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INTERVIEW ABOUT MATERNAL MORTALITY, COVID-19 PANDEMIC AND POST-PANDEMIC FROM THE PERSPECTIVE OF THE PERNAMBUCO STATE MATERNAL MORTALITY COMMITTEE – CEEMM-PE

Introduction

I always have doubts when talking about the Covid-19 pandemic and its devastating effects. From where to start? What feeling animates the conversation? There were and continue to be many images, listening, experiences, losses, welcomed, histories and neglect. Speak in the first or third person? This certainly helps to define how far I distance myself and how close I get to the events.

Memories arise of what it was like to deal with another unknown infectious disease, with the sadness in predicting who would become more infected, who would have their illness more aggravated, who would die more. It rekindles the anguish of what it was like to live with an (elected) government without empathy and what it was capable of doing to a population exhausted from so much headbanging to wake up the next day, often believing only in a messiah, as politics was seen as a constant exercise of far away so close. Recall that pure ignorance, devoid of ethics and compassion, that propagated neglect, assumed denialism as public policy and naturalized the suffering of others as if it were Destiny.

At the same time, the need to talk about the resilience of health professionals, the resistance of researchers in confronting government lies and omissions, the energy of organized people, the articulation of non-flat earth governors and politicians, the Covid-19 CPI and the role of the media, including traditional ones, in monitoring and monitoring morbidity and mortality data. Part of these reaction strategies is close to what Simone Diniz called Guerrilla Epidemiology: the role of organized groups in visualizing the problems caused by Covid-19 during pregnancy in Brazil, presented at the Seminar "Far beyond the virus: effects of Covid-19 on sexual and reproductive health in Brazil[2], in february 2023. From the perspective of guerrilla epidemiology, I highlight the contribution of the Obstetric Observatory for the field of maternal health and mortality and Covid-19.

So, it is with the feeling of fear and hope that has flooded our lives that I will continue talking.

[1] Composition of CEEMM-PE State health department of Pernambuco, Municipal health department of Recife, Regional and municipal maternal mortality committees, Society of gynecology and obstetrics of Pernambuco, Regional medical council, Regional nursing council/ABENFO, Women's organization of civil society, University of Pernambuco, Federal University of Pernambuco, Instituto Aggeu Magalhães/Fiocruz-PE.

Brazil did not achieve the targets for maternal mortality in the Millennium Development Goals (SDGs). How is the country moving towards achieving the SDG objectives?

In relation to the Millennium Development Goals – MDG (1990-2015), Brazil had been developing strategies of different natures to monitor and achieve the agreed goals. In this sense, in the mid-2000s, a national information qualification movement was created[2,3,4], to estimate a baseline that would allow evaluating the behavior of maternal mortality, a phenomenon that, in addition to being rare, is underreported.

At the same time, initiatives were launched and reinforced with a view to impacting maternal and neonatal health indicators, such as laws, policies, pacts, programs, incentives for assessments and research, launching a legal and normative framework in this field. [5,6]

Brazil, however, did not reach the MDGs (reduction of ¾ of the MMR between 1990 and 2015). 35 maternal deaths per 100,000 live births was still a distant level, in spite of being a public health system with universal access. We know that reducing higher indicators is easier than reducing them when they are in the process of falling, because in this scenario, structural issues need to be faced in the form of continuous public policies.

The obstetric care model, even with high coverage of prenatal care and almost exclusively hospital births, remains unbalanced regarding who has access to appropriate technologies and qualified teams; remains focused on hypermedicalization (cesarean section rates above 50%), violent and racist. Concrete challenges persist in the comprehensiveness and equality of women's health care, which impacts on the occurrence of these deaths.

In addition, to this, there are barriers to reproductive planning and criminalization of abortion. Abortion persists as one of the five causes of maternal death and directly interferes with the care of women undergoing abortions, whether miscarriages or induced.[7]

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[2] Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento de Análise de Situação em Saúde. Guia de vigilância epidemiológica do óbito materno / Ministério da Saúde, Secretaria de Vigilância em Saúde, Departamento de Análise de Situação em Saúde. – Brasília: Ministério da Saúde, 2009. 84 p.: il. – (Série A. Normas e Manuais Técnicos); Brasil. Ministério da Saúde (MS). Manual para Investigação do Óbito com Causa Mal Definida. Brasília: MS; 2009. (Série A. Normas e Manuais Técnicos) Szwarcwald CL. Strategies for improving the monitoring of vital events in Brazil. Int J Epidemiol 2008; 37(4):738-744; Barros FC, Matijasevich A, Requejo JH, Giugliani E, Maranhão AG, Monteiro CA, Barros AJ, Bustreo F, Merialdi M, Victora CG. Recent trends in maternal, newborn, and child health in Brazil: progress toward Millennium Development Goals 4 and 5. Am J Public Health 2010; 100(10):1877-1889.

