

Programs and public policy contributions for the improvement of maternal health

Contribuições de programas e políticas públicas para a melhora da saúde materna
Contribuciones programas y políticas públicas para la mejora de salud de la madre



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ABSTRACT

Objective: To analyze the contributions of public policies and programs to the improvement of maternal health.

Method: Historical and reflective study from the perspective of the theoretical framework of sexual and reproductive rights.

Results: maternal health is embedded in sexual and reproductive rights, which are seen as human rights and a responsibility of the state. Many programs and policies have been developed and improved in order to bring advancements to maternal health and contribute to meeting the fifth Millennium Development Goal.

Conclusions: The development and enhancement of programs and policies played an important role in the organization of health systems, reflecting on improvements achieved in maternal health indicators. However, the perpetuation of high levels of maternal mortality over the years underscores the need to rethink the path trailed to date.

Keywords: Pre-natal care. Nursing. Maternal well-being. Reproductive health. Millennium Development Goals.

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RESUMO

Objetivo: Analisar as contribuições de programas e políticas públicas para a melhoria da saúde materna.

Método: Estudo histórico-reflexivo na perspectiva do referencial teórico dos direitos sexuais e reprodutivos.

Resultados: A saúde materna está inserida nos direitos sexuais e reprodutivos, sendo estes vistos como direitos humanos e de responsabilidade do Estado. Muitos programas e políticas públicas têm sido desenvolvidos e aprimorados com o objetivo de melhorar a saúde materna e de colaborar no cumprimento do quinto objetivo do desenvolvimento do milênio.

Conclusões: O desenvolvimento e o aprimoramento de programas e políticas públicas tiveram importante papel na organização dos sistemas de saúde de modo a se refletirem na melhoria dos indicadores de saúde materna. Entretanto, a perpetuação de elevados índices de mortalidade materna ao longo dos anos ressalta a necessidade de se repensar a trajetória percorrida até o presente momento.

Palavras chave: Cuidado pré-natal. Enfermagem. Bem-estar materno. Saúde reprodutiva. Objetivos de Desenvolvimento do Milênio.

RESUMEN

Objetivo: Analizar las aportaciones de las políticas públicas y programas para mejorar la salud materna.

Método: Estudio histórico y reflexivo desde la perspectiva del marco teórico de los derechos sexuales y reproductivos.

Resultados: la salud materna está incrustada en los derechos sexuales y reproductivos, que son vistos como derechos humanos y la responsabilidad del Estado. Muchos programas y políticas se han desarrollado y mejorado como el objetivo de mejorar la salud materna y colaborar en el cumplimiento del quinto Objetivo de Desarrollo del Milenio.

Conclusiones: El desarrollo y la mejora de los programas y políticas públicas juegan un papel importante en la organización de los sistemas de salud, para reflexionar sobre la mejora de los indicadores de salud materna. Sin embargo, la perpetuación de los altos niveles de mortalidad materna en los últimos años pone de relieve la necesidad de repensar la trayectoria hasta la fecha.

Palabras clave: Atención prenatal. Enfermería. Bienestar materno. Salud reproductiva. Objetivos de Desarrollo del Milenio.

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■ INTRODUCTION

The care, education and research in the field of nursing regarding the care in women's health and in particular in midwifery are influenced by changes in the political and social context that permeate health. To discuss the fulfillment of the Millennium Development Goals (MDGs) in this area and to know the process of reinstating assistance to women, one needs a historical reflection of the struggles and significant achievements for women's health acquired over time. In this sense, this paper aims to present a historical reflection on the contributions of public policies and programs for improving maternal health. Such reflection was based on the author's Habilitation thesis⁽¹⁾, seeking its consolidation in the theoretical framework of sexual and reproductive rights⁽²⁾, where the intention was to highlight the importance of the quality of care in reducing maternal morbidity and mortality.

Woman's Health inserted in the context of Reproductive Rights

The quest for universal access to reproductive health was highlighted at the International Conference on Population and Development (ICPD) held in Cairo, in 1994. It gave a major role to sexual health and reproductive rights, abandoning the emphasis on the need to limit the population growth as a way of combating poverty and inequalities, focusing on the development of the human being⁽³⁾. During the IV World Conference on Women held in 1995, in Beijing, progress was made in the definition of sexual and reproductive rights as human rights, ensuring people of all sexual orientations and gender identities enjoy the same dignity and respect that is a right to all⁽³⁾.

Since then, several international meetings have discussed the importance of achieving universal access to reproductive health. In September 2000, the United Nations (UN) promoted the Millennium Conference, attended by 189 countries, including Brazil, which aimed to reaffirm the collective responsibility to uphold the principles of human dignity, equality and equity worldwide⁽⁴⁾. The Millennium Declaration was signed to this end, establishing a set of eight goals for the sustainable development of peoples and the eradication of poverty and hunger, the so-called Millennium Development Goals (MDGs)^(3,5).

