EDITORIAL

Child mortality remains a serious public health problem

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◯ Open acess

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Abstract

The identification of factors related to infant deaths can help in the planning of public health actions for the restructuring and improvement of maternal and child care, with a view to reducing infant mortality. The variables related to infant mortality continue to be incident in males, in those of brown color, with birth weight below normal and children of young mothers. Furthermore, the infant mortality rate in the first year of life among the Yanomami population reached 114.3 per thousand births in 2020, ten times the infant mortality rate recorded in other corners of Brazil. Actions with technical and financial investment throughout prenatal care with a complete care network and strengthening childcare services for children by the Primary Care network at municipal level are necessary and urgent strategies to reduce the drama of preventable deaths of children in the first year of life. life.

Keywords: risk factors, low birth weight newborn, maternal age, perinatal care.

The risk of a child dying before reaching the age of one was highest in Africa (52 per 1,000 live births). Being born in a European country reduced the chance of dying in the first year of life by seven times (7 per 1,000 live births). Globally, the infant mortality rate has declined from an estimated rate of 65 deaths per 1,000 live births in 1990 to 29 deaths per 1,000 live births in 2018. Annual child deaths have declined from 8.7 million in 1990 to 4.0 million in 2018[1].

The infant mortality rate is considered the main indicator for assessing the general health status of the population, especially with regard to the quality of maternal and child care during the prenatal, delivery and postpartum periods. According to the World Health Organization (WHO), infant mortality is defined as deaths that occur before the child is one year old[2]. High values reflect poor living and health conditions and a low level of social and economic development[2,3].

Birth weight and the Apgar score are the variables that are most closely related to the infant mortality rate, as well as the mother's age, education and prenatal care.

In addition, basic sanitation, the deficit in health care during pregnancy and the precariousness of maternal socioeconomic conditions corroborate the outcome of infant mortality[3,4].

Between 1990 and 2019, there was a reduction in the maternal mortality rate in Brazil (49%)5, but still far from the numbers of developed countries or Cuba, which has one of the lowest rates in the world. Between 1990 and 2019, the main cause of maternal deaths in Brazil were hypertensive pregnancy diseases, with a notable transition to mortality due to indirect causes, which include various conditions, from diabetes to infectious diseases[5]. A decline in mortality rates was also observed in children under five years of age, but which are still high when compared to other countries such as Sweden, Japan, Germany, Cuba and the United States of America6. Oliveira *et al.*[7] highlight that the trend of early neonatal mortality rates in pregnant adolescents remained stable in the state of São Paulo in the past two decades, however there is a need for daily revisiting of indicators and maintenance of public policies as a State strategy continuous search for the well-

being of the pregnant woman, conceptus and newborn[8].

In Brazil, a decline in the mortality rate has been observed in this group, with a decrease of 5.5% per year in the 1980s and 1990s, and 4.4% per year since 2002. Some authors attribute this drop, especially , to changes in the health and life conditions of the population[8,9].

Recent evidence[1] shows that factors related to the quality of care offered in prenatal care, pre-delivery and delivery were those that most contributed to the reduction of preventable infant deaths[1]. Thus, the improvement in primary health care services that provided greater access to prenatal care and promotion of breastfeeding, increased vaccination coverage and monitoring of the child's growth and development in the first year of life; allied to an improvement in income distribution, in the mother's education level, in housing and food conditions are some points highlighted in this process[6].

In the period from 1990 to 2016, infant mortality declined by 52.3% in the world and in Brazil it declined by 73.6% to 14 infant deaths per 1000 live births. This indicator is still high, characterizing itself as a concern in the scenario of Brazilian Public Health, given that it highlights the living conditions and health inequities of a population. The neonatal component fell by 69% in recent decades in Brazil[7], but remained stable in the state of São Paulo[4].

Among the factors that reduce infant mortality, breastfeeding is the single most effective practice, with the potential to prevent 823,000 annual deaths in children under five years of age worldwide, in addition to reducing the risk of acute and chronic diseases and favoring child growth and development; this effect is potentiated when it starts in the first hour after birth and practiced exclusively in the first 6 months of life[9]. However, despite the strong evidence on the benefits of exclusive breastfeeding in the first six months of life, national and global prevalence remain below the 50% target recommended by the World Health Organization (WHO) for the year 2025[9].

The Baby-Friendly Hospital (BFHI) initiative in Brazil has contributed to reducing infant deaths in the range of seven to 180 days. The reduction in infant mortality potentially attributable to BFHI by increasing the prevalence of different breastfeeding indicators justifies and reinforces the importance of national investments in strengthening, expanding and sustaining this public policy[9].

In clinical practice, there seems to be an increase in cases of bronchiolitis, a disease most often caused by the respiratory syncytial virus. These respiratory diseases require ventilatory support and, like pneumonia of other etiologies, contribute to an increase in the infant mortality rate.

The listed problems can and should be minimized. For this to happen, it is necessary to invest financially in continuing education of health professionals, in the strategy for developing indicators of the assistance provided by these institutions and also in expanding the vaccination coverage of bronchiolitis, given that in the day-to-day of the emergency service and pediatric emergencies there seems to be an increase in clinical cases.

In line with contributing to a better understanding of Human Growth and Development, the Journal of Human Growth and Development (JHGD) continues to be a space destined to serve as a space for the presentation and exchange of knowledge between professionals from universities and services that deal with the issue of human growth and development.

In this issue 33.1 of the JHGD, as per its tradition since 1994, contributions are sequenced with research papers, reviews, case studies and innovative experiences aimed at promoting human growth and development, with an emphasis on children and adolescents[9-22] .

Child and adolescent health continues to have a privileged space for discussion and with a focus on possible solutions within the field of Brazilian and global public health. The reduction of child mortality is a unique condition for the full development of a nation.

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Resumo

A identificação de fatores relacionados aos óbitos infantis pode auxiliar no planejamento de ações de saúde pública para a reestruturação e a melhoria da assistência materno-infantil, visando à redução da mortalidade infantil. As variáveis relacionadas à mortalidade infantil continua sendo incidente no sexo masculino, naqueles de cor parda, com peso ao nascer abaixo do normal e filhos de mães jovens. Ações com investimento técnico e financeiro ao longo do pré-natal com rede assistencial completa e fortalecimento no atendimento de puericultura das crianças pela rede de Atenção Básica em nível municipal são estratégias necessárias e urgentes para reduzir a dramaticidade das mortes evitáveis de crianças no primeiro ano de vida.

Palavras-chave: fatores de risco, recém-nascido de baixo peso, idade materna, assistência perinatal.