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Reflection

Reflections on the quality of perinatal care in Brazil: perspectives in light of the Qualineo Strategy

Reflexões sobre a qualidade da assistência perinatal no Brasil: perspectivas à luz da Estratégia Qualineo

Reflexiones sobre la calidad de la asistencia perinatal en Brasil: perspectivas a la luz de la Estrategia Qualineo

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Abstract

Objective: to reflect on the quality of perinatal care aimed at reducing neonatal mortality and its determining factors. **Methods**: this is a reflective study that adopted the Qualineo Strategy as its conceptual framework. The article is based on a discursive construction regarding factors that have a causal relationship with neonatal mortality and on a reflection about the strategies developed to reduce these deaths. **Results**: neonatal mortality is intrinsically related to maternal and fetal clinical conditions, reflecting the quality of care provided throughout the pregnancy-puerperal cycle. The Qualineo Strategy stands out for integrating and analyzing indicators that encompass prenatal care through neonatal hospitalization, enabling the identification of care gaps and guiding more assertive preventive interventions. This approach promotes an understanding of neonatal mortality as a multidimensional phenomenon, determined not only by biological factors but also by social, structural, and organizational conditions within health services, expanding the potential of the strategy as a tool for managing and improving the quality of care. **Conclusion**: neonatal mortality rates reflect the quality of maternal and child care in a country. Identifying factors associated with neonatal death contributes to the creation and strengthening of more assertive and targeted strategies toward the proposed goal.

Descriptors: Perinatal Mortality; Infant Newborn; Perinatal Care; Maternal-Child Health Services; Prenatal Care.

Whats is already known on this?
Qualineo Strategy analyzes, in a documented manner, the causes of neonatal mortality and the surrounding context, highlighting a positive transformation in the unequal scenario that characterizes neonatal outcomes in the country.

What this study adds?
The article reflects on current data regarding the impact that the Qualineo Strategy has on perinatal care by identifying determining factors, as well as formulating coping strategies.

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Resumo

Objectivo: *refletir sobre a qualidade da assistência perinatal para redução da mortalidade neonatal e seus fatores determinantes.* ***Método:*** *trata-se de um estudo reflexivo, que utilizou como marco conceitual a Estratégia Qualineo. O artigo ampara-se na construção discursiva sobre os fatores que apresentam relação de causalidade com a mortalidade neonatal e na reflexão sobre as estratégias criadas para redução desses óbitos.* ***Resultados:*** *a mortalidade neonatal está intrinsecamente relacionada às condições clínicas maternas e fetais, refletindo a qualidade da assistência prestada ao longo do ciclo gravídico-puerperal. A Estratégia Qualineo se destaca por integrar e analisar indicadores que abrangem desde o pré-natal até a internação neonatal, permitindo identificar fragilidades do cuidado e orientar intervenções preventivas mais assertivas. Essa abordagem favorece a compreensão da mortalidade neonatal como um fenômeno multidimensional, determinado não apenas por fatores biológicos, mas também por condições sociais, estruturais e organizacionais dos serviços de saúde, ampliando o potencial da estratégia como instrumento de gestão e qualificação da assistência.* ***Conclusão:*** *os índices de mortalidade neonatal refletem a qualidade da assistência materna e infantil de um país. A identificação dos fatores associados ao óbito neonatal contribui para a criação e o fortalecimento de estratégias mais assertivas e direcionadas para o objetivo proposto.*

Descritores: *Mortalidade Perinatal; Recém-nascido; Assistência Perinatal; Serviços de Saúde Materno-Infantil; Cuidado Pré-Natal.*