The eight MDGs that should be mostly achieved in 25 years (between 1990 and 2015), are: *The eradication of poverty and hunger; Universal access to basic education; Promoting gender equality and empowering women; Child mortality reduction; Improving maternal health; The fight against HIV/*

AIDS, malaria and other diseases; Promoting environmental sustainability and the establishment of global partnerships to promote development⁽⁵⁾. Of these, four are directly related to sexual and reproductive health. First, *the promotion of gender equality and women's empowerment*, purpose in which the elimination of gender disparities in primary and secondary education was called for. Second, *improving maternal health*, proposing to reduce the maternal mortality ratio by three quarters. Third, *the fight against HIV/AIDS, malaria and other diseases*, which proposes halting and beginning to reduce the spread of HIV/AIDS, the incidence of malaria and other major diseases. Fourth and *reducing child mortality*, in the reduction of the under-five mortality rate by two-thirds⁽³⁾.

One of the positive aspects of the Millennium Development Goals (MDGs) was that it established some parameters to translate and measure progress observed in relation to the ambitious goals designed by the conferences of the 1990's. However, the political process involving the MDGs was influenced by an unfavorable political climate, which negatively affected the related ICPD goals, when virtually eliminating them from the first indicators. In this context, the World Health Organization (WHO), published a document in 2006 with a list of 17 indicators to assess overall reproductive health⁽⁶⁾: 1) Total fertility rate; 2) Prevalence of contraceptives; 3) Maternal mortality rates; 4) Prenatal care covers; 5) Births attended by skilled professionals; 6) Availability of basic essential obstetric care; 7) Availability of coverage in essential obstetric care; 8) Perinatal mortality rate; 9) Low birth weight prevalence; 10) The prevalence of positive serology for syphilis in pregnant women; 11) Prevalence of anemia in women; 12) Percentage of admissions to obstetric and gynecological care due to abortion; 13) Prevalence of genital mutilation in women; 14) Prevalence of infertility in women; 15) Incidence of urethritis in men; 16) Prevalence of HIV infection in women; and 17) Knowledge of HIV related preventive practices. From this perspective, the United Nations (UN) Human Rights Council has stressed maternal mortality as a matter of development and human rights, and that in the latter case, the responsibility in its prevention is increased, especially the responsibility of the state⁽⁷⁾.

The trajectory of public policies related to improving maternal health

In Brazil, until mid-2006, women's health was limited to demands related to pregnancy and childbirth, meaning it was based on their biological specificity and the woman's social role as a mother and homemaker, responsible for

raising, care for and educating children⁽⁸⁾. The National Program for Maternal and Child Health, launched in 1974 by the Ministry of Health (MOH), focused on prevention programs for high-risk pregnancy and supplementary feeding to pregnant women and low-income mothers.

After criticism from the Brazilian feminist movement for its reductionist perspective on how women were treated (mainly in pregnancy and childbirth), the Integral Assistance Program to Women's Health (PAISM) was created in 1983, and represented a milestone for announcing a new and different approach to the health of the woman, based on the concept of "comprehensive health care for women"⁽⁸⁾. As we reflect on the role of the Brazilian government in reproductive rights, efforts to intervene and act on women's health are perceived. Two aspects are observed in this sense: reducing the iniquity of the epidemiological indicators on women's health and expansion of reproductive rights, giving women conditions to decide on their reproductive capacity⁽⁸⁾. To achieve the confrontation of these challenges in the implementation of national health policies, the MS, in the period between 1996 and 2000, set out Laws and Ordinances covering women's health, such as family planning, compulsory notification of violence against women, humanization of prenatal and birth care for patients who have performed an illegal abortion⁽³⁾. In 2004, the MS established the "National Policy for Attention to Women's Health", seeking to consolidate the advances in the field of sexual and reproductive rights through goals and improvements in obstetric care⁽³⁾. To enlarge the effectiveness of health policies, direct and indirect agreement strategies were adopted, such as the National Policy for Health Care of Women, the National Pact to Reduce Maternal and Neonatal Mortality, the Pact for Life and National Policy for Primary Health⁽³⁾. Despite the imposition of such policies and guidelines, in some cases, the member states and municipalities have not implemented them. This gap demonstrates the urgency in addressing some of the challenges for the effectiveness of the Unified Health System (SUS) and the implementation of PAISM, especially with regard to the fragmentation of health care. From there, the importance of an effective social control, with the continued involvement of women's groups and institutions is highlighted.

Seeking the fulfillment of the 5th goal of the MDGs: improving maternal health

The awareness of maternal mortality as a public health problem is a process that has been construed over time. In 1987, the UN launched a Global Initiative for Safe Motherhood, which aimed to increase global awareness of the problem and promote a set of actions on global and national levels in order to strengthen obstetric care⁽⁹⁾. WHO's interest in strengthening midwifery services aims to invest in job training, contributing to reducing maternal mortality⁽¹⁰⁾. In surveys conducted by WHO⁽⁶⁾, the unavailability of health workers with training and specific skills for the practice of midwifery was noticed, hindering the achievement of international goals related to maternal and newborn health. The maternal mortality ratio and the proportion of births attended by skilled professionals are two key indicators used to monitor progress towards achieving the fifth MDG that is improving maternal health. It is pertinent to emphasize that the establishment of the eight MDGs by the international community are a reflection of the growing concern about the serious problems affecting humanity and the planet⁽¹¹⁾, among which sexual and reproductive health are considered priority areas.