[3] Cunha CC da, Vasconcelos AMN, Souza M de FM de, França E. Avaliação da investigação de óbitos por causas mal definidas no estado da Bahia, Brasil, em 2010. Ciênc saúde coletiva [Internet]. 2019May;24(5):1831–44. Available from: https://doi.org/10.1590/1413-81232018245.14852017.

[4] Brasil. Ministério da saúde. Rede Cegonha. PORTARIA Nº 1.459, DE 24 DE JUNHO DE 2011. https://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt1459_24_06_2011.html

[5] Pacto nacional pela redução da mortalidade materna e neonatal Ano V, maio/junho de 2004 ISSN 1806-1192. https://rblh.fiocruz.br/sites/rblh.fiocruz.br/files/usuario/80/pactopsfinfo22.pdf

[6] Leal, M. do C., & Gama, S. G. N. da. (2014). Nascer no Brasil. Cadernos De Saúde Pública, 30, S5–S5.

[7] Boletim Epidemiológico | Secretaria de Vigilância em Saúde | Ministério da Saúde. Volume 53 | N.º 47 | Dez. 2022

Given this situation, and before the Pandemic, projections already indicated that, if the conditions in force in 2018 were maintained, Brazil would not achieve the goals of the Sustainable Development Goals (SDG – 2030 agenda).[8] The irresponsible way in which the Brazilian government dealt with the Covid-19 pandemic, therefore, drastically reduces the chance that these objectives be achieved, mainly because the Maternal Mortality Ratio (MMR) is an indicator of results, with its decline conditioned many elements of care, including some described above.

What are the implications of the covid-19 pandemic on the health of women in the pregnancy and postpartum period and its implications for maternal mortality? How did public authorities act in managing the health crisis in the face of the health emergency related to Covid-19 and what are its implications for women's reproductive health?

Health emergencies have affected women and men differently, exacerbating disparities between vulnerable groups, such as children and adolescents, people with disabilities and those in extreme poverty. In times of pandemic, women end up becoming one of the highest risk groups, as in addition to accumulating these layers of vulnerabilities, they constitute 70% of the health and social services workforce in the world (often on the front line of care).[9] Furthermore, it is added domestic and family care, which brings to light gender inequalities and sex/gender, race and class intersectionalities.

Therefore, in times of health crises, these female caregivers of the world would need to be looked at and especially cared for, with the right to sexual and reproductive health as a central element during periods of crisis. Getting pregnant and giving birth during a pandemic can increase situations of helplessness and poverty, without to mention the direct effects of these diseases on the condition of pregnancy, childbirth and the postpartum period and the impacts on their newborns.

At the beginning of 2020, estimates already showed that middle-income countries like Brazil could have an increase in maternal mortality levels between 8.3% and 38.6%,[10],[11] considering the indirect impacts of interruption of services and difficulty in accessing survival.

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[8] MOTTA, C.T.; MOREIRA, M.R. O Brasil cumprirá o ODS 3.1 da Agenda 2030? Uma análise sobre a mortalidade materna, de 1996 a 2018. Ciência & Saúde Coletiva, 26(10):4397-4409, 2021; Jarbas Barbosa, Walter Ramalho. Possíveis cenários epidemiológicos para o Brasil em 2040. Fundação Oswaldo Cruz, 2021. 48 p.

[9] Simba, H Ngcobo S. Are Pandemics Gender Neutral? Women's Health and COVID-19? PERSPECTIVE article. Front. Glob. Womens Health, 19 October 2020. Sec. Women's Mental Health. Volume 1 - 2020

[10] Roberton T, Carter ED, Chou VB, Stegmuller AR, Jackson BD, Tam Y, et al. Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study. Lancet Glob Health. 2020;8(07): e901–e908. Doi: 10.1016/S2214-109X (20)30229-1.

[11] Potential maternal and infant outcomes from Coronavirus 2019-nCoV (SARS-CoV-2) infecting pregnant women: lessons from SARS, MERS, and other human Coronavirus infections. Viruses, 12 (2) (2020), p. 194. 2020, Vol 12, Page 194.

These projections did not incorporate the direct effects of Sars-Cov-2 on the physiological changes that occurred during the pregnancy and puerperal period, but only on the overload and interruption of health services.

In Brazil, the Covid-19 pandemic arrived as the last straw that exploded the political, economic and health crises that had been threatening the country since 2015/2016. In this chaotic environment, and under a regime of regression in sexual and reproductive health policies, warnings from researchers and health professionals, international agencies and non-governmental organizations that projected increasing maternal morbidity and mortality were not recognized by the federal government. Indifferently, he maintained a careless and arrogant stance, with slow, unfair and unfocused measures regarding the true needs of pregnant and postpartum women.[12,13, 14]

These alerts and guidelines focused on the need to guarantee access to contraception, non-interruption of legal abortion and prenatal visits, delivery and postpartum care with the "least possible risk". For low- and middle-income countries, concerns focused on how to ensure recent advances in protecting women and newborns in the difficult times ahead. [15]

In Brazil, the big challenge was: how to proceed in the face of overcrowded maternity wards, under the care of professionals who circulated between stupefied and exhausted, with difficulties in using protocols, being bombarded with incorrect instructions/treatments by many health professionals and shortage of intensive care units? And how can we maintain the still incipient so-called "good practices" in labor and birth care?

