Revista ARACÊ
ISSN: 2358-2472

ACCESS TO HEALTH SERVICES IN THE INFLUENCE OF MATERNAL MORTALITY

https://doi.org/10.56238/arev7n4-273

Submitted on: 03/26/2025 **Publication date:** 04/26/2025

Danielle Chianca de Moraes Mendonça Rodrigues[1], Danielle Maurício Pádua[2], George Augusto da Fonseca Carvalho Antunes Lima[3], Jamine Katiuscia Guilherme da Rocha Martins[4], Jefferson de Oliveira Peixoto[5] and Regia Maria Batista Leite[6]

ABSTRACT

Maternal mortality is a serious public health problem and represents a violation of human, sexual and reproductive rights, especially in contexts of social inequality. This study aimed to investigate, through an integrative review, how access to health services influences maternal mortality rates in Brazil. The research was conducted between February and April 2025, based on articles published between 2020 and 2024, in the LILACS, PubMed, and SciELO databases. After applying the inclusion and exclusion criteria, 12 studies were selected. The analysis showed that, although the country has wide coverage of prenatal care and hospital births, maternal deaths continue to be mostly caused by preventable factors, such as hypertension, sepsis, and hemorrhage. The delay in seeking care, the scarcity of ICU beds, the low problem-solving capacity of services and regional inequality are recurrent factors. The COVID-19 pandemic has exacerbated this scenario, increasing mortality rates and further exposing the structural flaws of the system. It is concluded that access to health services, although essential, is not enough in itself: it is necessary to qualify care, especially in vulnerable regions, with public policies that promote equity, humanization and continuity of care.

Keywords: Access to Health Services. Maternal mortality. Maternal death.

[1]Dr. in Nursing
Faculty of Medical Sciences - Afya Garanhuns
danielle.chianca@afya.com.br
[2]Medical Student
Faculty of Medical Sciences - Afya Garanhuns
dandanpadua@gmail.com
[3]Gynaecologist and Obstetrician
Faculty of Medical Sciences - Afya Garanhuns
georgecarvalho134@gmail.com
[4]Medical Student
Faculty of Medical Sciences - Afya Garanhuns
jamine.martins@yahoo.com.br
[5]Medical Scholar
Faculty of Medical Sciences - Afya Garanhuns
jefrioli@gmail.com
[6]Dr. in Public Health
Faculty of Medical Sciences - Afya Garanhuns
regia.leite@afya.com.br

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INTRODUCTION

The death of women during pregnancy, childbirth or the puerperium is widely recognized as a serious violation of human, sexual and reproductive rights. It is an early and largely avoidable event, which generates profound impacts on family and social structures (Freitas-Junior, 2020). However, the persistence of maternal mortality, especially in contexts of inequality, is intrinsically related to limited, late, or inadequate access to health services, especially during the pregnancy-puerperal cycle.

The maternal mortality rate (MMR) clearly expresses this reality by reflecting the combination of socioeconomic inequalities and precariousness in women's health care. In Brazil, MMR continues to be one of the most worrisome health indicators, standing out as an urgent challenge to be faced by strengthening public policies and expanding access to essential health services (Motta; Moreira, 2021).

According to estimates by the World Health Organization (WHO), approximately 287 thousand women died from maternity-related causes in 2020, representing a global MMR of 223 deaths per 100 thousand live births. Most of these deaths occurred in developing countries, revealing glaring disparities in access to quality obstetric care, ranging from the absence of prenatal care to delays in responding to emergency situations (WHO, 2020).

In Latin America, and especially in Brazil, progress in reducing MMR is still insufficient. Despite the 39% drop between 1990 and 2019, the country remains far from the goals established by the Sustainable Development Goals (SDGs), which stipulate an MMR of 30 deaths per 100 thousand live births by 2030 (Leal *et al*., 2022). The challenge lies not only in the availability of services, but in ensuring timely, equitable and qualified access to these services, which requires special attention to the organization of health care.