The latest report, published in 2012 by a group called Countdown to 2015, reveals that the profiles of the monitored countries have promising news on maternal mortality. In this report, Brazil presented an annual reduction of 2.5% to 5.5% of maternal mortality⁽¹²⁾, although the country still needs to remain focused on strengthening family planning services, prenatal care, childbirth and high quality postnatal care⁽¹²⁾. There is evidence that progress in monitored countries, in general, has been very slow. Inequalities in coverage are immense, especially in terms of qualified professionals for care during pregnancy, labor and delivery and other interventions that require a strong health system⁽¹³⁾.

In 1995, in an attempt to mobilize the professionals who worked in this area, the Safe Motherhood Project, a partnership between MS, Brazilian Federation of Gynecology and Obstetrics (FEBRASGO), Pan American Health Organization (PAHO), World Health Organization (WHO) and United Nations Population Fund (UNFPA) was created, consisting of eight steps: To ensure information on reproductive health and rights of women to the population; Ensure care during pregnancy, childbirth and postpartum and family planning; Encourage vaginal and humanizing delivery; Have written routines to standardize assistance; Train all health care staff to implement the routines; Have appropriate structures for maternal and perinatal care; To keep files and an information system; Periodically evaluate maternal and perinatal health indicators⁽¹⁴⁾.

In 2000, with the intention of improving the PAISM, the MS created the Program for Humanization of Prenatal and Birth (PHPN) proposing humanization as a strategy for improving the quality of care. Among other strategies for achieving Safe Motherhood, the MS published Decree

N. 2,815/1998, which strengthened the role of the midwife in obstetric care during delivery. The MS, collaborating with Nursing Schools, began to hold specialization courses in midwifery in all regions of Brazil. In March of 2013, the National Residence Program in Obstetrics began. Founded as a politically inserted strategy in the MS' Stork Network in conjunction with the Ministry of Education and Culture (MEC), with a duration of two years, whose grants are being funded by the MS⁽¹⁵⁾.

Despite advances in programmed actions, assistance to women in the puerperal pregnancy period in Brazil, that is mostly still focused on the biomedical model, which has contributed to the persistence and/or increase in invasive and intervention procedures during labor and delivery, often unnecessarily and without the participation of women and/or family⁽¹⁶⁾. In addition, taking into account the data on maternal mortality, Brazil had a relevant reduction of Maternal Mortality Ratio (MMR), for from 1990 to 2011; Brazil's maternal mortality rate dropped 55%, from 141 to 64 deaths per 100 thousand inhabitants⁽⁵⁾. It is known that the goal of reducing this ratio consists of three quarters between 1990 and 2015, which is equal to or less than 35 maternal deaths per 100 thousand live births and, to achieve this goal, the annual reduction of MMR in Brazil must be 5.5%⁽⁵⁾.

In recent decades, there has been greater engagement with public policy and programs by some governments. Articulations between non-governmental organizations (NGOs), medical institutions and other civil society organizations have played an important role of social control in Latin America and the Caribbean, in order to identify the magnitude of maternal mortality and its causes, the factors that determine it; and propose measures to prevent the occurrence of new deaths⁽¹²⁾. To respond to this health problem, the Ministry launched the Stork Network Program in 2011, in order to ensure the integrated and quality care to all Brazilians through SUS, ensuring the right to reproductive planning, humanized care, receivance of safe practices throughout pregnancy and childbirth and care during birth, growth and development of the newborn⁽¹⁵⁾. It also included the training of health professionals, and the creation of the House of Pregnant Woman and the Baby's House, and the Natural Birth Centers⁽¹⁵⁾, which contribute significantly to women's health in the conception, contraception and during the pregnancy-puerperal cycle, in order to contribute to meeting the fifth Millennium Development Goal.

■ FINAL CONSIDERATIONS

Public policies generated in society by social movements in the 1980s, culminating in the consolidation of

various laws and health programs focused on attention to mothers played an important role in the organization of health systems and services to reflect on improving the mortality indicators. However, the perpetuation of high levels of maternal mortality over the years underscores the need to rethink the trajectory so far as the implementation of public policies to improve the quality of health care for women. Even with the significant advances experienced in Brazil in various areas of public services and in health indicators, there is still a long and difficult way to go. Such measures have guided the programs for maternal health with a primary focus on the fulfillment of the 5th MDG. Compliance is a major challenge for Brazilian health, and based on that purpose, postgraduate programs can contribute greatly to conducting dialogues between research and practice as an aid to solving problems faced in this area of knowledge and consequently for the development of midwifery.

We can consider this as a recommendation for future research to evaluate the implementation of evidence-based interventions, as well as the development of research that provides the impact of these interventions on maternal and child health and service organization in the country. Such interventions that can contribute to improving maternal health involve implementing effective reproductive planning programs; training professionals to work in obstetric emergencies; guaranty of prenatal care qualification; qualified monitoring of surveillance systems and monitoring of maternal mortality.

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