While the Pandemic continued ungoverned, maternal deaths were notified and reported in all regions of the country. The numbers, the stories, the indignation grew up. Among pregnant women and their families, there was a growing fear of labor/birth, of being isolated in a Covid-19 hospital, of becoming infected, of getting sick and of dying alone, she

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[12] Brasil. Ministério da Saúde. Secretaria de Atenção Primária à Saúde. Departamento de Ações Programáticas e Estratégicas. Manual de Recomendações para a Assistência à Gestante e Puérpera frente à Pandemia de Covid-19 [recurso eletrônico] / Ministério da Saúde, Secretaria de Atenção Primária à Saúde. – Brasília : Ministério da Saúde, 2020. https://www.gov.br/saude/pt-br/coronavirus/publicacoes-tecnicas/guias-e-planos/manual-instrutivo-para-a-assistencia-a-gestante-e-puerpera-frente-a-pandemia-da-covid-19/view.

[13] Brasil. Ministério da Saúde/Gabinete do Ministro Portaria GM/MS Nº 715, de 4 de abril de 2022 que cria a Rede de Atenção Materna e Infantil – RAMI. https://www.in.gov.br/web/dou/-/portaria-gm/ms-n-715-de-4-de-abril-de-2022-391070559.

14 Brasil. Ministério da Saúde. Secretaria de Atenção Primária à Saúde. Departamento de Ações Programáticas e Estratégicas. Atenção técnica para prevenção, avaliação e conduta nos casos de abortamento / Ministério da Saúde, Secretaria de Atenção Primária à Saúde, Departamento de Ações Programáticas e Estratégicas. – 1. ed. rev. – Brasília: Ministério da Saúde, 2022.

[15] Graham, Wendy Jane et al. Protecting hard-won gains for mothers and newborns in low-income and middle-income countries in the face of COVID-19: call for a service safety net. BMJ Global Health JCR, v. 5, p. e002754-5, 2020

and her/her baby. This fear may, to a certain extent, have postponed the search for care in the face of an obstetric complication or flu-like signs/symptoms.

One of the cases of maternal death due to Covid-19 discussed by CEEMM-PE revealed how the fear of becoming infected and dying could be greater than the fear of being transferred and cared for in a reference maternity hospital for Covid-19: a pregnant woman at risk admitted to a maternity hospital, she was diagnosed with Covid-19. When informed that she would be transferred to a reference maternity hospital, she escaped. She returned a few days later in serious condition and died. Although we are not able to say that she would not have died if she had been transferred at that time, this reveals the extent of despair in the face of the Pandemic.

Time was running out and vaccination, which had already been announced in the country, remained unavailable for this population group. The federal government operated a real mess, with gross errors in information and management of immunization, creating even more confusion among health professionals and insecurity among families already devastated by the daily pandemic. In other words, the fear went beyond being admitted to a Covid-19 hospital, but rather of being vaccinated, having serious reactions and dying during pregnancy or postpartum.

As viruses are not contained by miraculous forces and science was not considered, the worst estimates were extrapolated and the country became the scene of an announced tragedy, setting maternal mortality indicators back thirty years. And more than that, it revealed the disrespect for motherhood so reified by conservative technicians and politicians, in an unprecedented violation of the right to life of women and their offsprings.

Those states and regions that reacted and faced government abuses, even with their own resources (financial, technical or intelligence), managed to interrupt the growth of morbidity and mortality, demonstrating that it was not evenly distributed among the population and the Brazilian territory.

Was maternal mortality during the Pandemic period, in particular, evenly distributed across the world? It's in Brazil? And can it just be attributed to the health crisis?

Although an increase in maternal mortality was observed in all Brazilian states and regions, this occurred differently in space and time: time here refers to 2020 and 2021.

In 2020, there was already an excess of maternal deaths of around 40%, even considering that an excess of mortality among women of childbearing age.[16, 17, 18,19, 20] As the majority of maternal deaths from Covid-19 (directly or indirectly related) occurred in the third trimester of pregnancy and in the postpartum period, the loss of prevention opportunities were overlapping, among those not yet pregnant and among those whose pregnancies were taking place in the period. In 2020, many women, including those with comorbidities, had increased difficulties in obtaining contraception and received little information about the risks of becoming pregnant and about maintaining legal abortion services. And as they continued their pregnancy, many found themselves facing more difficulties, now, accessing adequate and timely care and, without vaccination, some became seriously ill and some others died.

In 2021, in the presence of the Ômicron variant and still without vaccination, the situation worsened and maternal mortality reached alarming levels, reaching approximately 200% above the previous period. In 2021, maternal deaths due to Covid-19 represented 59.8% of total maternal deaths. That means, in addition to increasing the volume of maternal deaths, Covid-19 interfered in the distribution of causes of death, abruptly changing the levels and structure of Brazilian maternal mortality (Graph 1)[21]. The MMR of 110 deaths of women per 100 thousand live births, reports 1998 levels.

