Experience of a Digital Maternal and Child Care Line from SAS Brazil in the State of Ceará, Brazil

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Abstract

In Brazil, especially in remote regions, the shortage of doctors and the unequal distribution of resources hinder access to specialized care. This article describes the experience of a Maternal and Child Care Line from SAS (Health, Happiness, and Sustainability) Brazil, implemented in Ceará, which seeks to fill this gap by offering comprehensive care to pregnant women and children in the first 1,000 days of life, a crucial period for biological, intellectual, and social development. This care covers the 280 days of gestation and the first 730 days of life, to reduce morbidity and mortality and promote healthy development. In partnership with three municipalities in Ceará, Advanced Telecare Units (UTAs) were implemented, equipped with infrastructure for in-person and remote care, including obstetric ultrasounds and pediatric consultations. Pregnant women are monitored from the first trimester, with tele-ultrasounds and nutritional and dental guidance. After birth, the child receives pediatric and well-child care, depending on risk. The telehealth platform (SIAS) records patient information through electronic medical records, facilitating patient monitoring. The initiative has proven to be an effective tool in filling gaps in maternal and child care in remote areas, offering specialized and continuous care, with actions coordinated with the public system to optimize demand and health indicators.

Key-words: Telehealth, Digital Health, Maternal and Child Health

Resumen

Experiencia de una Línea Digital de Cuidado Materno Infantil de la SAS Brasil en el Estado de Ceará-Brasil

En Brasil, especialmente en regiones remotas, la escasez de médicos y la desigual distribución de recursos dificultan el acceso a cuidados especializados. El presente artículo describe la experiencia de una Línea de Cuidado Materno Infantil de SAS (Salud, Alegría y Sustentabilidad) Brasil, implementada en Ceará, que busca suplir ese vacío, ofreciendo acompañamiento integral a gestantes y niños en los primeros mil días de vida, un período crucial para el desarrollo biológico, intelectual y social. Este cuidado cubre los 280 días de gestación y los primeros 730 días de vida, con el objetivo de reducir la morbimortalidad y promover un desarrollo saludable. En conjunto con tres municipios cearenses, fueron implementadas Unidades de Teleatendimiento Avanzadas (UTAs), equipadas con infraestructura para atendimientos presenciales y remotos, incluyendo ultrasonografías obstétricas y consultas pediátricas. Las gestantes son acompañadas desde el primer trimestre, con teleultrasonografías, orientaciones nutricionales y odontológicas. Después del nacimiento, el niño recibe acompañamiento pediátrico y de puericultura, conforme al riesgo. La plataforma de telesalud (SIAS) registra la información de los pacientes a través de registros médicos electrónicos, facilitando el monitoreo de los pacientes. La iniciativa ha demostrado ser una herramienta eficaz en llenar los vacíos en la atención materna e infantil en zonas remotas, ofreciendo cuidados especializados y continuos, con acciones articuladas con el sistema público para optimizar las demandas e indicadores de salud.

Palabras clave: Telesalud, Salud Digital, Salud materno-infantil

Resumo

Experiência de uma Linha Digital de Cuidado Materno Infantil da SAS Brasil no Estado do Ceará-Brasil

No Brasil, especialmente em regiões remotas, a escassez de médicos e a desigual distribuição de recursos dificultam o acesso a cuidados especializados. O presente artigo descreve a experiência de uma Linha de Cuidado Materno Infantil da SAS (Saúde, Alegria e Sustentabilidade) Brasil, implementada no Ceará, que busca suprir essa lacuna, oferecendo acompanhamento integral a gestantes e crianças nos primeiros mil dias de vida, um período crucial para o desenvolvimento biológico, intelectual e social. Este cuidado abrange os 280 dias de gestação e os primeiros 730 dias de vida, com o objetivo de reduzir a morbimortalidade e promover um desenvolvimento saudável. Em parceria com três municípios cearenses, foram implementadas Unidades de Teleatendimento Avançadas (UTAs), equipadas com infraestrutura para atendimentos presenciais e remotos, incluindo ultrassonografias obstétricas e consultas pediátricas. As gestantes são acompanhadas desde o primeiro trimestre, com teleultrassonografias, orientações nutricionais e odontológicas. Após o nascimento, a criança recebe acompanhamento pediátrico e de puericultura, conforme o risco. A plataforma de telessaúde (SIAS) registra as informações dos pacientes através de prontuários eletrônicos facilitando a monitorização dos pacientes. A iniciativa tem demonstrado ser uma ferramenta eficaz no preenchimento das lacunas de atendimento materno-infantil de áreas remotas, oferecendo cuidados especializados e contínuos, com ações articuladas com sistema público para otimização das demandas e indicadores de saúde.