Resumén

Objetivo: *reflexionar sobre la calidad de la atención perinatal para reducir la mortalidad neonatal y sus factores determinantes.* ***Métodos:*** *se trata de un estudio reflexivo, que utilizó como marco conceptual la Estrategia Qualineo. El artículo se basa en la construcción discursiva sobre los factores que presentan una relación causal con la mortalidad neonatal y en la reflexión sobre las estrategias creadas para reducir estas muertes.* ***Resultados:*** *la mortalidad neonatal está intrínsecamente relacionada con las condiciones clínicas maternas y fetales, lo que refleja la calidad de la atención prestada a lo largo del ciclo gestacional y puerperal. La Estrategia Qualineo se destaca por integrar y analizar indicadores que abarcan desde la atención prenatal hasta la hospitalización neonatal, lo que permite identificar las deficiencias en la atención y orientar intervenciones preventivas más asertivas. Este enfoque favorece la comprensión de la mortalidad neonatal como un fenómeno multidimensional, determinado por factores biológicos, por las condiciones sociales, estructurales y organizativas de los servicios de salud, ampliando el potencial de la estrategia como instrumento de gestión y cualificación de la atención.* ***Conclusión:*** *las tasas de mortalidad neonatal reflejan la calidad de la atención materno infantil de un país. La identificación de los factores asociados a la mortalidad neonatal contribuye a la creación y el fortalecimiento de estrategias más asertivas y orientadas al objetivo propuesto.*

Descriptores*: Mortalidad Perinatal; Recién-nacido; Atención Perinatal; Servicios de Salud Materno-Infantil; Atención Prenatal.*

INTRODUCTION

Neonatal mortality, defined as death occurring between birth and the 27th day of life, represents the main component of infant mortality and is a sensitive indicator of the quality of maternal and child health care. Because they reflect socioeconomic conditions, access to and quality of health services, these indices are widely used to support public policies aimed at the well-being of mothers and newborns. The literature indicates that qualified care during pregnancy, childbirth, and the postpartum period, as well as maternal clinical conditions, are determining factors in the occurrence of neonatal deaths[1].

In Brazil, neonatal mortality has been declining in recent decades, mainly due to the expansion of public policies aimed at maternal and child health since the 1970s, with the creation of the National Maternal and Child Health Program and, later, the Comprehensive Child Health Care Program (PAISC) in 1984[2]. These policies represented a milestone by introducing a comprehensive and preventive approach, replacing the model focused solely on curative actions. Despite these advances, the country still has higher neonatal mortality rates than developed nations, such as the United States, highlighting persistent inequalities in the access to and quality of perinatal care[3].

Among the most recurrent factors associated with neonatal death are prematurity, low birth weight, perinatal infections, congenital anomalies, and maternal complications, such as gestational hypertension and premature placental abruption[4]. Although these factors have been widely described in the literature, they still require critical analysis of the healthcare conditions that perpetuate them — especially with regard to the organization and quality of perinatal care within the Unified Health System (SUS).

In this context, the Qualineo Strategy, created in 2017 by the Ministry of Health, emerges as an innovative initiative by proposing the monitoring and qualification of care practices in maternity wards, articulating management, professional training, and evaluation of results[5]. However, despite its relevance and growing implementation, there is still a shortage of reflective studies that critically explore Qualineo's potential as a tool for improving perinatal care and, consequently, reducing neonatal mortality. This gap justifies the need for more in-depth analyses that integrate the technical, organizational, and human aspects involved in newborn care.

Thus, this study seeks to understand how guidelines and practices can contribute to reducing neonatal mortality and strengthening co-responsibility among health professionals, managers, and

families. By critically discussing this strategy, we aim to broaden understanding of the contemporary challenges of neonatal care and point to ways to improve public policies aimed at maternal and child health in Brazil.

Therefore, the objective of this study is to reflect on the quality of perinatal care for reducing neonatal mortality and its determining factors.

METHODS

This is a reflective study with a qualitative approach and descriptive-analytical nature, developed from a critical and interpretative analysis of the literature and official documents focused on perinatal care in Brazil, with the Qualineo Strategy, established in 2017 by the Ministry of Health, as its central conceptual framework.

The study followed the principles of scientific transparency recommended by the EQUATOR Network, based on the SANRA (Scale for the Assessment of Narrative Review Articles) guide, appropriate for studies of a narrative and reflective nature. Thus, we sought to ensure clarity regarding the methodological path, the relevance of the sources, and the consistency between the objectives and the reflective process adopted[6-7].