Although Brazil has wide prenatal coverage and most births occur in a hospital environment, numerous structural obstacles persist. The high rate of cesarean sections, the delay in emergency care, and the scarcity of obstetric ICU beds are examples of barriers that compromise effective access and directly impact maternal outcomes (Gama *et al*., 2024). The specialized literature highlights that a large part of maternal deaths in the country is preventable, which highlights failures not only in the care provided, but also in the way health services are organized and accessed by women.

Since 2004, with the creation of the National Pact for the Reduction of Maternal and Neonatal Mortality, the Ministry of Health has prioritized policies aimed at monitoring and improving data on maternal mortality, while promoting strategies to expand access to and

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quality of obstetric care (Esteves-Pereira *et al*., 2016). However, unequal access and fragmentation of assistance still remain structural barriers, especially in more vulnerable regions.

In view of this reality, this study aims to investigate what has been published on the relationship between access to health services and maternal mortality. The relevance of the study lies in identifying the main bottlenecks that hinder women's access to qualified and continuous care, contributing to the debate and improvement of public policies aimed at maternal health. Thus, we seek to answer the following guiding question: Does access to health services influence maternal mortality?

METHODOLOGY

This paper is an integrative literature review, with the objective of investigating the scientific evidence published in the last five years about the influence of access to health services on maternal mortality in Brazil.

The survey was carried out between February and April 2025, with a time frame between the years 2020 and 2024, in order to consider updated productions in line with the recent scenario. Studies written in Portuguese and Spanish, carried out in Brazilian territory, focusing on the reality of the country's health system, were exclusively included.

The databases used to search for studies were LILACS (Latin American and Caribbean Literature on Health Sciences), PubMed, and Scielo. The descriptors used were extracted from DeCS (Health Sciences Descriptors): Access to Health Services (A), Maternal Mortality (B) and Maternal Death (C). The strategy of crossing the terms was carried out using Boolean operators "AND" and "OR", in order to increase the sensitivity of the search and avoid biases in the selection of studies. The crossings were organized as follows:

- A AND B
- A AND C
- B AND C
- A OR B OR C

The following inclusion criteria were established: original articles, systematic reviews, cohort studies, cross-sectional or descriptive studies, published between 2020 and 2024, in Portuguese or Spanish, carried out in Brazil, with full text available free of charge. The

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ISSN: 2358-2472

exclusion criteria included articles that had only the abstract, studies that were not available for free or that were not directly related to the proposed theme.

After applying the descriptors and cross-referencing, 1,000 articles were initially found, of which 275 were duplicates, resulting in 725 unique articles. Subsequently, the titles and abstracts were read in order to verify the relevance of the research's guiding question. After this screening, 713 articles were discarded because they did not meet the established criteria, resulting in a final sample of 12 articles for complete analysis. The process of identification, selection, eligibility, and inclusion of studies followed the PRISMA protocol (*Preferred Reporting Items for Systematic Reviews and Meta-Analyses*), ensuring greater rigor and methodological transparency.

For the organization and extraction of information from the selected articles, a data collection instrument was developed, adapted from standardized models for the collection of scientific articles. The instrument included the following fields: title of the article, year of publication, country of publication, institution involved, journal in which it was published, type of study, objective, main results, and level of evidence (N/E). The latter was classified according to the hierarchy of scientific evidence, as follows:

Table 1. Levels of evidence by type of study.

N/E	DESIGN OF STUDY
1	Systematic review or meta-analysis of randomized controlled trials
2	Well-designed randomized controlled trial
3	Well-designed clinical trials without randomization
4	Well-designed cohort and case-control studies
5	Systematic review of descriptive and qualitative studies
6	Descriptive or qualitative study
7	Opinions of authorities and/or report of expert committees

Source: Melnyk; Fineout-overholt (2005)

The extracted data were organized in tables, allowing the visualization: the years with the highest number of publications, the most frequent journals, the types of predominant studies and the main findings of each article.

