Arch Argent Pediatr. 2026;e202611023

Declining birth rates: Impact on perinatal health and healthcare teams

Néstor E. Vain[1,2]

In recent years, birth rates have declined in most countries. However, globally, the total number of births has remained relatively stable at around 139 million per year. This is because fertility rates have remained high and stable in some countries, particularly in sub-Saharan Africa, such as Niger, Angola, and Uganda.[1]

In Latin America, with the possible exception of Haiti, Bolivia, Paraguay, Honduras, and Guatemala, the decline in births has been constant, and especially abrupt in Colombia, Argentina, Chile, and Uruguay.[2]

This decline in birth rates presents a cluster of challenges that are very well described in the article by Alvarado Socarras and Vallejo López, published in this issue of *Archivos*.[3]

Will the investment needed to continue research in perinatal health, especially in studies related to regional issues, be maintained? How can we continue to train health personnel in these specialties?

Will neonatal care units be financially sustainable? The authors also highlight the importance of promoting simpler, more accessible care practices and regionalizing perinatal care.

However, in countries such as Argentina, which are very large and have sparsely populated regions with poor roads and transportation, regionalization projects often encounter practical problems. They can lead to an increase in home births. Furthermore, in more urban areas, the mere introduction of programs to categorize services and reduce their total number generates political conflicts that ultimately hinder their implementation.

This and other aspects of the impact of birth rate reduction were part of an exchange of views at a large forum of members of perinatal health teams from Spanish-speaking countries (Líder Ar Neo, more than 1200 participants). Stimulated by the richness of this exchange, the creator and organizer, Dr. Mario del Barco, introduced the discussion into the Deep Search artificial intelligence (AI) program, which produced a document.[4]

After carefully reviewing the original publications cited in the document, I summarize the most relevant aspects.

It mentions an accelerated demographic transition and poses an initial question: Should the decrease in total births lead to improved or deteriorated healthcare outcomes? On the one hand, there are more specialized personnel available for each birth, and on the other, there are fewer patients, which makes it challenging to provide adequate training or maintain skills.

doi: http://dx.doi.org/10.5546/aap.2026-11023.eng

To cite: Vain NE. Declining birth rates: Impact on perinatal health and healthcare teams. *Arch Argent Pediatr.* 2026;e202611023. Online ahead of print 19-FEB -2026.

[1] *Head of Neonatology at Sanatorio de la Trinidad Palermo, Sanatorio de la Trinidad San Isidro, and Sanatorio de La Trinidad Ramos;* [2] *Director of the Neonatology Program, Faculty of Medicine, Universidad de Buenos Aires (Trinidad Palermo Campus), Autonomous City of Buenos Aires, Argentina.*

***Correspondence to** Néstor E. Vain: nestorvain@gmail.com*

The latter not only jeopardizes the technical competence of the teams but also the financial solvency of hospitals and even their very survival.

Is it possible for all centers where babies are born to maintain essential care conditions (ECC) available 24 hours a day, especially in human resources? In rural hospitals in the US, it would not be possible to sustain viability and safety with fewer than 200 births per year.[5] In our region, it also seems impossible to maintain a whole team on standby in such institutions. However, maternity wards are the gateway to the health system for young families, and closing these institutions in small urban areas far from large cities could deprive the population of adequate health care.[6] At the same time, places with a low patient load tend to be less interventionist, which could result in a higher number of vaginal deliveries. This contrasts with information suggesting that maintaining such small services would pose greater risks to maternal and neonatal health.[7] An Italian study proposes keeping open only maternity wards with more than 1000 births per year.[8] However, decisions of this kind can lead to veritable maternity deserts, many births outside healthcare centers (delivery before reaching the institution), and great inequality in care.

The decline in births has led to the development of simulation centers in recent years that can be highly effective in improving obstetric and neonatal skills.[9,10]

Another issue discussed at the Lider Ar Neo forum and reflected in the document is the fact that the lower number of potential patients leads to a clear decrease in the number of personnel interested in training in these specialties.. Many vacancies in prestigious pediatric and neonatal residency programs confirm this problem. This results in an additional severe problem: the aging of the perinatal health workforce.

