

PERFIL E FUNCIONAMENTO DE COMITÊS MUNICIPAIS DE PREVENÇÃO DA MORTALIDADE MATERNA, INFANTIL E FETAL

PROFILE AND OPERATION OF CITY COMMITTEES FOR PREVENTION OF MATERNAL, INFANT AND FETAL MORTALITY

PERFIL Y FUNCIONAMIENTO DE COMITÉS MUNICIPALES PARA LA PREVENCIÓN DE LA MORTALIDAD MATERNA, INFANTIL Y FETAL

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RESUMO

Objetivo: Analisar os comitês municipais de prevenção da mortalidade materna, infantil e fetal das regiões de saúde de Sete Lagoas e Curvelo - Minas Gerais quanto ao perfil dos seus membros e funcionamento. **Método:** Estudo de corte transversal em 35 comitês dos municípios jurisdicionados à Superintendência Regional de Saúde de Sete Lagoas. Foram aplicados questionários para as referências técnicas e secretários municipais de saúde, sendo a análise dos dados realizada por meio de estatística descritiva. **Resultados:** Encontrou-se formação predominante em enfermagem, média de idade acima de 30 anos e tempo no cargo superior a quatro anos. A maioria dos municípios possui comitê implantado, oficializado e atuante, mas muitos não realizam cronograma, nem registro das reuniões. Foram encontradas fragilidades no funcionamento, como inexistência de discussão entre os membros, não correção da causa básica do óbito, falta de divulgação dos dados e dos relatórios e ausência de atividades de mobilização social. Dentre os entraves, os mais citados foram: dificuldade de acesso a documentos para a investigação, falta de suporte da Superintendência Regional de Saúde e necessidade de capacitação. **Conclusão:** Existe a necessidade de qualificação das ações dos comitês, objetivando o aumento da sua efetividade na redução da mortalidade materna, infantil e fetal. **Descritores:** Comitê de Profissionais, Mortalidade Materna, Mortalidade Infantil, Mortalidade Fetal.

ABSTRACT

Objective: to analyze the city committees for prevention of maternal, fetal and infant mortality in the health regions of Sete Lagoas and Curvelo - Minas Gerais, regarding the profile of their members and operation process. **Method:** cross-sectional study in 35 committees of the cities under the jurisdiction of the Regional Health Superintendence of Sete Lagoas. Questionnaires were applied to the technical references and municipal health secretaries. Data analysis was performed through descriptive statistics. **Results:** nursing education was predominant, mean age above 30 years and time in the post over four years. Most participants have an established, official and active committee. Nevertheless, many of them do not schedule or record meetings. There were weaknesses in the operation process, such as no discussion among members, no correction of cause of death, lack of disclosure of data and reports, absence of social mobilization activities. The most cited obstacles are difficult access to documents for investigation, lack of support from Regional Health Superintendence and the need for training. **Conclusions:** There is a need to qualify the actions of the committees, aiming to increase their effectiveness in reducing mortality. **Descriptors:** Professional Staff Committees; Maternal Mortality; Infant Mortality; Fetal Mortality.

RESUMEN

Objetivo: analizar los comités municipales para la prevención de la mortalidad materna, infantil y fetal en las regiones de salud de Sete Lagoas y Curvelo - Minas Gerais con respecto al perfil de sus miembros y su funcionamiento. **Método:** estudio transversal en 35 comités de los municipios dentro de la jurisdicción de la Superintendencia Regional de Salud de Sete Lagoas. Se aplicaron cuestionarios a las referencias técnicas y secretarios de salud municipales, y el análisis de datos se realizó mediante estadística descriptiva. **Resultados:** hubo una capacitación predominante en enfermería, edad promedio de más de 30 años y tiempo en el cargo de más de cuatro años. La mayoría de los municipios tienen un comité establecido, oficial y activo, pero muchos no programan ni graban reuniones. Se encontró debilidad en el funcionamiento, ya que no hubo discusión entre los miembros, no se corrigió la causa básica de la muerte, falta de divulgación de datos e informes y ausencia de actividades de movilización social. Entre las barreras, las más citadas fueron la dificultad de acceso a documentos para investigación, la falta de apoyo de la Superintendencia Regional de Salud y la necesidad de capacitación. **Conclusión:** es necesario calificar las acciones de los comités, con el objetivo de aumentar su eficacia en la reducción de la mortalidad materna, infantil y fetal. **Descritores:** Comité de Profesionales; Mortalidad Materna; Mortalidad Infantil; Mortalidad Fetal.