The reflective construction took place in three main stages:

Literature search and selection: a narrative search was conducted in the SciELO, LILACS, and PubMed databases, in addition to official documents available on the websites of the Ministry of Health and the Pan American Health Organization (PAHO). Articles, manuals, guidelines, and technical reports published in Portuguese, English, or Spanish that addressed neonatal mortality, perinatal care, public policies, and the Qualineo Strategy were included. Texts not directly related to the theme or of a purely statistical nature, without qualitative discussion, were excluded.

Critical analysis and systematization of information: the selected sources were read in their entirety and analyzed using a critical-reflective approach, guided by previously defined thematic axes: determinants of neonatal mortality; public policies focused on maternal and child care; and contributions of the Qualineo Strategy to the qualification of perinatal care. This organization allowed for the identification of convergences, gaps, and challenges in actions aimed at reducing neonatal mortality.

Discursive construction and theoretical foundation: the final stage consisted of the elaboration of the reflection itself, articulating the findings of the literature with theoretical assumptions of health promotion, comprehensive care, and the humanization of care. The analysis was guided by the understanding that perinatal care is a multifactorial phenomenon, requiring integration between clinical practices, management, and public policies.

As this was a theoretical-reflective study, there was no collection of primary data or involvement of human participants, thus exempting submission to the ethics committee. The validity of the reflection is anchored in theoretical consistency, argumentative coherence, and transparency of the methodological approach adopted.

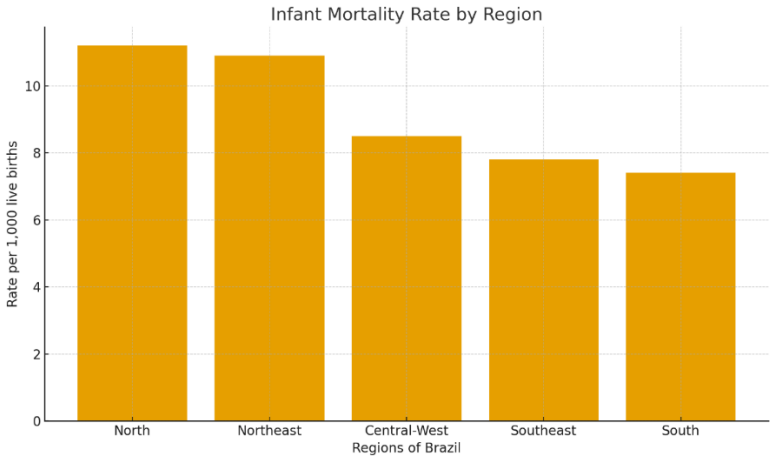
RESULTS AND DISCUSSION

Determining factors for neonatal mortality from the perspective of the Qualineo Strategy

Infant mortality comprises deaths of children under one year of age and is subdivided into neonatal (death between zero and 27 days of life) and post-neonatal (28 to 364 days). Neonatal mortality is further divided into early (zero to six days) and late (seven to 27 days). This component represents the largest share of infant mortality in Brazil, accounting for about two-thirds of registered deaths[8].

In 2015, the country achieved the Millennium Development Goals target, reducing infant mortality by two-thirds compared to 1990. However, Brazilian rates remain higher than those of developed countries[2]. Regional inequalities remain evident: the North and Northeast have higher neonatal mortality rates than the South and Southeast. Between 2007 and 2017, the average rates were 11.02 and 10.97 per thousand live births (LB) in the North and Northeast, respectively, while the South had 7.81 per thousand LB[1], as shown in Figure 1.

Figure 1. Average Neonatal Mortality Rate in Brazilian regions between 2007 and 2017.



Source: Prepared by the authors.

This regional heterogeneity reflects social and economic inequalities and disparity in access to health services. Based on this observation, there is a need to understand whether the determinants of neonatal mortality are uniform across regions or whether they reflect particular contexts. This reflection underpins the relevance of the Qualineo Strategy, implemented by the Ministry of Health (MS) to improve neonatal care and reduce deaths, especially in regions with higher rates.

Qualineo is based on indicators that evaluate the entire care pathway, from prenatal care to neonatal outcome, addressing dimensions such as maternal conditions, delivery care, and quality of neonatal care[3].