RESULTS

Twelve articles were selected that served as the basis for the debate proposed on this topic, in which the ideas and approaches that were similar to the theme chosen in the research in question were listed, as described in Chart 2.

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Table 2. Synoptic distribution of studies in terms of title, authors, year of publication, and institution or location of the data. Garanhuns, PE, Brazil, 2025. (N=12)

Title	Year	Author	Data Institution/Location
Effective interventions in reducing maternal and child mortality: a comprehensive analysis	2024	Borges, Lauhanda Primo *et al.*	Regional Hospital of Sobradinho-DF
Epidemiology of maternal death and the challenge of qualifying care	2022	Tintori, Janaina Aparecida *et al.*	Regional Department of Health of Ribeirão Preto
Maternal mortality in the Brazilian Northeast	2021	Torres, Nathália Miranda Feitosa	Department of Informatics of the Unified Health System
Sociodemographic and care profile of maternal death in Recife, 2006-2017: a descriptive study	2020	Carvalho, Patrícia Ismael	Mortality Information System, investigation forms and summary forms of maternal, early and late deaths in Recife-PE
Maternal mortality: protocol of a study integrated with the Birth in Brazil II research	2024	Gama, Silvana Granado Nogueira *et al.*	Secretariat of Health and Environment Surveillance of the Ministry of Health
Maternal mortality in Northeast Brazil, 2009-2019: spatial distribution, trend and associated factors	2023	Oliveira, Ianne Vitória Gomes *et al.*	Northeast Brazil
Maternal mortality and the lack of women-centered care in Brazil during COVID-19: Preliminary results of a qualitative study.	2022	Diniz, Débora; Brito, Luciana; Rondon, Gabriela	University of Brasilia
Obstetric Observatory BRAZIL - COVID-19: 1031 maternal deaths from COVID-19 and inequality in access to health services	2021	Francisco, Rossana Pulcineli Vieira Larcerda, Lucas Rodrigues, Agatha.	Records of live births (Live Birth Information System) and maternal and child mortality (Mortality Information System).
Access to care in labor and delivery and maternal health safety	2020	Franchi, Juliana Vicente de Oliveira *et al.*	Rede Mãe Paranaense Program located in the 17th Regional Health Region of the state of Paraná
Intensive Care Unit Use in Women With Severe Maternal Morbidity and Maternal Death: Results of a National Multicenter Study	2020	Soares, Fabiano *et al.*	27 Brazilian obstetric reference centers.
Prevalence and risk factors for maternal mortality in a tertiary care center in eastern Nepal - retrospective cross-sectional study	2021	Sitaula, Sarita *et al.*	Eastern Nepal
Spatio-temporal investigation related to maternal mortality in Brazil	2022	Jesus, Larissa Meneses; Silva, Raili Santos; Barros, Fernanda Dantas	Data from the Unified Health System (DATASUS)

Source: Authors (2025)

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A total of 12 studies were analyzed, with publications concentrated between the years 2020 and 2024. Most of the studies were published in 2020, totaling 4 studies (Franchi *et al*., Soares *et al.*, Carvalho and Gama *et al*.), followed by the years 2021 and 2022, each with 3 published studies (Torres; Sitaula; Francisco *et al.* in 2021, and Tintori; Diniz *et al*.; Jesus *et al*. in 2022). 2023 and 2024 present, respectively, 1 and 2 studies (Oliveira *et al*., and Borges *et al*. and Gama *et al*.).

Regarding geographic location, most studies were carried out in Brazil, with emphasis on the Northeast region, which appears in at least 4 studies: Torres (2021), Oliveira *et al.* (2023), Carvalho (2020) and Francisco *et al.* (2021). The Southeast region is also represented, with emphasis on the work of Tintori *et al*. (2022), linked to the Regional Health Department of Ribeirão Preto (SP). The Federal District appears with the study by Borges *et al*. (2024), while the state of Paraná is addressed in the study by Franchi *et al.* (2020). The study by Soares *et al*. (2020) covers a national scale, carried out in 27 obstetric reference centers distributed throughout the country. The research by Sitaula *et al*. (2021) is the only study of an international character, having been conducted in eastern Nepal.