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INTRODUCTION

The first experiences related to the investigation of death and the committees for prevention of maternal death occurred in the early 20th century, in the United States of America⁽¹⁻²⁾. In Brazil, the deployment of the committees at the hospital, city, regional and state level consists of a strategy of the Ministry of Health, being adopted since the mid-1990s⁽¹⁻⁴⁾.

The first handbook with guidelines for this process was published in the year 2004, entitled Handbook of Committees for Prevention of Child and Fetal Death. This document was a milestone and served as an advisor to all Brazilian cities, in the deployment of their committees, being updated and republished in the year 2009⁽¹⁾.

The deployment and appropriate structuring of committees is a strategy for achieving advances in assistance to maternal and child health, aiming to improve records and statistics on mortality, as well as reduce deaths from preventable causes^(1,5-6). Thus, their effective functioning contributes to reducing maternal, child and fetal mortality, which is a goal of international character, included in the 17 Sustainable Development Goals (SDG) and must be achieved by the countries up to the year 2030⁽⁷⁾.

The committees must be inter-institutional, multidisciplinary and have technical-scientific, education and training character. Their actions should be confidential, and their composition should include representatives of governmental institutions, civil society and universities related to maternal-child health. The actions of the committees may not be coercive or punitive; they should be exclusively educational^(1-2,4).

The investigation of maternal, fetal and child deaths is the fundamental activity of the committees, whose main goal is to identify the preventability of cases and propose preventive measures, in accordance with the analyses carried out in each one of them⁽⁸⁾. In this way, the actions of the committees serve as a management tool, capable of giving visibility to issues of maternal and child health and generating a critical thinking about the theme^(6,9).

The audit report of the Federal Court of Accounts (TCU) indicated that the committees are not in operation in several states and in most cities. Of the 24 state committees officially deployed, only 14 were active. The state of Paraná was pointed out as the most positive experience of action, with 22 regional committees and 160

city committees, for a total of 399 cities⁽¹⁰⁾.

There are various problems around that theme, such as the underreport, which underestimates the coefficient of death per 100,000 thousand live births, revealing low efficiency in the process of implementation and operationalization of committees, which is important for decision-making in the deployment and implementation of public health policies⁽¹¹⁾.

The actions of surveillance are still little valued as an instrument for planning health interventions. The low material and/or personal investments from managers⁽¹²⁾ are notorious, who prefer to invest in assistance actions. In this way, the slowness in the production of information and its low quality are perpetuated, contributing to a process reproduced on a cyclical basis, undesirable and difficult to break.

Due to the relevance and the social impact of the theme of maternal, child and fetal mortality, the constant need for discussion and interventions on this issue and the few existing data on the performance of committees, in Brazil⁽²⁾, this study emerged. Thus, this work was conducted aiming to analyze the city committees for prevention of maternal, child and fetal mortality of the health regions of Sete Lagoas and Curvelo - Minas Gerais regarding the profile of their members and operation process.

METHOD

This is a cross-sectional study of quantitative and descriptive approach, carried out in the period from October 2017 to August 2018, whose object of analysis was 35 cities under the jurisdiction of the Regional Health Superintendence (SRS) of Sete Lagoas, being 11 cities in the health region of Curvelo and 24 cities in the health region of Sete Lagoas. The cities were delimited according to the Regionalization Direction Plan (PDR) of Minas Gerais.