Palavras-chave: Telessaúde, Saúde Digital, Saúde materno-infantil

INTRODUCTION

Brazil faces significant challenges in accessing healthcare, particularly in its most remote regions[1]. Although the number of doctors in the country has increased, an uneven distribution between metropolitan areas and the interior persists, which remains a substantial obstacle. The use of healthcare technologies to overcome these geographic barriers has made remarkable progress in recent years.

The COVID-19 pandemic was a decisive period for the advancement of health technologies, expanding digital interaction in various services and encouraging the adoption of remote assistance strategies[2]. The acceleration of digital transformation in the health sector occurred as a response to the need to overcome physical barriers and social distancing[2].

The World Health Organization (WHO) defines “Digital Health” as the application of information and communication technologies to healthcare, including the knowledge and practices in this field that contribute to streamlining the flow of care, qualifying healthcare teams, and making the flow of information more efficient for healthcare decision-making. This includes telemedicine, which enables remote medical consultations via video calls, the use of electronic medical records, and artificial intelligence for diagnostic support[3]. A social organization called SAS (Health, Joy, and Sustainability) Brazil, in partnership with three cities in the Northeast region of the country, implemented four fixed Advanced Telecare Units (UTAs) in the municipalities of Acaraú, Cruz, and Itarema, in the state of Ceará. These are adapted containers with all the necessary infrastructure for in-person and remote care: broadband internet connection, computers, medical equipment for teleproaedeutics, obstetric teleultrasound, telecolposcopy, and a healthcare professional trained to handle this equipment.

Due to the scarcity of specialized care in remote regions, in 2022, the social organization implemented the Maternal and Child Care Line, aimed at comprehensive monitoring of pregnant women and children during the first thousand days of life. The Maternal and Child Care Line promotes comprehensive, longitudinal care for children, from pregnancy to two years of age (the first thousand days of life). Specialized interventions and care during this period (280 days of pregnancy + the first 730 days of life) are essential due to the significant impact on reducing morbidity and mortality and minimizing harm to both the growth and neurodevelopment of these individuals[4]. The first thousand days of life present a unique window of opportunity for interventions that will be decisive for the child's future, both biologically, intellectually, and socially[4].

The SAS Brazil Maternal and Child Care Line aims to address the insufficient care available for pregnant women, postpartum women, and children in three Brazilian municipalities that struggle with a shortage of pediatricians and obstetric ultrasound exams within the public health system. Its goal is to provide access to specialized healthcare and positively influence the social indicators in these areas, in collaboration with the Unified Health System.

The main objective of this assistance project was to implement and consolidate a Maternal and Child Care Line in Ceará, focusing on the longitudinal monitoring of pregnant women and children up to two years old, seeking to improve local health indicators and compare outcomes between children monitored by the project and those without access to the service.

METHODOLOGY

The SAS Brazil Maternal and Child Care Line is part of a telehealth center aimed at women's and maternal and child health to promote comprehensive, long-term care for children, from pregnancy to two years old (the first thousand days

of life). The project is funded by private funds from XXX.

This experience report held a descriptive analysis of data collected during telemedicine visits at the UTAs in the municipalities of Acaraú, Itarema, and Cruz between January 2022 and March 2025. These visits were conducted using SAS Brazil's proprietary telehealth platform, SIAS®. SIAS is equipped with advanced technological infrastructure, including computers, telemedicine devices, and broadband access, and trained professionals providing local support for remote teleconsultations with healthcare professionals.