The results obtained from the analysis of the indicators show that maternal determinants are essential for understanding neonatal deaths. Inadequate prenatal care, lack of risk stratification, and failure to implement preventive measures — such as the use of ferrous sulfate and folic acid, and prophylaxis for preeclampsia — are among the main factors that increase maternal and child vulnerability[5].

However, the number of prenatal consultations does not guarantee the quality of care, and it is essential to assess whether protocols have been effectively applied. Qualineo allows these gaps to be identified and proposes targeted interventions, respecting the regional and structural particularities of each territory[9].

National and international studies point to convergent results regarding the association between neonatal mortality and maternal conditions, especially inadequate prenatal care, premature birth, and low birth weight[10-11]. On the other hand, there are divergences regarding the impact of public policies. While Brazilian research reports advances in the quality of care, studies conducted in high-income countries show that significant reductions in mortality also depend on hospital infrastructure and active monitoring of neonatal deaths[12-13].

A systematic review conducted in India and sub-Saharan Africa, for example, reinforced that unequal access to skilled obstetric care is the main determinant of neonatal mortality[14]. In Brazil, the literature highlights that the inter-federative pact and the capillarity of primary care are key elements for sustainable advances[15].

Furthermore, although the number of prenatal consultations is widely used as an indicator of care coverage, it does not necessarily reflect the actual quality of care provided. In many cases, it is observed that the quantitative number of consultations does not translate into decisive, preventive practices or practices focused on the real needs of pregnant women. The prevention of obstetric complications and adverse events depends not only on the frequency of care, but above all on the adoption of evidence-based clinical protocols, such as gestational risk stratification, early identification of complications, and timely referral to high-risk services.

Thus, reflection on neonatal mortality from the perspective of the Qualineo Strategy shows that reducing deaths depends on the interaction between structural, cultural, and care factors. Analysis of the data reveals that regional inequalities stem not only from a scarcity of resources, but also from inefficient management and a lack of continuity in public policies.

Qualineo emerges as a powerful monitoring and qualification tool, but its effectiveness depends on institutional adherence and the critical training of professionals. It is essential to invest in continuing education, review care protocols, and value health teams.

In addition, the central role of nursing, which acts on the front line of prenatal, childbirth, and neonatal care, stands out. Strengthening evidence-based clinical practice and empowering professionals to analyze indicators are ways to transform practice into measurable results.

Historical evolution of public policies and the creation of the Qualineo Strategy

The trajectory of public policies focused on neonatal health in Brazil shows gradual advances since the 1970s, beginning with the National Maternal and Child Health Program. Subsequently, the Comprehensive Health Care Program for Women and Children (PAISMC) (1980) and PAISC (1984) expanded the preventive approach and comprehensive care[16]. However, neonatal mortality rates still reflected the inadequacy of these actions, with a rate of 24.33 per thousand live births in 1990[4].

With the creation of the Prenatal and Birth Humanization Program (PHPN) in 2000 and the Stork Network in 2011, perinatal care began to prioritize comprehensive and humanized care[17-18]. In 2015, the National Policy for Comprehensive Child Health Care (PNAISC) consolidated this perspective, culminating in 2017 in the Qualineo Strategy, which integrates previous actions and strengthens the monitoring and analysis of neonatal indicators[3] (Table 1).

Table 1. Timeline of the main public policies related to neonatal health.

Year	Policy / Program	Main objective
1970	National Maternal and Child Health Program	Reduction of maternal and child mortality
1980	PAISMC	Comprehensive care for women and children
1984	PAISC	Expansion of coverage and prevention of childhood diseases
2000	PHPN / Kangaroo Method	Humanization of childbirth and care for low-birth-weight newborns
2011	Stork Network	Ensuring access to prenatal care, childbirth, and postpartum care
2017	Qualineo Strategy	Qualifying neonatal care and reducing deaths

Source: Prepared by the authors.

An analysis of these historical milestones shows a gradual maturation of care, shifting from a curative approach to an integrated, family-centered vision. However, structural challenges remain, such as inequality in the distribution of resources and the need for greater integration between primary and specialized care.