It is also observed that several authors used public data from the Ministry of Health, through the Department of Informatics of the SUS - DATASUS, especially through the Mortality Information System - SIM. Public institutions such as the University of Brasilia, and regional public hospitals were institutions that fostered these studies or fields of data collection. This demonstrates the involvement of official health and education agencies in the production of knowledge aimed at reducing maternal mortality.

Therefore, the studies show a recent temporal concentration (2020-2024), with a predominant geographic focus in Brazil, especially in the Northeast region, reflecting the growing concern with inequalities and the qualification of obstetric care.

Table 3. Synoptic distribution demonstrating the studies regarding the objective, methodology, evidence and main results. Garanhuns, PE, Brazil, 2025. (N=12)

Goal	Methodology	Level of Evidence*	Main results
To evaluate the incidence and causes of maternal mortality in a regional hospital in the Federal District from 2020 to 2023	Observational, analytical, and retrospective study	4	In a regional hospital in the Federal District, there were only two maternal deaths between 2020 and 2023, representing about 1.5% of all maternal deaths in the Federal District in this period. Between the two cases recorded, both patients were in their first pregnancy and had comorbidities acquired during pregnancy. The causes of death were refractory hemorrhagic shock due to ectopic pregnancy and severe preeclampsia. Both cases recorded were related to direct obstetric causes,

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			potentially preventable conditions with adequate prenatal care, and timely management.
To describe the reported maternal deaths and to identify the epidemiological profile of women who died in their pregnancy-puerperal cycle and to analyze the variables related to prenatal care and childbirth.	This is a retrospective study with a quantitative survey-type approach.	6	Records of 36 maternal deaths were found in the period from 2011 to 2016, most of the deaths occurred in women aged 20 to 29 years (63.9%), with a mean age of 28.1 years, most of whom were single (50%), white (66.7%), primiparous (41.7%), with income (30%). Access to prenatal care was noticeable in early recruitment (72.2%) and in the number of consultations during prenatal care. The main mode of delivery was cesarean section (52.8%). Direct obstetric maternal deaths resulted in 77.8% of deaths, with the main causes being hypertension, infection, and hemorrhage.
OBJECTIVE: To evaluate maternal mortality in the Northeast of Brazil in the last decade.	Documentary, retrospective and descriptive research	6	A total of 5847 deaths were demonstrated in the time frame, with a slight decline in the MMR year by year. Regarding the causes, diseases related to pregnancy, childbirth and puerperium accounted for 98.58% (n=5764) of the cases. Under this bias, gestational hypertension, eclampsia, postpartum hemorrhage, and uterine contraction abnormalities stood out. Thus, it is inferred that maternal mortality indicators point to regional inequalities, indicating the improvement of health care for pregnant women during prenatal care, childbirth and puerperium, aiming to minimize the maternal and child problem in the Northeast
OBJECTIVE: To describe sociodemographic and care characteristics of women who died of maternal causes in Recife, Pernambuco State, Brazil.	Descriptive study	6	A total of 171 deaths were identified, 133 in the puerperium; Most deaths occurred in black women (68.4%), without a partner (60.2%), accompanied by prenatal care (77.2%), childbirth in maternity hospitals (97.1%), assisted by obstetricians (82.6%); of the women with puerperal complications, 10.4% did not receive assistance; Preventable/probably avoidable deaths corresponded to 81.9%, due to indirect (n=80) and direct (n=79) causes.
To present the protocol of the Maternal Mortality Study, nested at Birth in Brazil II: National Survey on Abortion, Labor and Birth (Birth in Brazil II)	Mixed-type quantitative approach, with an analytical focus	4	It was evidenced that despite the almost universal coverage of prenatal care and hospital delivery, quality care during pregnancy, childbirth/abortion and birth is one of the main challenges of the Unified Health System (SUS). Management problems in childbirth care networks mean that women at higher risk, living outside large centers, are more exposed to complications and maternal death due to greater difficulty in accessing specialized health services, with appropriate structure, such as intensive care units (ICU), leading to delays in the provision of appropriate care.
OBJECTIVE: To analyze the spatio-temporal pattern and factors associated with maternal mortality in the	Ecological study	4	It was evidenced that some municipalities in Piauí stood out for having the highest risks of maternal mortality in the Northeast, which could justify the high number of maternal deaths in these municipalities due to deficiencies in health services in Piauí. Among the main obstacles to achieving prenatal care are the low adherence of

