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## The quality of care of very low birth weight babies in Brazil

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This issue of the Jornal de Pediatria publishes an interesting paper on health services research, analyzing the mortality of very low birth weight (VLBW) babies born in maternity hospitals with neonatal intensive care units (NICU) in 2002-2003, in Fortaleza, Ceará, Brazil.<sup>1</sup> As the authors rightly state, this birth weight group, although being less than 2% of the total live births, require a high-quality hospital care and account for a substantial and growing proportion of neonatal and infant mortality.

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The paper shows that the neonatal and overall hospital mortality rates of Fortaleza's VLBW babies are much higher than those observed in a network of NICUs in the United States, for all birth weight groups.<sup>2</sup> Birth weight-specific intrahospital mortality is an indicator of quality of care and this initial comparison with NICUs of a highly developed country may put the target too far. However, the authors also show that the mortality rates in Fortaleza are higher, for all birth weight groups, than those observed in Montevideo, Uruguay.<sup>3</sup> Here we should be much more concerned about the magnitude of our avoidable deaths, considering that there are no relevant differences in the available technology and human resources for the care of newborns between the two cities.

After the publication of these interesting results, what should be the next steps to identify gaps in the quality of care in Fortaleza's NICUs in order to prevent avoidable deaths? One first element would be to compare the units participating

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**Suggested citation:** Barros FC, Diaz-Rossello JL. The quality of care of very low birth weight babies in Brazil. J Pediatr (Rio J). 2007;83(1):5-6.

doi:10.2223/JPED.1586

in the current study – three public and five private hospitals – by looking at their birth weight-specific and gestational-age-specific mortality rates and evaluating their quality of care, measured by different dimensions – physical areas, human resources (nurses, medical neonatologists and other staff), prevalence of use of evidence-based interventions, equipment and family participation. It is well probable that the authors will find that there are NICUs in Fortaleza with better quality of care, and others that need help to correct their problems. The information is now available to be used confidentially to produce the necessary changes.

Another interesting exercise would be to compare, using a common minimal data set, the findings of the Fortaleza study (and those from the forthcoming Northern-Northeastern Perinatal Network) with similar information from other Brazilian NICUs, especially those from the Brazilian Network of Neonatal Research,<sup>4,5</sup> which covers an important number of institutions mostly in southern and southeastern Brazil. Besides comparing the characteristics of the mothers and babies assisted in these units, this study would provide vital information on the quality of care of a

large number of NICUs in the country, and identify areas that need rapid improvement in order to decrease the large number of Brazilian babies who still die of avoidable causes. Further decreases in infant mortality in Brazil will depend largely on the reduction of neonatal mortality, and the permanent monitoring and improvement of the quality of care of small babies is a key element.

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