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[16] Guimarães RM. *COVID-19 challenges Brazil to comply with agenda 2030 to reduce maternal Mortality.* The Lancet Regional Health – Americas 2023;21: 100491

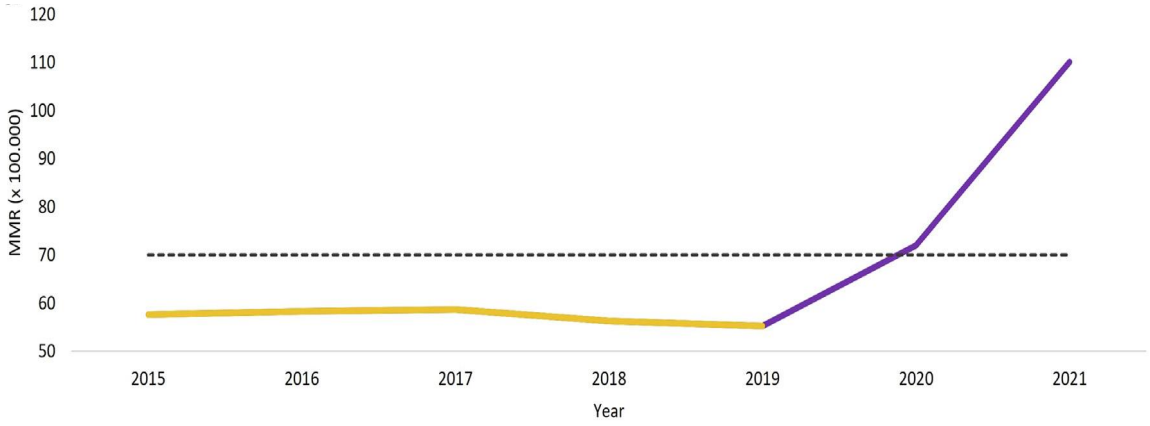
[17] Nakamura-Pereira M, Amorim MMR, Pacagnella R de C, Takemoto MLS, Penso FCC, Rezende-Filho J de, et al. COVID-19 and Maternal Death in Brazil: An Invisible Tragedy. Rev Bras Ginecol Obstet. 2020 Aug; 42(08):445–7. https://doi.org/10.1055/s-0040-1715138 PMID: 32898910

[18] Ministério da Saúde. Departamento de Análise Epidemiológica e Vigilância de Doenças Não Transmissíveis. Secretaria de Vigilância em Saúde. Available: https://svs.aids.gov.br/daent/acesso-a-informacao/acoes-e-programas/busca-ativa/indicadores-de-saude/mortalidade/.

[19] Orellana J, Jacques N, Leventhal DGP, Marrero L, Morón-Duarte LS. Excess maternal mortality in Brazil: Regional inequalities and trajectories during the COVID-19 epidemic. PLoS One. 2022 Oct 20;17(10):e0275333. doi: 10.1371/journal.pone.0275333. PMID: 36264994; PMCID: PMC9584504.

[20] Orellana J, Jacques N, Leventhal Dgp, Marrero L, Moro´N-Duarte Ls (2022) Excess maternal mortality in Brazil: Regional inequalities and trajectories during the COVID-19 epidemic. PLoS ONE 17(10): e0275333. https://doi.org/ 10.1371/journal.pone.0275333.

[21] https://observatorioobstetricobr.org/



Graph 1 - Maternal mortality time series, Brazil 2015-2021.

Source: Guimarães RM. *COVID-19 challenges Brazil to comply with agenda 2030 to reduce maternal Mortality.* The Lancet Regional Health – Americas 2023;21: 100491

Recent data consolidated by the Ministry of Health [22] show the differences in MMR between Brazilian regions (Figure 2). For 2021, all regions presented MMR above 100/100,000 live births, with the North and Central-West regions being the highest. However, when comparing the year 2021 with the average of the years 2017, 2018 and 2019, the Central West Region and the South Region had the largest increases of approximately 133% and 192%, respectively. Unimaginable values, especially for the South, which maintained levels below 40/100,000 live births.

When looking at the states, only ten had MMR below 100/100,000 live births in 2021. Roraima reached the highest MMR (309/100,000 live births) and Pernambuco the lowest (73.7/100,000 live births).