A complex issue for pregnant women receiving private care in Latin American countries is the requirement for personalized attention on the part of the pregnant person. This can yield benefits due to the existence of a prior bond, especially at sensitive times such as birth. At the same time, there is a risk of excessive interventions and medicalization given the impossibility of having a professional available 24 hours a day, 365 days a year.

The document's conclusions suggest that, although the decline in births appears to be leading to a deterioration in care outcomes, it also presents a unique opportunity to provide more patient care, more time, and fewer unnecessary interventions. The use of simulation programs and service reorganization is essential to maintaining quality.

In summary, reading the excellent work of Alvarado Socarras and Vallejo López, combined with a thorough discussion of the topic channeled through the forum coordinated by Dr. del Barco and the assistance obtained through artificial intelligence, allowed us to engage in a reflective exercise that may be helpful in our daily work and in our approach to new projects in perinatal health. ■

REFERENCES

1. Ritchie H, Mathieu E. How many people die and how many are born each year? 2023. [Accessed on: January 12, 2026]. Available from: https://ourworldindata.org/births-and-deaths
2. Cuevas C. Latinoamérica sin hijos: los desafíos de una región que envejece rápido. [Accessed on: January 12, 2026]. Available from: https://www.bloomberglinea.com/latinoamerica/latinoamerica-sin-hijos-los-desafios-de-una-region-que-envejece-rapido/
3. Alvarado Socarras JL, Vallejo López EJ. Perspectivas de la neonatología frente al descenso global de la natalidad. *Arch Argent Pediatr.* 2026;124(3):e1010957.
4. El impacto sistémico de la baja natalidad en la calidad del cuidado perinatal: Un análisis multidimensional de la viabilidad, seguridad y equidad. [Accessed on: January 12, 2026]. Available from: https://drive.google.com/file/d/1MJm5AuIP5VE6Rmf0n5lGdGabpxWadaK_/view?usp=drivesdk
5. Kozhimannil KB, Interrante JD, Admon LK, Basile Ibrahim BL. Rural Hospital Administrators' Beliefs About Safety, Financial Viability, and Community Need for Offering Obstetric Care. *JAMA Health Forum.* 2022;3(3):e220204. doi: 10.1001/jamahealthforum.2022.0204.
6. Durrance C, Guldi M, Schulkind L. The effect of rural hospital closures on maternal and infant health. *Health Serv Res.* 2024;59(2):e14248. doi: 10.1111/1475-6773.14248.
7. Kozhimannil KB, Thao V, Hung P, Tilden E, Caughey AB, Snowden JM. Association between Hospital Birth Volume and Maternal Morbidity among Low-Risk Pregnancies in Rural, Urban, and Teaching Hospitals in the United States. *Am J Perinatol.* 2016;33(6):590-9. doi: 10.1055/s-0035-1570380.
8. Cantarutti A, Boracchini R, Bellù R, Ronco R, Rea F, Locatelli A, et al. Assessing the Impact of Distance Traveled and Birth Volumes of Hospital Maternity Units on Newborn Outcomes: Population-Based Cohort Study. *JMIR Public Health Surveill.* 2025;11:e58944. doi: 10.2196/58944.
9. Thenuwara K, Santillan D, Henkle J, Forman J, Dunbar A, Faro E, et al. A Statewide Mobile Simulation Program For Improving Obstetric Skills in Rural Hospitals. *Anesth Analg.* 2024;139(5):931-9. doi: 10.1213/ANE.0000000000006883.
10. Trivedi S, Brennan G, Carlos C, Marshall S, Linderer R, Hughes PD, et al. Assessing a Longitudinal, Multi-Institutional, 3-Year Simulation-Based Boot Camp Curriculum for Neonatology Fellows: A Program Evaluation. *Am J Perinatol.* 2025 Nov 20. doi: 10.1055/a-2740-2489.