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Brazilian Northeast from 2009 to 2019.			professionals to the use of risk stratification guides in prenatal care, difficulties in accessing and monitoring pregnant women, especially those at high risk, and lack of training for Primary Health Care (PHC) professionals within the scope of the SUS.
To investigate, based on interviews with family members, the experiences of 25 pregnant or postpartum women who died from COVID-19 in Brazil, identifying barriers in access to obstetric care during the pandemic and the absence of attention focused on women's needs.	This is a qualitative, descriptive and exploratory study.	6	The study identified three main barriers to access to maternal care during COVID-19 in Brazil: delay in identifying and testing symptoms, delay in hospitalization, and failures in accessing ICU and intensive care, with 32.4% of women not being intubated before death, and 1 in 5 not having access to the ICU. Black women faced more refusals and discrimination. In 2021, there was a 223% increase in maternal deaths compared to 2020. Most of the pregnant women had no comorbidities. Among the 25 women studied, there were 6 fetal or neonatal deaths.
To investigate maternal mortality associated with COVID-19 in Brazil, using data from the OOBr COVID-19, focusing on inequalities in access to intensive care and mechanical ventilation between pregnant and postpartum women.	Observational, documentary, retrospective and quantitative study.	6	The study revealed that, between March 2020 and May 2021, there were 1,031 maternal deaths from COVID-19 in Brazil, with high mortality ratios in the second trimester of pregnancy and in the puerperium. About 22.5% of the women did not have access to the ICU and 33.5% did not receive invasive ventilation. There was a 233.8% increase in weekly deaths in 2021 compared to 2020. The study highlights regional inequalities in access to health.
To analyze the time of access to care in labor and delivery and maternal health safety.	Analytical cross-sectional study nested in the prospective cohort	4	Statistical significance was observed between the adverse maternal outcome and the delay in seeking a health service (p=0.005) and the delay in transportation to the maternity hospital (p=0.050), while the outcome knowledge about labor/delivery was statistically associated with delay in seeking a health service (p=0.048). There was no statistically significant difference between the three delays model and satisfaction in care.
To assess intensive care unit (ICU) utilization and its effect on maternal mortality (MM) among women with severe maternal morbidity (MMG).	Cross-sectional study	4	The study indicates that the main variables associated with maternal death are the severity and adequacy of case management, being more frequent in ICU admissions. The use of the ICU without stratification of patients by severity may not produce the expected benefits for some women.

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Determine the MMR and identify the various risk factors and causes of maternal mortality.	Retrospective study	6	There were a total of 55,667 deliveries performed during the study period. The calculated MMR is 129.34 per 100,000 live births in the period from 2015 to 2020. The mean age and gestational age of the women with maternal deaths were 24.69 ± 5.99 years and 36.15 ± 4.38 weeks of gestation. Obstetric hemorrhage, hypertensive syndrome of pregnancy, and sepsis were the main causes of maternal death. The main contributing factors were the delay in seeking medical care and in accessing the health unit (type I delay: 40.9%).
To carry out a spatio-temporal investigation of maternal deaths due to direct causes, identifying the main causes and tracing the profile of the victimized women in order to awaken in health professionals a critical view of the quality of care	Epidemiological study, of the ecological type, descriptive	6	From the data obtained, it was possible to identify that MM due to direct obstetric causes are the most prevalent (66.9%), the three main preventable causes in Brazil are hypertensive disorders (preeclampsia and eclampsia) and postpartum hemorrhage, while the regions with the highest number of cases of maternal deaths were the Southeast (35%) and Northeast (33%). Thus, it is necessary to outline strategies aimed at problem-solving care during prenatal care, as data shown in this study reveal an inequality in access to health.