This frightening situation demands a reflection on what actually interfered with this unexpected performance, as studies have shown that maternal deaths during the Pandemic occurred among black women, with low education, living in small municipalities and who had to travel in search of care.[23,24] What factors were associated with such high indicators in

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[22] Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento de Análise Epidemiológica e Vigilância de Doenças Não Transmissíveis. Indicadores de mortalidade que utilizam a metodologia do Busca Ativa. https://svs.aids.gov.br/daent/acesso-a-informacao/acoes-e-programas/busca-ativa/indicadores-de-saude/mortalidade/

[23]Takemoto MLS, Menezes MO, Andreucci CB, Nakamura-Pereira M, Amorim MMR, Katz L, Knobel R. The tragedy of COVID-19 in Brazil: 124 maternal deaths and counting. Int J Gynaecol Obstet. 2020 Oct;151(1):154-156. doi: 10.1002/ijgo.13300. Epub 2020 Jul 29. PMID: 32644220; PMCID: PMC9087660.https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1002/ijgo.13300

[24] Orellana J, Jacques N, Leventhal DGP, Marrero L, Moro´n-Duarte LS (2022) Excess maternal mortality in Brazil: Regional inequalities and trajectories during the COVID-19 epidemic. PLoS ONE 17(10): e0275333. https://doi.org/ 10.1371/journal.pone.0275333

cities/territories that historically have better HDI, better education, lower fertility rates and, theoretically, better access to health services?

In this sense, it is worth insisting on the role of managing the Pandemic on regional differences in maternal mortality, differences never seen before. Could the South and Southeast regions, with states governed by more conservative and denialist policies, ranging from the offer of the chloroquine kit to the (mis)management of vaccination, have influenced these results? How did the state of Santa Catarina, which had the lowest MMR in the country (around 35/100,000 live births) reach 98/100,000 live births in 2021?

These are different situations among the states in the North region, including Roraima, which, in addition to the complex social organization resulting from the disputes between miners over the territories of indigenous peoples, a border area with large immigration and its recognized lack of assistance, was abandoned by the Brazilian government. in recent years, culminating in the Yanomami humanitarian crisis.[25]

It is worth highlighting, in turn, that although among the Northeastern states, only two (Pernambuco with 76.3/100,000 live births and Sergipe with 83.3/100,000 live births) had estimated MMR below 100/000 live births, It was these, together with the State of São Paulo (83.3/100,000 live births), that presented the lowest estimated MMR for 2021. How can we explain the expected and unexpected of these indicators that seem to have exceeded our capacity for predictability? More in-depth and local research needs to be conducted so that we can understand these mediating factors that may have acted to dampen or intensify the force with which the Pandemic fell on women's lives.

In 2022, preliminary data show that the astonishing numbers will not remain, but there is no prediction as to whether they will return to the previous level, when considering the average for the years 2017-2019. It is worth remembering that the Pandemic also impacted the number of live births,[26] influencing the calculation of the maternal mortality ratio (MMR).

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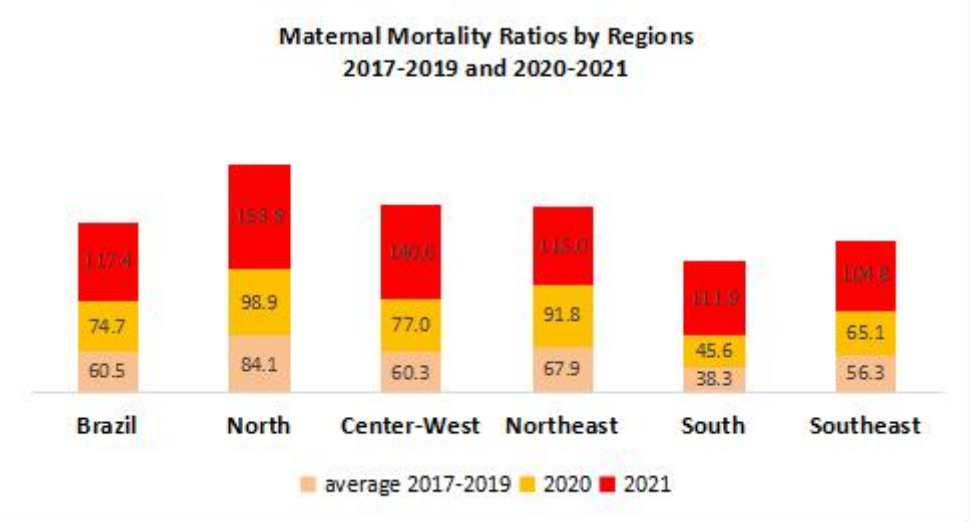
[25] https://agenciabrasil.ebc.com.br/radioagencia-nacional/direitos-humanos/audio/2023-02/yanomami-crise-humanitaria-no-coracao-da-amazonia

[26] Marteleto, Leticia Junqueira et al. Fertility trends during successive novel infectious disease outbreaks: Zika and COVID-19 in Brazil. Cadernos de Saúde Pública [online]. 2022, v. 38, n. 4.



Source: Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento de Análise Epidemiológica e Vigilância de Doenças Não Transmissíveis, 2023.[27]

The maternal mortality committee plays a fundamental role in reducing maternal mortality and improving women's health care.
How do you evaluate the committee's performance during the Covid-19 pandemic and the contributions to future actions.
How did civil society and in particular the women's movement contribute to giving visibility to precarious reproductive health care during the critical period of the Covid-19 pandemic?

