

# Editorial

The situation of perinatal care is still problematic in most parts of the world, both in developing and in developed countries. On the one hand, in the first group there is lack of resources for a quality care, mainly qualified professionals, with high morbidity and mortality consequent to absence of care. On the other hand, in developed countries there is an excess of interventions that were uncritically adopted, with a resulting morbidity and mortality consequent to iatrogenic practices. Both faces of such paradox may be found in Brazil: the Northeastern region and the legal Amazon represent the first group of countries, while the Southern, Southeastern and Central-Western regions constitute the worrisome picture of the excess.

Problems of access to and quality of services are generalized and nowadays, with the available scientific knowledge and technologic advances, as well as the contribution of the Evidence Based Medicine, a new understanding became possible on the need to develop mechanisms to improve management of care, adopting humanized and evidence based practices to substitute the ones classified by the World Health Organization as “Clearly Harmful or Ineffective that Should be Eliminated”, as well as to improve the management of the healthcare system, guaranteeing Equity, Universality and Integrality of care during the whole gestational-puerperal cycle.

The III International Conference on Humanization of Childbirth, organized by the Brazilian Network for the Humanization of Childbirth – ReHuNa and held in Brasília, Brazil this last November, displayed in its program a view of health as a complexity issue, being faithful to the motto “Consolidating advances and opening new paths”: in its five Conferences, 21 round tables, 20 panels of

successful experiences, 12 dialogue-spaces and 16 courses pre-Conference, topics as diverse as Water Birth, Epidemiologic Monitoring of Cesarean Sections Indications, Professional Training for the New Model, Intercultural Approach in Healthcare Systems, National and International Movements for the Humanization of Childbirth, and Institutional Violence in Obstetric Care were approached. In this period were held also the 8th National and 2nd International Meeting of Doula, the 1st Meeting of the Latin American and Caribbean Network for the Humanization of Childbirth - Relacahupan, the Plenary of ReHuNa and meetings of social movements.

This issue of the journal *Tempus-Actas em Saúde Coletiva* intends to reflect this richness and brings to its readers a timely and relevant contribution on humanization of childbirth care, besides making possible an important informative exchange between the universes of Portuguese, English and Spanish speakers. The publication starts with theoretical contributions about humanization, obstetric care and inter-professional relationship and the reality of healthcare services, in the perspective of renowned national and international authors. In this section, the president of ReHuNa points out what are the current challenges for the development of humanized perinatal care in this century. Next there are papers broaching a theoretical framework, gender and the perinatal paradox, and important concerns about the future of humankind associated with the way cultures interfere with the birthing process. Some psychological and emotional aspects of pregnancy and childbirth are approached, as well as reports of institutional violence that is common in health care services, and this section ends with the proposal of the “Ten steps to Optimal MotherBaby Maternity Services”, that translates the need for the paradigm shift into principles and practices.

In the second section there are some initiatives of transforming theoretical reflections into policies and strategies formulated to benefit users of the healthcare system. A third group of articles points out some guidelines for the improvement of healthcare practices, bringing up the scientific evidences that sustain these proposals of change. In the fourth section is shown that with political will and commitment to the welfare of women, babies and their families, it is possible and viable to improve both the management of healthcare systems and of health services, as well as the care itself. And at last is mentioned the contribution of activists to modify the devastating situation of twenty years ago, reporting the experience of 17 years of the Brazilian Network for the Humanization of Childbirth and its national and international partners, seeking to reduce unnecessary interventions, as well as to provide scientifically based care for pregnancy-delivery-birth-breastfeeding, considered as natural and physiological processes.

In 2000 the Millennium Development Goals (MDG) were established in a meeting of representatives of 147 countries and among them we underline the 4th: To Reduce Infancy Mortality; and the 5th: To Improve Maternal Health, with emphasis in reducing maternal mortality. For these MDGs, taking as baseline data the indices for the year 1990, it was proposed a reduction of 75% by 2015. According to the Report Brazil 2009, Brazilian infant mortality rate fell 60% between 1990 e 2008, from 47.1 to 19.0 per thousand live births. Data projection for 2015 signals that this goal will be reached by 2012. Regarding maternal mortality, a fall was also observed between 1990 and 2007, from 140 to 75 maternal deaths per 100 thousand live births, due mainly to the reduction of direct obstetric causes – but still there is plenty of work ahead.

We wish and hope that the thoughts exposed in this publication will allow change in the daily practices of people, professionals, healthcare services and systems, as well as provide empowerment for policies in order to make humanization of childbirth more effective, so that 2015 will encounter a reality very different that the one that still prevails in 2010.

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