In these cities, there was analysis of information on the profile and operation of the committees for prevention of maternal, child and fetal mortality, through questionnaires applied to two different groups: city health secretaries and city technical references of committees of each one city. In the absence of the city committee, the professional of epidemiology, responsible for the surveillance of death, was invited to participate in the research. The questionnaires were applied by e-mail and in the SRS in Sete Lagoas, according to the availability of participants.

Data were collected through instruments

validated by Dutra⁽¹²⁾, which address issues relating to deployment, assignments and difficulties of the city committees or teams responsible for their assignments and support of the city management. The analysis was performed using the software Statistical Package for the Social Sciences (SPSS), version 25. The analyses carried out were descriptive statistics to obtain mean, standard deviation and absolute and relative frequencies.

The study was approved by the Human Research Ethics Committee, at the Federal University of Jequitinhonha and Mucuri Valleys, under CAEE number: 6865131760005108 authorized by Regional Health Superintendence, and complied with the ethical principles contained in Resolution n. 466/2012 of the National Health Council. All respondents of the questionnaire

Table 1 - Distribution of the study population according to demographic, socioeconomic variables and time working in the post, 2018 (n=64).

Variables	Secretary (n=34)		Technical reference (n=30)	
	n	%	n	%
Gender				
Male	11	32.4	1	3.3
Female	23	67.6	29	96.7
Age group (years)				
≤29	2	6.3	5	16.6
>30	32	93.7	25	83.4
Schooling				
Secondary Education	4	11.8	2	6.6
Incomplete Higher Education	4	11.8		
Complete Higher Education	7	20.6	15	50
Specialization	16	47.0	12	40
Master's Degree	1	2.9	1	3.3
Education				
Nursing	10	29.4	26	86.8
Other health professionals	8	23.6	2	6.6
Others	16	47	2	6.6
Type of Specialization				
Health Area	10	29.4	13	56.5
Others	6	20.5	2	6.7
Time working in the post				
≤12 months	3	8.8	7	23.4
>12 months	18	52.9	21	69.6

Source: created by the authors based on the research data.

Note: the least cited options were not included in the table.

In the group of technical references (n=30), 29 (96.7%) were female, 25(83.2%) were over 30 years old, 17 (56.7%) were unmarried, 21 (69.6%) worked in the post for over one year. Regarding schooling, 15 (50.0%) had complete higher education, 12 (40%) had a specialization, and the technical references were predominantly of nurses (n=26; 86.8%) (Table 1).

The profile of the professionals is one of the

signed the Informed Consent Form (ICF).

RESULTS AND DISCUSSION

Of the total population of 35 secretaries and 35 technical references, 34 (97.1%) city health secretaries and 30 (85.71%) technical references of the city committees for prevention of maternal, child and fetal mortality answered the questionnaires.

In relation to the profile of the city secretaries (n=34), 23 (67.6%) were female, 32 (93.7%) were over 30 years old, 18 (52.9%) were married, 18 (52.9%) worked in the post for over one year. Regarding schooling, 16 (47.1%) had a specialization, 7 (20.6%) complete higher education, 10 (29.4%) Nursing degree (Table 1).

factors that influence the implementation of committees. Concerning the age and the time working in the post of the city health secretaries and professionals who exercise the function of technical reference of the committee, in this study, both groups are, on average, over 30 years old and time working in the post over four years. This finding was also found in other national studies, which demonstrated that the committees

are mostly composed of professionals with more experience^(2,15).

The nursing degree, in the group of city health secretaries and of technical references, was prevalent. This datum corroborates the study carried out in Fortaleza, on the hospital committees for prevention of maternal death, which observed that they were predominantly composed of nurses⁽²⁾. The same situation was found in the city of Coronel Fabriciano in Minas Gerais (MG)⁽¹⁵⁾. This fact can be related to the pedagogical political projects of nursing undergraduate courses, which allow for a training qualified to work in the Unified Health System (UHS)⁽¹⁶⁾.