The State Maternal Mortality Committee (CEEMM-PE) has sought, over thirty years of activity, to contribute to the reduction of maternal mortality, in a persistent and, let's say, creative way. Officially created in 1995, through State Ordinance 087/1995[28], It was structured in a partnership between the medical faculties of federal and state universities, the epidemiology department of the State Department of Health and the women's movement, under the influence of the newborn Unified Health System (SUS). At that time, it was agreed that the notification and investigation of deaths of women of childbearing age (OMIF) and maternal deaths would be the responsibility of maternal death surveillance, still being structured, and the recent Committee would be a space for discussing policy on women's health in the state of Pernambuco. Since then, it has maintained this line of action on sexual and reproductive rights.

[27] https://svs.aids.gov.br/daent/acesso-a-informacao/acoes-e-programas/busca-ativa/indicadores-de-saude/mortalidade/
[28] Pernambuco. Diário Oficial. Secretaria de Saúde. Portaria 087, 26 de setembro de 1995.

In this way, together with the coordination of Women's and Adolescent at the Health Secretariat of the State of Pernambuco (SES-PE), in 1997, it led the formation and monitoring of teams by health regions, structuring what would become the current state maternal death surveillance. In 1999, the first report of maternal deaths by health regions was presented and discussed, reaching 37% of investigation of deaths of women of reproductive age (MIF).

In 2002, following reports of five maternal deaths within a two-month period in a municipal hospital 100 km from Recife, a local DHESCA Platform mission was established (Barreiros case)[29] and the CEEMM-PE Technical Group was created in conjunction with the Maternal Death Surveillance System. Initially to discuss those deaths, continuing to the present days.

In this scenario, a feminist took over the coordination of CEEMM-PE for the first time in an attempt to strengthen social control, which caused tensions in the relationship with the then state management. The feminist presence persisted and has been shaped by technical and political learning, a partnership based on trust and with the purpose of improving the living conditions of women and adolescents in the state.

From 2010 onwards, a new political strategy for on-site evaluation of childbirth care began to be designed, which remained centralized, disorganized and under the control of medical power, both in the care provided to women and in the management of hospital services, characterized by as abuse, mistreatment or obstetric violence. Thus, “surprise visits” emerged. These were and continue to be carried out by the so-called Social Control Group of CEEMM-PE and had as their starting point, hospitals in Vitória de Santo Antão, which culminated in the closure of obstetric beds in a private hospital with an agreement and the reopening of the maternity ward at Hospital João Murilo de Oliveira, although to our regret, under the management of a Social Organization (OS).

Until 2020 (beginning of the Covid-19 pandemic), surprise visits were performed in maternity hospitals in Recife and the Metropolitan Region, followed by reports sent to local and state/municipal managers, Public Prosecutor's Office, among others. From October 2021 onwards, they were resumed, being extended to the interior of the state, including in the interior of São Francisco and Araripe[30]. Table 1 summarizes the most important actions developed by CEEMM-PE and maternal death surveillance in Pernambuco until 2022. For

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[29] Plataforma DHESCA Brasil. https://lib.ohchr.org/HRBodies/UPR/Documents/session13/BR/PDB_UPR_BRA_S13_2012_PlataformaDhescaBrasil_E.pdf

[30] Such views will be the subject of a specific article in the near future.

2023, actions are being agreed with the new state management, considering the planning carried out at the beginning of the year.

Time frame of the main activities/actions developed by CEEMM-PE and OMIF Surveillance. Pernambuco 1991 - 2023

Structuring of CEEMM-PE (UFPE, UPE, SES-PE, SOS-CORPO, Curumim Group, Cais do Parto)	1991
Creation of the Recife Maternal Mortality Committee	1994
Creation of State Maternal Death Surveillance, formally including CEEMM-PE (Ordinance 087/September 1995)	1995
Consolidation of the decision on the roles of CEEMM-PE (social control) and Maternal Death Surveillance (OMIF investigation)	1996
Training of GERES teams in Maternal Death Surveillance (concepts, flows and instruments) – OMIF investigation practice	1997
Beginning of the decentralization process of Maternal Mortality Committees	1998
Presentation of the first report of maternal deaths in the state (37% of OMIF investigated)	1999
Feminist assumes coordination of CEEMM	2000
Barreiros Case – DHESCA Platform	2002
Official creation of the Technical Group (GT) of the CEEMM-PE	2002
Seminar on maternal mortality and human rights and establishment of a joint action partnership with MP-PE	2003
Establishment of collegiate coordination of CEEMM-PE	2005
Strengthening the CEEMM-PE and state VOM coordination partnership with regular GT meetings	2003...
Launching of *Mãe Coruja* under criticism from CEEMM-PE (maternal and child program in the health field)	2007
Start of surprise visits in Vitória de Santo Antão with Curious Women street action, which culminated in the reopening of Hospital João Murilo de Oliveira (OS) which was practically closed.	2010
Cegonha Network – strengthening *good practices on labor*	2011
Carrying out surprise visits in maternity wards in Recife, metropolitan region	2013...
Establishment of a social control group of the CEEMM-PE Committee, formed by civil society representations	2014
Update of State Ordinance 456/2017 that regulates the surveillance of maternal deaths at the state level.[31]	2017
Pandemic	
Interruption of discussions of deaths by maternal death GTs	02/2020
Preparation of documents, alerts [32], webinars on the urgency of prioritizing MIF, with regard to contraception, prenatal care during childbirth/pilgrimage, postpartum care, the need for vaccines.	2020/2021
Resumption of discussions of deaths by online maternal death GTs	08/2020
Some CEEMM-PE meetings held online in 2020 and regular meetings resumed in 2021	2020-2021
Political articulation and production of informative material on the risks of interrupting contraception, prenatal care, centralization of childbirth care, urgent vaccinations and the scandalous volume of maternal deaths.	2020-2021
Resumption of surprise views, including visits to the interior of the state, including the backlands. Focus: ***good practices on labor***	2021-2022
Hearing with the new Secretary of Health	Abril 2023