1. Identifying Deficiencies in Health Access

SAS Brazil, in partnership with three cities in the Northeast region of the country, has four fixed UTAs, with container structures adapted for medical offices. They were installed in the municipalities of Acaraú, Cruz, and Itarema, in the state of Ceará. This innovative model, created by SAS Brazil, has leveraged social organization in the face of telehealth solutions for populations without internet or cell phone access. Therefore, patients do not need to travel hundreds of kilometers to see a specialist. They simply go to a UTA, and the specialist will be on-screen, assisted by the on-site healthcare professional, equipped with all the technological equipment to perform the care and physical and/or ancillary examination.

Table 1 shows the population, economic, and development characteristics of the municipalities of Cruz, Acaraú, and Itarema, located in the state of Ceará, in the Northeast region of Brazil. In these cities, as a strategy used by the Family Health Program, prenatal and well-child visits in Primary Care is conducted by family health physicians rather than obstetricians and pediatricians.

Table 1. Demographic, economic, environmental, and health characteristics of the municipalities of Cruz, Acaraú, and Itarema - Ceará - Brazil in 2022.

	CRUZ	**ACARAÚ**	**ITAREMA**
Population	29,761	65,264	42,957
Average monthly salary* **(minimum wage)**	1.7	1.9	2.2
Population with a nominal per capita income of ½ minimum wage	55.0%	55.0%	57.5%
Proportion of people with formal employment in relation to the total population	11.3%	9.1%	9.17%
Infant mortality rate	9.09	5.92	11.08
Human Development Index (HDI)	0.6	0.6	0.6
Households with sewage systems	6.3%	16.5%	12.2%

SOURCES: IBGE, 2022[5]; * minimum wage is equivalent to US$285.00 # The HDI takes into account factors such as education, health, life expectancy, income, and employment. An index of 0.6 is considered average, among the possibilities of low, medium, high, and very high, according to the United Nations Development Program.

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2. Maternal and Child Care Line Team

The project used the UTAs already installed in the Cruz, Acaraú, and Itarema regions, with a team of a nurse responsible for daily monitoring of remote and in-person care at the UTAs.

The line also included a fetal obstetrician, a pediatrician, and a dentist who conducted remote exams and consultations.

3. Telehealth Platform

SAS Brazil used the SIAS® platform, developed by SAS Smart, to integrate care. SIAS® is an intuitive and accessible telehealth system for both healthcare professionals and patients. It is a telehealth platform where care is provided via video call. The platform ensures data security and patient privacy, complying with national LGPD (General Personal Data Protection Law-*Lei Geral de Proteção de Dados Pessoais*) standards, with interoperability with other systems and personalized electronic medical records, enabling continuous and effective patient monitoring throughout the care continuum.

4. Insertion of patients into the Care Line from pregnancy onwards

Pregnant women who confirm their pregnancy are referred to local Basic Health Units (UBS) to begin prenatal care. During this process, pregnant women who meet socioeconomic requirements eligible for this care plan are referred for their first obstetric teleultrasound examination, with a report and guidance from a specialist physician delivered remotely. They then undergo continuous monitoring, with three examinations during pregnancy, one in each trimester. Additional examinations are performed if necessary.

After their first tele-ultrasound, pregnant women join the Care Line, receiving educational videos on nutrition and oral health during pregnancy. These materials were prepared by a maternal and child nutritionist and a pediatric dentist and cover topics such as nutrition during pregnancy, nausea management, oral health care, and more. At this time, personalized tele-consultation with a dentist is also offered via video call to address the mother's main complaints and questions regarding her oral health.

Additionally, in the third trimester of pregnancy, pregnant women are referred for a pediatrician's appointment, where they discuss issues related to childbirth, breastfeeding, neonatal screening tests, vaccinations, and newborn care.

Pregnant women continue to receive regular pregnancy monitoring through the local public health system.

