LETTER TO THE EDITOR

Persistent inequalities in neonatal care in Latin America: reflections on the Neonatology editorial

Desigualdades persistentes en la atención neonatal en Latinoamérica: reflexiones a propósito del editorial de Neonatology

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Dear Editor,

This letter aims to highlight persistent inequalities in neonatal care in Latin America and to call attention to the need to adapt global strategies to regional conditions. In light of the editorial "Neonatal Care in Low- and Middle-Income Countries: A Fresh Look" (1), we consider it relevant to reflect on the current situation in the region and on the importance of generating local evidence to guide the development of effective and sustainable policies.

More than 2 million newborns die each year, mainly in low- and middle-income countries. In addition, nearly 2 million stillbirths occur each year, particularly during the intrapartum period (1,2). Although several countries have incorporated various strategic guidelines, such as the Every Newborn Action Plan, and implemented high-impact interventions, the gap between policy development and effective implementation remains a significant obstacle (3).

This reality is consistent with the situation in many Latin American health systems, including Peru's, where specialized neonatal units are scarce or nonexistent and trained personnel are limited. In these countries, obstacles persist that limit newborns' access to timely and high-quality health services. These include gaps in the availability of specialized human and technological resources, incomplete perinatal regionalization, inefficient referral and counter-referral systems, and neonatal transport services with limited coverage and capacity (4). These deficiencies are more evident in rural and peri-urban areas, where the distance to higher-complexity centers, geographic and social barriers, and high turnover of trained personnel compromise the continuity and quality of neonatal care.

The experience in Peru shows that adopting international guidelines as a reference, without strengthening the real capacities of health services, does not guarantee optimal outcomes. All newborn care units must have standardized processes and essential minimum resources, including immediate stabilization, access to oxygen therapy and support devices appropriate to the level of care, basic supplies for infection prevention, and referral and counter-referral protocols with defined timelines, responsible personnel, and communication channels (5). At the same time, ongoing training for personnel in neonatal resuscitation, preterm newborn care, and monitoring for complications should be maintained and periodically evaluated, with priority given to practical skills and effective supervision.

To transform system performance, we propose three complementary lines of action. First, perinatal networks should be consolidated through clearly defined regionalization, establishing the competencies and response capacities of each level of care, as well as the mechanisms for coordination among them. This requires strengthening land-based and, when appropriate, air neonatal transport systems, with trained teams, checklists, and clinical responsibility during transfer (6). Second, management should be redirected toward using indicators sensitive to inequities, with outcomes disaggregated by territory, poverty level, rurality, and ethnic affiliation, so that gaps are not concealed within national averages. Third, rigorous local research should be promoted to identify which interventions work, in which

contexts, and at what opportunity cost, in order to guide policy and clinical practice decisions without automatically extrapolating evidence from other settings (7).

As noted in the editorial, the adoption of cost-effective interventions, such as immediate newborn care, preterm newborn care, and perinatal regionalization, must be adapted to the operational particularities of each context. In Peru, the absence of efficient referral systems, deficiencies in neonatal transport, and limitations in basic infrastructure continue to pose obstacles to the sustainable reduction of neonatal mortality (4,5).

Although the contribution of various regional initiatives, such as prematurity programs, is acknowledged, outcomes are heterogeneous when these initiatives are not accompanied by sustainable funding, quality-centered supervision, and talent retention strategies in the most vulnerable areas. The progressive strengthening of these efforts also requires joint commitment among health services, academia, and decision-makers, with transparent mechanisms for learning and evaluation.

Finally, we respectfully call on the scientific and academic community, as well as public policy managers, to promote collaborative research and strengthen regional commitment to improving neonatal care. Only through coordinated work among the different actors in the health system will we be able to move toward more equitable, sustainable, and humane neonatal care systems in Latin America, where being born in the region does not mean having fewer opportunities to survive.

Author contributions

MAMI, ACNP, and AFSO: Investigation, Writing – original draft. All authors approved the final version of the manuscript.

Conflicts of interest

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