Source: Authors (2025)
*Classification of levels of evidence based on Melnyk; Fineout-overholt (2005)

DISCUSSION

The analysis of maternal mortality in different Brazilian contexts reveals that, although the absolute numbers may vary according to the region and the profile of the population served, there is a common denominator: the lack of timely and qualified access to health services, especially during the pregnancy-puerperal cycle. The study by Borges *et al.* (2024) shows that, even in regions with a low number of maternal deaths, such as the Regional Hospital of Sobradinho-DF, the identified causes, hemorrhagic shock and severe preeclampsia, could have been prevented with adequate prenatal care and timely actions, highlighting the central role of primary care and early diagnosis.

In addition, the study by Tintori *et al.* (2022) presents a detailed description of maternal deaths declared between 2011 and 2016, highlighting the most affected age group, the socioeconomic conditions of women, and the number of prenatal consultations. Despite good initial uptake and cesarean sections in more than half of the cases, direct

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obstetric causes, such as hypertension, infection, and hemorrhage, continue to lead the fatal outcomes, demonstrating that access to qualified care is essential to avoid these unwanted outcomes.

Torres (2021), when analyzing maternal deaths in the Northeast, reinforces the persistence of high mortality rates in the region, largely attributed to predictable and avoidable causes. The study points to the persistence of regional inequalities, where factors such as scarcity of resources, fragility of local services, and absence of efficient protocols for the care of pregnant women still significantly compromise maternal health indicators.

Carvalho's (2020) investigation, focused on Recife, brings an important picture of the impact of social conditions on maternal mortality. Black, single and economically vulnerable women were the most affected, even with prenatal care in more than 77% of cases. The most alarming data, however, is that 81.9% of deaths were classified as avoidable or probably avoidable, which calls into question the effectiveness of the health system even when formal access exists. According to the author, among the women who presented complications, not all were referred to high-risk prenatal care, and some of them remained without adequate care in the puerperium, which demonstrates difficulties in accessing quality health services.

Gama *et al.* (2024), when presenting the protocol of the "Birth in Brazil II" study, highlight the apparent contradiction between the almost universalization of prenatal care and hospital delivery and the high maternal mortality. The explanation lies in the low problem-solving capacity of care, especially in regions outside large urban centers, where there is a lack of ICU beds, adequate transportation, and qualified human resources. This increases women's exposure to risk, even when they seek the health system. The authors also point out that deaths occurring in smaller households or health facilities, such as those that perform fewer than 100 deliveries per year, tend to involve women with a different profile from those cared for in more complex units, which reinforces inequalities in care.

In the study by Oliveira *et al*. (2023), which analyzed the spatio-temporal pattern of maternal mortality in the Northeast, identified the fragility of primary health care as a crucial factor. The low adherence of professionals to the use of risk stratification guides, the difficult access to referral units and the lack of training directly compromise the surveillance and adequate follow-up of pregnant women, especially those at high risk. The study also highlights that poor communities with restricted access to health services have higher

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MMRs, as the low purchasing power of women, associated with inaccessibility to care, favors the occurrence of death from avoidable obstetric causes.

During the Covid-19 pandemic, these problems worsened. Diniz *et al.* (2022) reveal, in a qualitative study, the painful experiences of women who died as a result of the disease, with emphasis on delays in identifying symptoms, denial of hospitalization, and absence of intensive care. The intersection of racism, gender inequality, and health system failures has cruelly exposed maternal health neglect during health emergencies.