However, it is important to highlight that, as

recommended by the Ministry of Health, the committees should be multidisciplinary and interinstitutional⁽¹⁾. In this way, the participation of other professional categories and various institutions enriches the discussions about the deaths, as different risk situations may be identified by various viewpoints⁽²⁾.

Table 2 addresses the existence of committees. There were differences in information, as can be seen. For the health secretaries, 32 (94.1%) cities have committee, while for the technical references, in 26 (86.7%) cities, they are deployed. The nurses of the Family Health Strategy (FHS) were cited as responsible for investigations of deaths by 7 (20.6%) secretaries and 14 (46.7%) technical references.

Table 2 - Existence of City Committees for Prevention of Maternal, Child and Fetal Mortality - Health Regions of Sete Lagoas and Curvelo, 2018.

Items to implement the committee	Secretary (n=34)		Technical reference (n=30)	
	n	%	n	%
Existence of the committee in the city				
No			2	6.7
Yes	32	94.1	26	86.7
I do not know			2	6.7
In progress	2	5.9	0	0.0
Effective action of the city committee				
Yes	25	73.5	28	93.3
Partially	9	26.5	2	6.7
Other professionals responsible for investigating maternal, child and fetal maternity *; a				
FHS Nursing	7	20.6	14	46.7
Epidemiological Surveillance	3	8.9	7	23.3

Source: created by the authors based on the research data.

*more than one answer by subject. ^athe least cited options were not included in the table.

Only 6.7% of references reported the absence of the committee in their city, datum significantly smaller than the percentage of committees not deployed found in a study in the Expanded Health Region of Jequitinhonha - MG, which was 42.4% (15.17). This same survey, conducted in 2015, found that 26.4% of the existing were active, number lower than that found in this work, which depicts an effective action of most of them. Another study, also conducted in the year 2015, in the cities under the jurisdiction of the SRS of Belo Horizonte, MG, presented a rate of 63.2% of existing committees in the region⁽⁷⁾.

Table 3 shows that the investigation of the underlying cause of death and the reduction of the maternal, child and fetal mortality rate were the

options most often cited as a primary mission of committees, according to 28 (82.4%) health secretaries. In the perception of 14 (46.7%) references techniques, the main goal of the committees is also to decrease the rate of maternal, child and fetal mortality.

In relation to the obstacles to the operation of the committee, most professionals of the two groups reported that they do not exist. Nevertheless, some participants mentioned difficulties: 8 (23.5%) secretaries consider the absence of committee and the difficult access to the hospital data as the main ones. In the group of references, the most cited barriers were demotivated or non-engaged teams, omission of hospital data and lack of support from the SRS, each one being referenced by 7 (23.3%)

professionals (Table 3).

Table 3 - Assignments and Difficulties found by the City Committees for Prevention of Maternal, Child and Fetal Mortality - Health Regions of Sete Lagoas and Curvelo, 2018.

Variables	Secretary (n=34)		Technical reference (n=30)	
	N	%	n	%
Main goal of the committee ^{*,a}				
Decrease the maternal, fetal and child mortality rate	28	82.4	14	46.7
Investigate the underlying cause of death	28	82.4	3	10.0
Execute the preventability criterion	21	61.8	2	6.6
Survey/propose solutions	23	67.6	13	43.3
Barriers in the investigation of deaths ^a				
No	25	73.5	20	66.7
Yes	8	23.5	7	23.3
Do not know	1	2.9	2	6.7
If there is any, which one? ^{*,a}				
Absence of the committee	8	23.5	2	6.7
Difficult access to hospital data	8	23.5	3	10.0
Deaths outside the residence city	6	17.6	4	13.4
Demotivated or non-engaged teams	1	2.9	7	23.3
Omission of hospital data	2	5.8	7	23.3
Lack of support from the SRS	0	0.0	7	23.3

Source: created by the authors based on the research data.

*more than one answer by subject. ^athe least cited options were not included in the table.