5. Monitoring and Scheduling Newborn Consultations

When a newborn is registered at the UBS, the information is shared with the SAS Brazil team, which schedules an appointment with the pediatrician, preferably within the first week of life. During this period, children up to 12 months old are also included in the Care Line, even if the mother did not undergo a tele-ultrasound examination during pregnancy.

6. Mental Health Screening: Postpartum Depression

During their first pediatrician appointment, mothers whose babies are up to 60 days old are administered the Edinburgh Postnatal Depression Scale (EPDS).[6] The EPDS is a validated and widely used tool for screening for symptoms of postpartum depression. It consists of 10 self-administered questions that assess depressive symptoms over the past seven days.[6] If the score is higher than 11, the mother is referred for specialized monitoring with the SAS Brazil Mental Health team.

7. Risk Classification of Children

During their first pediatric appointment, children are classified into two groups: high-risk and typical-risk. High-risk children include those with a history of low birth weight, prematurity, breastfeeding difficulties, inadequate weight gain, an incomplete vaccination schedule, mothers under 18, and mothers with fewer than four prenatal appointments, among other conditions. These children receive more intensive monitoring, with a minimum of eight appointments in the first year of life.

Typical-risk children, with no identified risk factors, receive regular monitoring, with at least six pediatric appointments in the first year of life.

8. Childcare and Ongoing Monitoring

During childcare teleconsultations, topics such as breastfeeding, nutrition in the first two years of life, accident prevention, and neuropsychomotor development are covered. Additionally, educational materials, such as videos, infographics, and podcasts, are sent to parents after each appointment.

At six months of age, children are referred for a teleconsultation with a pediatric dentist, who guides oral health and primary tooth care.

At 12 months of age, a complete blood count is also performed to assess the presence of iron deficiency anemia, in accordance with the guidelines of the Brazilian Society of Pediatrics.

9. Screening for Autism Spectrum Disorder (ASD)

Between 18 and 24 months, children are screened for Autism Spectrum Disorder (ASD) using the Modified Checklist for Autism in Young Children, Revised Version with Follow-up (M-CHAT-R/F).[7] The M-CHAT-R/F is a two-stage screening instrument that assesses the risk of ASD based on parental report.[7] The score is calculated to determine the child's risk for ASD, with subsequent follow-up if the screening is positive.

Children with high scores are referred for diagnostic evaluation and early intervention, as recommended by Law 13,438 of 2017.

10. Project Monitoring and Tracking

The care pathway is continuously monitored and structured through each patient's digital workflow on the platform, with follow-up intervals adjusted based on risk, until the child reaches two years old. The SAS Brazil team ensures that all children and pregnant women receive appropriate monitoring, with regular communication and educational materials ailored to the families' needs.

RESULTS

From January 2022 to March 2025, the SAS Brazil multidisciplinary team treated 718 pregnant women. During this same period, 1,409 obstetric tele-ultrasounds were performed.

Among the abnormalities found on tele-ultrasounds that led to referral for in-person obstetric evaluation and/or high-risk prenatal care were low placenta implantation, absence of fetal heartbeat, presence of tubular anechoic imaging in the fetal abdomen, consistent with intestinal obstruction, abnormalities in fetal growth and/or weight, and altered amniotic fluid levels. All pregnant women who presented these abnormalities were referred to the referral maternity hospital for investigation of the causes.

In total, 288 women were screened for Postpartum Depression (PPD), of which 26 (11.4%) presented symptoms of PPD and were referred to the SAS Brazil Mental Health Team.

A total of 1,728 pediatric consultations were conducted, and 399 children were included in the Care Line during the period. Among the comorbidities presented by children in the Care Line, the main ones were cow's milk protein allergy, inguinal hernia, beta-thalassemia, renal tubular acidosis, congenital heart disease with hemodynamic repercussions, strabismus, equinus varus, iron deficiency anemia, congenital toxoplasmosis, Down syndrome, and congenital syphilis.

Easier access to appointments has significantly reduced the need for pregnant women and children to seek specialist care. As a result, we have observed a high level of maternal participation in educational activities and pediatric consultations.

The partnership with primary care units (UBS) and public institutions for continuity of care and optimization of service demand has been very positive in the early detection and identification of risk conditions, such as malnutrition and delayed neuropsychomotor development in children.