Francisco, Lacerda, and Rodrigues (2021), using data from the Brazilian Obstetric Observatory (OOBr), reinforce these findings by accounting for 1,031 maternal deaths from Covid-19 between March 2020 and May 2021, with 22.5% of women without access to the ICU and 33.5% without mechanical ventilation. The 233.8% increase in weekly deaths in 2021 compared to 2020 demonstrates the collapse of the health system and regional disparities, showing that precarious access aggravates the vulnerability of pregnant women, especially in crisis contexts. In addition, the study reveals large regional inequalities, with ICU mortality ranging from 20.3% to 88.3% and absence of intubation between 0% and 51.5%, pointing to structural disparities in public health services.

Franchi *et al.* (2020) also contributed significantly by relating the time of access to care during labor and the risk of adverse outcomes. There was a statistical correlation between delay in seeking care and higher risk for the mother, in addition to the importance of knowledge about warning signs. These data reinforce the concept of the "three delays": delay in recognizing the need for care, in arriving at the service and in receiving adequate care.

Maternal mortality, in addition to reflecting failures in obstetric care, represents a sensitive indicator of the effectiveness of health systems on a global scale. In developed countries, such as the United States, there is a worrying trend of increasing MMRs, contrary to global advances. According to Howell (2020), factors such as structural racism, inequality in access to qualified prenatal care, and institutionalized discrimination contribute to significantly higher ratios among black and indigenous women, even in a system with available resources.

In the multicenter study by Soares *et al*. (2020), the analysis of ICU use revealed that simple admission to intensive care units does not guarantee better maternal outcomes if it is not accompanied by effective screening and adequate case management. This highlights

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the importance of risk stratification and clinical decision-making based on protocols and evidence, something that is still absent in many realities of the SUS.

Sitaula *et al.* (2021), in a retrospective study in Nepal, reinforce that the factors associated with maternal mortality are universal: hemorrhage, hypertensive disorders, and sepsis lead the deaths, while delay in seeking care and arriving at the hospital were the main contributing causes. Even in different contexts, the challenges are repeated and converge on the same point: the need to ensure rapid, continuous and problem-solving access to obstetric care.

Finally, the investigation by Jesus *et al.* (2022) corroborates that maternal mortality in Brazil is marked by preventable direct causes, such as preeclampsia and postpartum hemorrhage, and is concentrated in the Southeast and Northeast regions. The lack of equity in access to health reinforces the urgency of implementing public policies that prioritize the strengthening of prenatal care and safe delivery in all regions, reducing disparities and promoting social justice in maternal health.

CONCLUSION

Maternal mortality represents not only a sensitive indicator of the quality of health care, but also a reflection of the social, economic, and structural inequalities that affect women's access to health services. The findings discussed throughout this study show that, despite advances in prenatal and hospital delivery coverage in Brazil, significant gaps in the care provided persist, especially with regard to the timeliness, continuity and problem-solving capacity of care.

Studies have shown that most maternal deaths result from preventable causes, such as gestational hypertension, hemorrhage, and sepsis, strongly associated with difficulties in accessing diagnosis, the absence of adequate care, the scarcity of intensive care beds, and the lack of professional training. The analysis also revealed a scenario of inequity, where black, young, low-income women living in regions far from large urban centers are more exposed to the risk of complications and death, evidencing a persistent pattern of institutional negligence and fragility in the management of obstetric care.

In addition, the Covid-19 pandemic exposed and aggravated the already existing weaknesses in the health system, intensifying the number of maternal deaths due to lack of access to ICU, mechanical ventilation, and early diagnosis. Factors such as structural racism, misinformation, institutional unpreparedness, and the absence of care centered on

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women's needs directly contributed to the unfavorable outcomes recorded in the period. In this context, it is concluded that the effective reduction of maternal mortality in Brazil requires more than the expansion of the supply of services: it requires continuous investments in the qualification of care, strengthening primary care, combating regional inequalities and promoting a humanized, comprehensive and equitable care model, capable of guaranteeing the right to life and reproductive health of all women.

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