Regarding the support given by the management to the operation of city committees and to carry out the investigation of deaths, 28 (82.4%) secretaries consider this support as present, while only 14 (46.7%) technical references believe that aid exists. Moreover, 28

(82.4%) secretaries and 21 (70%) technical references reported the need for a greater favoring from the management of committees. The qualification of professionals active is the alternative most cited by the two groups (Table 4).

Table 4 - Management Support for the City Committees for Prevention of Maternal, Child and Fetal Mortality - Health Regions of Sete Lagoas and Curvelo, 2018.

Variables	Secretary (n=34)		Technical reference (n=30)	
	n	%	n	%
Incentive form the city hall to aid in the investigation of deaths/committee ^a				
No	5	14.7	16	53.3
Yes	28	82.4	14	46.7
The management could favor the investigation of deaths/committee? ^a				
No	4	11.8	3	10.0
Yes	28	82.4	21	70.0
Do not know	0	0.0	4	13.3
Important points that city managers can consider to improve them ^{*,a}				
There is no need	30	88.2	2	6.7
Qualification of active professionals	25	73.5	8	26.6
Greater demand to complete the investigations	13	38.2	4	13.3
Creation of the committee	4	11.8	2	6.7
Better structuring and support from the SRS	6	17.6	1	3.3

Source: created by the authors based on the research data.

*more than one answer by subject. ^athe least cited options were not included in the table.

The need for qualification is also mentioned in other studies^(7,17-18). A research conducted in

Zona da Mata of Minas Gerais presented as a recurring problem the professional qualification. Another obstacles, in this region, are the lack of

recognition of the death surveillance activity by managers; the lack of time for completion of the investigation of the deaths; the precariousness of resources and infrastructure and the absence of commitment of members⁽¹⁹⁾.

Some technical questions about the committees for prevention of mortality were performed only for the technical references, in order to know, more deeply, their operation. Thus, when questioned about what they understand as "investigation of death", 28 (93.3%) references replied that is related to a reduction in the mortality rate. Surveying solutions was an alternative mentioned by 21 (70%) the references and identifying the criterion of preventability of deaths was an option mentioned by 20 (66.7%) of these professionals.

Although less frequent, the understanding that the investigation of death would be an activity only to achieve the goals still exists, being an alternative mentioned by 8 (26.6%) professionals. This finding corroborates the study carried out in the region of the Jequitinhonha Valley (MG), in which the achievement of goals was cited as the assignment of the committee for

most the cities⁽²⁰⁾. This fact can be related to the existence of laws that advocate the completion of investigation of deaths by health services, in Table 5 - Operationalization of City Committees for Prevention of Maternal, Child and Fetal Mortality - Health Regions of Sete Lagoas and Curvelo, 2018.

addition to the existence of indicators, coupled to financial resources, establishing mandatory minimum percentages of timely investigation of maternal, fetal and child deaths and of women of childbearing age for the cities⁽²⁰⁻²²⁾.

It is important to emphasize that ordinances of the Ministry of Health (MS) determine that the surveillance of maternal, child and fetal death is a mandatory activity in health services that integrate the UHS, whether public or private. These deaths are events of mandatory investigation, whose goal is to identify the causal factors and assist in proposing measures that contribute to preventing the occurrence of new cases^(20,23). In this way, the investigation of deaths allows analyzing the provided health care. These findings allow qualifying services, as there is the definition of practices that should or should not be changed⁽²⁴⁾.

In relation to the operationalization of committees, 28 (93.3%) technical references, when questioned if the city committee is official, replied positively, i.e., the majority. The document type prevalent for the formalization of the committee was the official letter of members' composition, cited by 24 (80%) professionals (Table 5).

Variables	n =30	%
Committee officialization		
Yes	28	93.3
Partially/in progress	2	6.7
Formalization documents used*		
Ordinance	7	23.3
Byelaw	18	60.0
Official letter of members' composition	24	80.0
Resolution	3	10.0
Existence of meeting schedule		
No	14	46.7
Yes	16	53.3
If there is any, how often do meetings occur?		
According to demand	7	23.3
Monthly	1	3.3
Bimonthly	3	10.0
Quarterly	5	16.6
Existence of official record (minutes) of meetings		
No	7	23.3
Yes	23	76.7
If not, which document is used?*		
There are no records	4	13.3
Record Book	4	13.3
Others	2	6.7

Source: created by the authors based on the research data.