In Brazil, the historical evolution of childcare, as well as children's participation in society, has advanced with the implementation of specific programs and policies. This has been reflected in a reduction in infant mortality and a change in the organization of the perinatal health care network, with a shift away from purely curative actions towards a holistic approach to maternal and child care.[2] However, the neonatal component still presents a challenge that raises questions about what can still be done and where to act to reduce neonatal deaths in Brazil.

The implementation of the National Maternal and Child Health Program (PNSMI) in the 1970s represented an initial milestone in policies aimed at reducing maternal and infant mortality in Brazil. However, despite its innovative nature at the time, the actions implemented had a predominantly preventive and uniform approach, without considering the profound regional and socioeconomic heterogeneities of the country[16]. This lack of territorial contextualization compromised the effectiveness of the strategies, as generalist models of care tend to obscure local needs and the different determinants that shape maternal and neonatal health. Thus, policies designed in a centralized manner, without a critical reading of regional realities, end up reproducing historical inequalities rather than overcoming them.

In this scenario, the social and economic determinants of health are structural elements of maternal and neonatal vulnerability. Precarious living conditions, associated with low educational levels and unequal distribution of resources, have a direct impact on unequal access to health services and the quality of prenatal care. These disparities translate into different probabilities of obstetric complications and adverse outcomes in the neonatal period. Thus, understanding the phenomenon of neonatal mortality

requires a comprehensive perspective that, in addition to biological aspects, includes socioeconomic and cultural issues as fundamental elements.

Therefore, it is up to health managers and professionals to develop a critical and contextualized practice, based on equity and situational analysis of the territories, in order to transform public policies into effective instruments for reducing health inequalities.

Starting in 1984, with the creation of PAISC, there was a dissociation between policies aimed at women's and children's health. The purpose of this reformulation was to expand the promotion of child health and ensure comprehensive care, especially for children in situations of social vulnerability, seeking to improve the quality of care and expand the coverage of services[2]. PAISC incorporated guidelines such as systematic monitoring of growth and development, strengthening breastfeeding, and reducing infectious and diarrheal diseases, consolidating significant advances in primary care.

However, a critical analysis reveals that these policies, although pioneering, maintained a structural gap: the neonatal period remained underserved within public health strategies. The predominant focus on infant mortality as a global indicator obscured the clinical and social particularities that determine risk in newborns. This omission was directly reflected in national indicators — the Neonatal Mortality Rate (NMR), which in 1990 reached 24.33 deaths per thousand live births, showed that the progress achieved in post-neonatal age groups did not extend to neonatal care[4].

This overview shows that the current model of care, which is still fragmented and biologically oriented, has limited the development of truly comprehensive and equitable policies, delaying the consolidation of a coordinated perinatal network that is sensitive to the specific demands of birth and early life.

In 2000, the Ministry of Health implemented the PHPN, established by Ordinance No. 569 with the purpose of ensuring comprehensive health care for pregnant women and newborns during the prenatal, delivery, postpartum, and neonatal periods, covering both low- and high-risk pregnancies[17]. The PHPN represented a milestone in the consolidation of a more humanized and comprehensive approach to perinatal care, recognizing that the prevention of neonatal deaths requires not only healthcare coverage, but above all quality, continuity, and bonding between users and healthcare teams.

Still, the effectiveness of the PHPN proved to be uneven in different regional contexts, as the fragmented implementation of actions and the lack of systematic monitoring of the quality of care compromised its reach. Despite conceptual advances in humanization, gaps persist between normative discourse and everyday practice in services, evidenced by medicalized care models, inconsistent protocols, and barriers to access that hinder comprehensive maternal and child care.

During pregnancy, prenatal care emerges as a strategic space for early risk identification and the promotion of maternal and neonatal health. However, simply increasing the number of consultations does not ensure effective care if it is not guided by evidence-based practices and principles of equity and humanization. In this sense, the PHPN has encouraged the adoption of more qualified clinical practices, reinforcing the importance of multidisciplinary follow-up, active listening, and individualized care.