DISCUSSION

The implementation of a maternal and child care line with integrated digital monitoring demonstrates a strategy to support the Brazilian Unified Health System (SUS), ensuring access to specialist physicians and promoting effective multidisciplinary monitoring through telehealth, which ensures pediatrician care for children and offers telemedicine obstetric ultrasounds for pregnant women.[8]

Thus, it is possible to develop educational initiatives using multimedia tools in direct communication channels with patients and families, aiming to impact the quality of life of the mother, fetus, baby, and society, providing support for a support network for mothers during pregnancy, postpartum, and the first years of the child's life[8].

Technological initiatives to address healthcare needs must be developed and analyzed to ensure cost-effectiveness and better distribution of healthcare access. In recent decades, the number of doctors in the country has increased proportionally more than the population.[9] In January 2023, Brazil had a total of 562,229 doctors, a ratio of 2.6 doctors per 1,000 people; a rate comparable to countries such as the United States, Canada, Chile, and Japan.[10] Despite the growing number of these professionals, there is an uneven distribution of doctors across the country's regions and between metropolitan areas and the interior. In 2022, in cities with fewer than 50,000 inhabitants, home to more than 30.0% of the Brazilian population, only 8.0% of doctors were concentrated.[10] Thus, the successful telehealth experience, such as that of SAS Brazil, promoting specialized care for isolated areas of the country, is a way to fill these gaps in healthcare access.

Regarding prenatal care, nurses are primarily responsible for monitoring pregnant women in Basic Health Units (UBS), with family health physicians only acting in cases of complications. This model limits the ability to early detect conditions that put mothers and children at risk, such as hypertension and gestational diabetes, which require specialized monitoring. The WHO recommends that all pregnant women undergo a screening ultrasound before 24 weeks to detect fetal anomalies and improve perinatal outcomes.[11] However, the UBS in Cruz, Itarema, and Acaraú face limitations in performing ultrasounds, with a limited number of exams available monthly, which can negatively impact maternal care.

The implementation of telemedicine and obstetric teleultrasound in UTAs contributes to the early detection of risk conditions and improves care.[11] The integration of UTAs with local UBSs

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has been essential to ensure continuity of care and family adherence to the program.

Studies show that screening ultrasounds can significantly reduce perinatal morbidity and mortality by identifying conditions that, if treated early, would prevent serious complications for both mother and baby.[12] However, the limited number of tests available at UBSs remains a challenge in ensuring that all pregnant women have access to this important resource.

Furthermore, early screening for conditions such as iron deficiency anemia and Autism Spectrum Disorder (ASD) has proven crucial for promoting child health.[7,13] Early identification of risk conditions allows the implementation of appropriate interventions, improving neuropsychomotor development and the quality of life of children[7,13].

CONCLUSION

SAS Brazil's Maternal and Child Care Line, implemented in Ceará, is an innovative initiative that has demonstrated potential to improve access to specialized maternal and child health care. Telehealth has proven to be an effective tool for filling service gaps in remote areas, offering specialized consultations and remote examinations, optimizing demand and health indicators. The partnership with local primary care units (UBS) has been crucial to ensuring continuity of care. However, challenges such as infrastructure expansion, financial sustainability, and ongoing professional training, along with coordinated actions between the public and private sectors, must be considered to ensure the long-term success of the model.

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Gabriela Sá: Study conception, overall project coordination, and manuscript writing.
Adriana Mallet: Methodological supervision, contributions to the development of the digital model, and article review.
Carolina Narciso: Data collection, systematization of information and contributions, support in project operationalization, contributions to the development of the digital model, and article review.
Juliana Nabarrete: Project operations coordination, literature review, support in qualitative analysis, and contributions to manuscript structuring.
Sabine Bolonhini: Methodological supervision and project team oversight, development of the digital model, and article review.
Flávia Calanca: Support in project operationalization, contributions to the development of the digital model, and article review. Support in the discussion of results, bibliographic references, and technical review and adjustments of the manuscript.

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