

## Neonatal mortality: the profile of deaths in the state of Rio de Janeiro

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Deaths that occur up to 27 days of life are related to maternal and child health. However, the health of the mother-child binomial is built from the beginning of family planning, the responsibility of prenatal care; the technical conduction of childbirth and postpartum with a sensitive observation of the first hours of life. In professional practice, death is classified as early and late depending on the postpartum survival time, with Brazilian indicators revealing 53.2% of occurrences related to the first 6 days of life. Given the negative context, this study aimed to reveal the epidemiological profile of neonatal mortality in the state of Rio de Janeiro and relate the causes that may have corroborated the occurrences. This was a descriptive cross-sectional study with cuts between the years 2008 to 2018 (11 years) which, after the data collected from the federal platform TabNet, were distributed in frequency tables for descriptive statistical analysis using the SPSS software version 24.0. From the data collected, it can be stated that the largest proportion of deaths occurred in the early neonatal stage, especially in the city of Rio de Janeiro, which over the years had the highest number of occurrences of all states, but with a pending period of average investigation of the last triennium of 16%. The majority of deaths occurred in the hospital environment, in premature male babies, born by cesarean delivery, low birth weight, of brown race/color with causes of death from conditions originating from the perinatal period such as pneumonia, born to women aged between 20 to 29 years, with study time of 12 years or more. Maternal and child health is a priority within public health policies, however, the population suffers from the reduction or stagnation of investments that optimize the strengthening of the policy by expanding the network of access to consultations, tests, treatment, and monitoring of puerperal needs. The overload of health professionals working in the unit can also make it difficult to provide care since there is productivity to be achieved, which can interfere with the quality and time of listening and observation of consultations. Given the detailed work, it is concluded that municipal health policies should use their finances to mitigate risk events from prenatal care, turning their eyes to the quality of access to health that it provides in relation to the physical structure, diagnostic equipment, waiting for time and updating of health professionals.

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