Although the PHPN represented a normative and conceptual advance, its practical effectiveness still depends on the consolidation of a culture of humanized care, supported by continuous professional training, monitoring of indicators, and strengthening of perinatal networks. Only through this articulation between policy, practice, and management will it be possible to transform the discourse of humanization into a reality that effectively impacts neonatal mortality in the country.

With the large number of premature and low birth weight newborns, Ministerial Ordinance No. 693, dated July 5, 2000, created the Standard for Humanized Care for Low Birth Weight Newborns – Kangaroo Method. This proposal encouraged skin-to-skin contact between the baby and their mother, allowing the family to participate more actively in the care of the newborn and improving therapeutic outcomes[17].

In 2015, through Ordinance No. 1,130, the Ministry of Health instituted the PNAISC, with the purpose of promoting and protecting child health and strengthening breastfeeding through comprehensive actions that extend from pregnancy to nine years of age. The policy places special emphasis on early childhood and socially vulnerable groups, seeking to reduce morbidity and mortality and ensure a dignified and healthy environment for child development[2].

Despite the advances represented by the PNAISC and its coordination with other structural policies, it is observed that the neonatal component remains the main challenge for child health in Brazil. This persistence reveals structural weaknesses in the quality of prenatal and birth care, indicating that the

expansion of policies and programs does not always translate into concrete changes in care processes. The mismatch between formulation and implementation suggests that the effectiveness of public policies depends not only on the existence of normative guidelines, but also on the institutional and technical capacity of health services to operationalize them in an equitable and decisive manner.

This limitation becomes even more evident when regional inequalities are analyzed: the North and Northeast regions, marked by contexts of greater socioeconomic vulnerability, income inequality, and fragility in the perinatal care network, have the highest rates of neonatal mortality. These differences highlight an ineffectiveness in the territorialization of policies, which are frequently applied homogeneously in a profoundly heterogeneous country.

Therefore, rather than creating new strategies, it is necessary to critically revisit the implementation capacity and actual reach of existing policies, recognizing that a sustainable reduction in neonatal mortality requires an approach that integrates clinical, social, and structural aspects of child health care.

In view of this, the Qualineo Strategy was created in 2017 with the aim of improving neonatal care and enabling the creation of actions to reduce events that can increase neonatal mortality. The strategy has the following structural pillars for its development: practices based on scientific evidence; integration between professional managers and users involved in the care of pregnant women, women in labor, and newborns; and educational interventions as a tool for improving care and health indicators[3].

The Qualineo Strategy is an important milestone in the reconfiguration of neonatal care in Brazil, proposing an integrated approach that spans different dimensions of care — from pregnancy to neonatal outcomes. More than a monitoring tool, Qualineo represents an attempt to institutionalize a culture of quality and continuous monitoring within health services, encouraging the systematic analysis of indicators that reflect maternal, perinatal, and neonatal conditions associated with death.

By enabling detailed tracking of the maternal-fetal journey — from prenatal care to discharge, transfer, or neonatal death — Qualineo transforms clinical and administrative data into a care management tools, promoting the development of evidence-based interventions. However, its effectiveness depends on the technical and operational capacity of health services to collect, interpret, and use this information in a critical and decisive manner. Without this institutional commitment, the strategy's potential is limited to a bureaucratic record-keeping practice, with no real impact on the quality of care.

Although designed for the hospital setting, Qualineo also offers valuable insights for assessing the effectiveness of prenatal care by including indicators that allow for the tracking of potentially modifiable gestational conditions, such as high blood pressure, infections, and obstetric complications. A reflective reading of these data shows that many neonatal deaths could be prevented through simple, low-cost, and highly effective actions, such as proper management of preeclampsia, strict monitoring of blood pressure, and health education targeted at pregnant women.

However, Qualineo's main contribution lies in inducing a paradigm change, shifting the focus from simply counting deaths to understanding the causes and contexts that produce them. This change requires interdisciplinary and co-responsible action, in which managers, health professionals, and families are recognized as essential agents in the construction of more humane, safe, and effective care practices.