[31] Pernambuco. Secretaria Estadual de Saúde. Portaria Nº. 456 de 04 de outubro de 2017. Dispõe sobre a vigilância dos óbitos maternos no âmbito do estado de Pernambuco. Publicado no Diário Oficial do Estado de 05 de outubro de 2017. [Acesso em 30 de Mar de 2018]. f

[32] ..\CEMM\2021\Atualização do Alerta Público Vacinação e MM (1).pdf

After this flight over the actions of CEEMM-PE to improve reproductive health and reduce maternal deaths, we, arm in arm with the world, had to live with a pandemic in which our strategies dissolved with each news item, were erased with each image, dismantled with each unexpected response... in a growing feeling of impotence, in which the policies to face the health emergency were decided with the arrogance of the ignorant and the perversity of the insane.[33]

Old problems of disorganization in the obstetric care network were exacerbated. Lack of inputs and professional teams due to leave/illness and even the redistribution of these to urgent/emergency units, increased weaknesses in basic care, which may have led to the interruption or spacing of prenatal and postpartum consultations. In Pernambuco, the prioritization of hospital care (field hospitals) in relation to basic care was evident, which may have led to the interruption or spacing of prenatal and postpartum consultations. The centralization of childbirth care has increased, especially for women with confirmed or suspected SARS/Covid-19, with IMIP, the Hospital da Mulher do Recife (Recife) and Hospital Dom Malam (Petrolina) being the first year of the Pandemic state references for pregnant women with SARS/Covid-19.

In this sense, we seek to stay as close as possible to the demands in relation to sexual and reproductive health, with one eye monitoring the data, the other, the actions and the mind demanding from the health managers (state and municipal) so that they take care of women's lives.

CEEMM-PE's responses were aimed at guaranteeing reproductive planning, with information, autonomy and availability of methods and maintenance of legal abortion services; maintained the debate on the organization of the obstetric care network and protocols for Covid-19, focusing directly on management or on the form of card – Alerts to the population. CEEMM-PE participated in the discussions on maternal deaths in the state and municipal GTs, when they were resumed; held discussions with the State Immunization Program about expected vaccination strategies and coverage for pregnant and postpartum women. And it established partnerships with the Co-deputy Boards that culminated in Public Hearing No. 03 of the Commission on Citizenship, Human Rights and Popular Participation in May 2021.

In relation to the national context of dismantling sexual and reproductive health policies, it rejected Ordinance GM/MS No. 715, of April 2022, which created the Maternal

[33] Flores RAR, Abagaro CP, Valongueiro S, Boy M, Muñoz CC, Marmolejo J. Impactos del COVID-19 en América Latina: políticas sanitarias disímiles, resultados dispares. La situación de Argentina, Brasil, Chile y México Pag 29-65). In *La pandemia social de COVID-19 en América Latina*. Editora Teseo, 2021 Buenos Aires, Argentina, 2021.

and Child Care Network – RAMI to replace the Cegonha network and the new pregnant woman's booklet; and remained attentive to SCTIE/MS Ordinance No. 13, of April 2021, and those of the MS No. 2,282 and No. 2,561, of August and September 2020, respectively, which violated the right of women and girls to legal abortion in a shameful way.[34]

As a collective that has worked on the health of all women, we as CEEMM-PE have learned a lot: about the disease and its effects, about institutional fragility in the face of crises, about how political power vacillates between its own interests and the interest public and on the importance of civil society organization, but mainly recognizing that it was not just SARS, pneumonia, sepsis, embolism or cardiovascular diseases that contributed to the excess of maternal deaths, but rather gender inequalities, poverty and racism that permeates these people's lives. Our ability to advance in this perspective of intersectionality will define whether or not we are prepared for other epidemics or pandemics, even in the face of advances in the field of health technology and management strategies. However, CEEMM-PE continues to do its "homework", which is to bring these elements into the field of political debate, demanding commitment from policy makers to reproductive justice, demanding strengthening of the SUS and working with the women's movement.

