insufficient to apprehend facts related to death, as well as identifying socially marginalized groups.<sup>4</sup>

In Brazil and other countries who own these systems, besides the improvement of count of maternal, fetal and child deaths and the quality of information, it is necessary to comprehend the event in depth and in multiple perspectives, in order to identify groups which is most affected by the inequity of access conditions of services and assets and intervene towards them.<sup>5,6</sup>

For decades the maternal and infant deaths are utilized as sentinel events for their capability of assess the quality of health care in several countries which adopt different organizational arrangements in surveying cases, conditioned by epidemiologic and assistance profile and operational capacity. Only recently the fetal deaths were incorporated in the agenda of events passible of surveillance.<sup>7</sup>

The surveillance of death, when informs the interested ones about the network of contingences which ended up with a potentially evitable death, recognizes this strategy as management tool, supports critical reflection of the ones involved in the case and broads the possibility of improvement in access to actions and services during gestation, delivery, birth, puerperium and childcare.<sup>8</sup> In the same way, the planning of interventions aiming obstacles to quality care contributes to the reduction of evitable deaths and social inequity, being an instrument to denaturalize deaths which is consented by society.

Evidently, the propagation of information and clarification about this theme to professionals, managers and agencies of maternal and infant health is highly necessary, therefore the contribution of scientific journals with epidemiologic scope involving women health and specially infant health is not irrelevant.

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