Since 1999 a perinatal health commission was set in Belo Horizonte to establish a policy framework to reduce maternal and infant mortality. A comprehensive audit of maternity care was made and in 2000 an integrated system was organised, from prenatal to birth care and the continuum of care after maternity discharge. Nine hospitals providing inadequate care were closed, in a total of 16 maternity-hospitals public services. Surveillance of maternal deaths (since 1997) and infant and perinatal (since 2002) process audit feedback the staff in order to avoid other preventable deaths. Hospital and health clinics charts are evaluated and family interviews provide information about the circumstances of maternal and infant deaths. Since 2006 an observational system to monitor quality of care process was established within the maternities: auditors evaluate hospital charts and interview 5% of all women in labour and women after birth. Important changes were registered: in 1999, only 20% of women in labour were monitored with partography; whereas in 2006, 80% had an adequate or complete partography. Infant mortality was reduced by 65% and maternal mortality by 25% between 1994 and 2009. There was a 3.1 reduction in the risk of death of intrapartum causes, one of the most prevalent and preventable causes of infant deaths: in 1999, 9.9 perinatal deaths/1000 births (birthweight ≥1500g) occurred, of which 4.2/1000 births were from intrapartum causes, whereas in 2007 4.2 perinatal deaths/1000 births occurred, of which 1.3/1000 births were from intrapartum causes.

Conclusions Low and moderate ability to work show high correlation with the presence of voice disorder. The presence of voice disorder may jeopardise their careers because these professionals depend essentially on their voices to teach.