*more than one answer by subject.

Table 5 reveals that 16 (53.3%) professionals reported the existence of a schedule for the meetings. Nonetheless, of the cities with calendar, 7 (23.3%) mentioned carrying out the meetings according to the demand. Regarding the registration form of meetings, 23 (76.7%) reported that there is official record in the minutes. Among those without the minutes, 4 (13.3%) reported no type of record to document the meeting.

The MOH determines that the committees should be made official by means of ordinance or resolution published by the health bureau and also by an internal byelaw⁽¹⁾. In the regions studied, most of the committees seem to be formalized, a situation different from that found in another region of the state of Minas Gerais, where only half of the cities have formalized committee⁽⁷⁾. However, despite official, many committees do not have schedule of meetings or record them in the minutes. The MOH and the State Health Bureau define that the committees

shall draw up their byelaws of procedure, containing all their rules of operation and routines of work, including the form of record of meetings^(1,25). Nonetheless, in some of the analyzed committees, there is no record. This practice should be modified so that the work can be effectively proven and to ensure that the activities are not lost over time and with the high staff turnover rates.

In a large part of the cities, there is joint discussion between the members of the committee to apply the criteria of preventability, concentrating this function in only one professional. It is important to point out that all four cities that reported not performing or partially performing the criteria for preventability attributed this fact to the lack of training on the topic (Table 6).

Table 6 - Work Processes of City Committees for Prevention of Maternal, Child and Fetal Mortality - Health Regions of Sete Lagoas and Curvelo, 2018.

Variables	n =30	%
Does the committee perform the preventability criterion for the deaths?		
No	2	6.7
Yes	26	86.7
Partially	2	6.7
If not, or partially, why?		
There was no qualification	4	13.3
Not applicable	26	86.7
Is there any discussion with all members or in conjunction to perform the preventability criterion?^a		
No	12	40.0
Yes	17	56.7
If not, why?		
Only one member performs	4	13.3
Lack of time	2	6.7
Team not involved	1	3.3
Not everyone knows how to fulfill the criterion	3	10.0
If the Regional Health Superintendence is sought, can they solve the doubts regarding the investigation of death/committees?		
Yes	29	96.7
At times	1	3.3
Difficulty to access documents to carry out the death investigation		
No	11	36.7
Yes	19	63.3
After investigating the death, is the underlying cause of death corrected on the SIM, if necessary?		
No	2	6.7
Yes	25	83.3
Do not know	3	10.0
How does the committee disclosure the data obtained?^{*,a}		
Forwarding to SRS	17	45.9
Not disclosed	6	16.2

Meetings	6	16.2
Forwarding to SMS	3	8.1
Newsletters	2	5.4
Reports	2	5.4
Forums	1	2.7
Sending of a report containing the final analysis of the cases to the Regional/State Committee		
No	19	63.3
Yes	10	33.3
Mobilization of society on the prevention of maternal, fetal and child deaths?		
No	19	63.3
Yes	11	36.7
If positive, how often?		
According to demand	7	23.3
Others	3	9.9
Monthly	1	3.3

Source: created by the authors based on the research data.

*more than one answer by subject. ^athe least cited options were not included in the table.

Concerning the doubts about the investigation of death and the operation of the committees, 29 (96.7%) professionals reported managing to have them answered when seeking the Regional Health Superintendence (Table 6). It is important to emphasize that the health region plays an important role of articulator and supporter of the cities, regarding the implementation of health policies and contribution to a co-participative management of public health⁽¹⁷⁾. Thus, the SRS must always be attentive to the needs of the cities under its jurisdiction, always seeking to offer trainings, monitor the activities developed and the health indicators towards an improvement in the provision of services.