The breadth and complexity of the topic of neonatal mortality make it impossible to exhaust all its dimensions in a single study. However, this article aims to stimulate critical reflection on perinatal care in the Brazilian context, especially with regard to identifying determining factors and formulating effective coping strategies, using the Qualineo Strategy as a conceptual framework. Rather than merely reiterating already known epidemiological data, we seek to problematize current practices, analyzing the extent to which public policies and care models have been able, or not, to transform the persistent scenario of inequalities that mark neonatal outcomes in the country.

As this is a reflective article, this study does not present empirical data collection. The reflections were constructed based on the available literature and official documents, which may limit the generalization of the results. However, the main contribution consists of critically systematizing the role of the Qualineo Strategy as a structuring axis of neonatal care in Brazil, highlighting its national applicability and the potential for reducing regional inequalities.

This reflection allows for a broader and more critical view of care processes, highlighting the importance of recognizing neonatal mortality not as an isolated phenomenon, but as an expression of structural and organizational failures in the health system. Thus, managers and professionals, especially nurses, play a strategic role in promoting more qualified care practices, capable of intervening early on risk determinants and preventing adverse outcomes.

In addition to offering theoretical insights, this study aims to strengthen the integration between public policies — such as the Family Health Strategy and Qualineo — so that prenatal and childbirth care is more equitable, decisive, and focused on women and newborns. In this sense, critical reflection is not limited to the analysis of existing actions, aiming to provoke debate on the real effectiveness of policies for humanization and quality of perinatal care, pointing to possible paths for the consolidation of a more just, efficient, and humanized practice in the context of the SUS.

CONCLUSION

Neonatal mortality rates are a sensitive indicator of the quality of maternal and child care and the effectiveness of public health policies. Their persistence at high levels reveals structural, care, and training weaknesses that transcend the biological field, reflecting social, economic, and regional inequalities still rooted in the Brazilian scenario. Thus, critical analysis of the quality of perinatal care is essential to understand the multiple dimensions that permeate neonatal death and to outline more equitable and effective strategies.

The identification of factors associated with neonatal mortality in different contexts — whether territorial, institutional, or population-based — should be seen not only as a diagnostic exercise but also as a starting point for redesigning health practices and policies. The multidimensional nature of this phenomenon requires an intersectoral approach that integrates health monitoring, professional training, and the strengthening of primary care, especially in prenatal care. Prenatal care is a privileged space for the early detection of risks and the adequate management of complications, and is therefore essential for avoiding adverse outcomes.

However, merely expanding access to prenatal consultations or hospital care does not guarantee the effectiveness of care. It is essential to invest in the critical and continuous training of professionals, based on scientific evidence and humanized practices that reduce unnecessary interventions and ensure the centrality of women and newborns in the care process. The qualification of labor and birth must be combined with the consolidation of coordinated care networks that ensure comprehensive and continuous care.

Reflecting on current policies and strategies, such as the Qualineo Strategy, allows us to understand not only the progress achieved but also the gaps that remain. Reducing neonatal mortality requires more than just programs; it requires political commitment, sustainable investment, and a paradigm shift in the training and practice of health professionals, guided by a holistic and humanized vision of care.

Finally, new reflective and empirical research is needed to deepen our understanding of the determinants of neonatal mortality, exploring, for example, the effectiveness of active surveillance strategies and the impact of regional inequalities on neonatal outcomes. Such investigations can support the formulation of public policies that are more sensitive to local realities, strengthening the construction of a more equitable and effective health system that is committed to life from its very beginning.

CONTRIBUITIONS

Contributed to the conception or design of the study/research: Campelo CES, Machado NMS, Gouveia MTO, Costa MCS. Contributed to data collection: Campelo CES, Machado NMS, Gouveia MTO, Costa MCS. Contributed to the analysis and/or interpretation of data: Campelo CES, Machado NMS, Gouveia MTO, Costa MCS. Contributed to article writing or critical review: Campelo CES, Machado NMS, Gouveia MTO, Costa MCS. Final approval of the version to be published: Campelo CES, Machado NMS, Gouveia MTO, Costa MCS.

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