What interventions could contribute to achieving a consistent reduction in maternal morbidity and mortality and which should be prioritized? 8 - What interventions should be prioritized so that we can resume the downward trend in maternal mortality levels, now with greater speed and intensity than before the Pandemic?

After the critical years of 2020 and 2021, maternal mortality in the country has shown lower numbers. Data subject to review and not corrected from the Maternal Mortality Monitoring Panel for April 2023, show 1,252 declared maternal deaths.[35]

As already described above, the multicausal nature of maternal mortality is crossed by the intersection between gender, race and class, therefore, directly related to reproductive justice and the principles of citizenship and democracy, that is, to the concrete conditions of people's lives. This is different from region to region, but its reduction is intrinsic to appropriate public policies.[36]

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[34] Available in: https://noticias.uol.com.br/colunas/jamil-chade/2020/09/28/portaria-sobre-aborto-viola-padroes-internacionais-denuncia-carta-da-onu.htm

[35] Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento de Análise Epidemiológica e Vigilância de Doenças Não Transmissíveis. Available in: https://svs.aids.gov.br/daent/centrais-de-conteudos/paineis-de-monitoramento/mortalidade/materna/

[36] Tavares, H. dos P., Tavares, J.M. and Tavares, S.B.M.P. (2023) Maternal Mortality: A Matter of Public Health Policies. Open Journal of Obstetrics and Gynecology, 13, 1038-1046.

When returning to the MMR observed during the Pandemic, it is clear that, in addition to initiatives that reach all women/people who become pregnant and adolescents, local and specific policies are urgently needed. To achieve this, the participation of civil society is essential, represented here by the all-women's movement (black, indigenous, disabled, cis, trans, etc.).

Estimates of maternal mortality among Brazilian states in the last three decades show that it was Pernambuco that showed the greatest reduction in the period -74.6[37]. This behavior was also observed in relation to the second year of Covid-19, 2021, when the state had the lowest MMR in the country 73/100,000 live births).[38]

Given these results, two reflections are worth: even if not exclusively, the reduction in maternal deaths in the state follows the actions of CEEMM-PE and its developments, such as the Municipal Committee of Recife, Olinda and other municipalities and regional health. Those who have guaranteed the participation of the women's movement and assumed an attitude of social control, achieve greater sustainability. Many committees fail and become notary bodies and/or extensions of the technical groups (GT) for discussing deaths. Others, due to local power shifts, do not even survive.

In turn, the MMR calculated for the state remains below all agreed indicators and represents very little in terms of access to sexual and reproductive rights and guarantee of life for women and adolescents in Pernambuco.

We have new governments, at the federal and state levels. Our expectations at the national level are high. Some have already been addressed, such as the revocation of ordinances that violate sexual and reproductive rights, in addition to specific initiatives such as "Ten Steps of obstetric care to reduce maternal morbidity and mortality"[39].

We need, however, to go further and reaffirm the secularity of the State; resume interrupted policies and programs and revamp intersectoral strategies, in the search for intersectionality. Alone, the Ministry of Health will not break the cycle of these inequalities and reduce maternal mortality. We have to take advantage of the opportunity and bring together the Ministries of Women, Racial Equality, Human Rights, Original Peoples, and the Environment. We need to strengthen the SUS, insist on the issue of gender violence, poverty,

[37] Leal, L et al. Maternal mortality in Brazil, 1990 to 2019: a systematic analysis of the GBD study 2019. Revista Da Sociedade Brasileira De Medicina Tropical, 55, e0279–2021.
[38] Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento de Análise Epidemiológica e Vigilância de Doenças Não Transmissíveis https://svs.aids.gov.br/daent/acesso-a-informacao/acoes-e-programas/busca-ativa/indicadores-de-saude/mortalidade/
[39] Instituto Fernando Figueira – IFF/Fiocruz-RJ. Portal de Boas Práticas. Available in: https://portaldeboaspraticas.iff.fiocruz.br/atencao-mulher/1o-passos-do-cuidado-obstetrico-mm/

criminalization of abortion and environmental racism, among other issues, if we really want to break the foundations on which maternal deaths have been built, from the center to the periphery of the country.

Today is the last day of the 17th National Health Conference, with the theme "Tomorrow will be another day"[40], bringing repressed demands from dark times. Let us hope that the final report confirms what Nísia Trindade said in the plenary today: "tomorrow is now".

A few final words about our expectations regarding the state government. We, as CEEMM-PE, in an audience with the recently installed health secretary of Pernambuco, welcomed her and spoke a little about our work, a partnership established with the Health Department and our challenges. Among these, not being satisfied with the current levels of maternal mortality in the state, but advancing in access and qualification of care. We presented our priorities that we want to agree with the new management and monitor as civil society. These are: the guarantee of reproductive planning, in all its dimensions, good practices in obstetric care, included here, childbirth care, incomplete and legal abortion.

We remain attentive and without losing sight of our role in social control.

[40] Conselho Nacional de Saúde. Available in: https://conselho.saude.gov.br/programacao