The existence of difficult access to documents required to carry out the investigation of death is present in 19 (63.3%) cities. This seems to be a frequent problem in other regions of Brazil, as in the Jequitinhonha Valley, Minas Gerais, where a study mentioned the difficulties of access to medical records and death certificates (DC) fulfilled properly, and, in Ceará, whose research indicated problems in access to hospital records, referral forms and autopsy reports, on the part of the committees of the region^(17,18).

Also related to the process of work of committees and considering their role to assist in the qualification of information, it is important to highlight that, although most of them perform the correction of the underlying cause of death on the Mortality Information System (SIM), after the investigation (83.3%) of the cities, some of the interviewees do not perform or do not know if this activity is performed. A study of the health regions under the jurisdiction of the SRS Belo Horizonte

showed that many of the municipalities do not perform this correction⁽⁷⁾. A Research of the Jequitinhonha Valley, MG, related the difficulty of most of the cities inserting or correcting data on the SIM upon conclusion of the investigation to the lack of training⁽¹⁷⁾.

Another observation that reflects the weakness in the work process of the surveyed committees is the lack of disclosure of the data obtained by them. About this disclosure, 17 (45.9%) cities mentioned forwarding reports to the SRS. However, 6 (16.2%) did not perform any type of disclosure and 19 (63.3%) city committees do not send periodic reports containing the consolidated cases investigated and prevention measures formulated for the regional/state committee. In addition, 19 (63.3%) cities also do not perform any type of mobilization of society regarding the prevention of maternal, fetal and child deaths. Among the 11 (36.7%) committees that make this type of action, 7 (63.6%) perform these activities, according to the demand, without pre-determined intervals.

A study carried out in Recife on the surveillance of child death detected that this process consists of four phases, namely: identification and triage of eligible cases; epidemiological research, through their own forms, containing all the variables recommended by the Ministry of Health; discussion of deaths, which verifies the level of interference in the health sector, on the occurrence of those cases and, finally, preparing and forwarding proposals for intervention, through reports, for the areas responsible and correction of information systems⁽²⁵⁾.

This process corroborates the suggestions

of the MOH, which recommends that the investigation of death should be held by the sector of epidemiological surveillance aiming to identify its determining factors. Subsequently, a summary performed on each case, by surveillance professionals, must be presented at meetings of committees for discussion among the various participating professionals and sectors. This analysis allows raising the failures, applying the preventability criteria, carrying out the proposals to prevent the recurrence of preventable cases, in addition to verifying the need for improvement in records and corrections on the information systems^(1,25).

Therefore, the creation of a document with preventive recommendations after analysis of deaths and their referral to health managers at all levels is the final step in the work process of the committees. To ensure effectiveness, these actions must be institutionalized and sustained, and, as a way of guaranteeing the social mobilization, the results should be disseminated to the various scientific, governmental, non-governmental organizations and to civil society⁽¹⁵⁾.

A limitation of this study refers to the fact that the data were collected through questionnaire. The participation, in situ, in the meetings of the city committees and the analysis of documents offered by them could contribute to avoiding information bias on the part of the respondents.

CONCLUSION

The findings of the study identified several weaknesses and difficulties in the working procedures of the committees, which indicate the existence of inadequacies in their operation. This fact alert about the need for qualification of the actions of the committees, aiming to increase their effectiveness in reducing maternal, infant and fetal mortality.

The committees, when properly structured, allow identifying the factors that led to the death and the proposition of intervention measures to improve the quality of maternal and child care, collaborating, in this way, to the construction and evaluation of public health policies in force.

The research is expected to serve as a basis for the City Health Bureaus (SMS) and the SRS in the decision-making for the implementation of actions aimed at improving the working process of the committees and the completion of investigations of maternal, fetal and infant deaths in the cities.

New studies should be developed on the theme. In this sense, it would be interesting to analyze other regions of the state of Minas Gerais and Brazil concerning the deployment, operation and, mainly, the effectiveness of those committees.

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