**Family and Community Medicine Dept**

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**Fourth Grade/ 2018-19 (2ND term)**

**Maternal and Child health -1**

**Objectives:**

-Define MCH

-Identify the components of MCH

-Recognize the main objectives and elements of maternal health care (antenatal, natal and postnatal care).

**Maternal & child Health (MCH)**

* Is one of the important elements of Primary Health Care.
* It refers to promotive, preventive, curative & rehabilitation health care for mothers & children.
* These services should be available affordable and accessible to all the target population in their communities.

**MCH Problems**

Main health problems affecting the health of mother and child turn around:

1. Malnutrition

2. Infections

3. Consequences of unregulated fertility

4. Lack of health care and other services with poor socioeconomic conditions.

**Why? Special services for women and children. AND The reasons for combined services for women & children**

1- Mothers &children form the majority of the population in developing countries.

2- Many of health problems faced by mothers &children are preventable.

 3- Stress of pregnancy, lactation, growth & development.

4- Mother &children represent the least powerful sector of the community.

5- Deaths of mothers &children is major determinant of mortality in developing countries.

**Objectives of MCH Services**

* To insure complete health care for all children in the community.
* To insure health care for all women during their reproductive life.
* Regulate fertility, and promote family planning services.

**Essential elements of MCH services in PHC center:**

**Women Health:**

1. Pre-marital care

2. Antenatal care

3. Natal care (\*\*\*)

4. Post-natal care

5. Family planning

**Child Health**

6. Care of new born

7. Child health care

8.Growth monitoring

9. Nutrition Rehabilitation

**MATERNAL HEALTH(WHO) Definition:** Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period**.**

**The Objectives of Maternal Health Services**

* To provide optimal antenatal care to pregnant women as early as possible
* To prevent and detect any deviation on the normal pattern of pregnancy
* To identify and give special attention and care to pregnant women at risk
* To ascertain outcome of each registered pregnancy and follow up on the survival of new born infants
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* To promote birth spacing by provision of comprehensive family planning services to women (counseling and supplies)
* Encourage women to share responsibility of own health and maintaining healthy life style such as weight control, physical exercise

**Pre-marital care includes:**

1.Complete medical and family history: thalassemia, TB, STD.

2.Full clinical examination including chest X-ray

3.Health Education, sex education, counseling, FP education & STDs prevention.

4.Laboratory investigation

5.Immunization

**Antenatal Care:** is the care received during pregnancy from skilled health personnel.

The World Health Organization defines antenatal care (ANC) as “care before birth”, and includes:

* Education
* Counseling
* Screening and treatment to monitor and promote the well-being of mother and child.

**Objectives of antenatal care**

* To maintain the mother and babies in the best possible state of health.
* To recognize abnormalities and complications at an early stage.
* To educate the mother in the physiology of pregnancy.

**Basics of ANC**

1.Ante-natal examination

2.Risk screening and assessment

3.Preventive measures

4.Health education

The ante-natal follow-up should be: **Adequate:** which includes quantity& quality

**Quantity**

Time of onset of booking visit →1st trimester

No. of visits → WHO recommends a minimum of four antenatal visits. Changed since 2017.

In Iraq still follow the minimum four antenatal visits

The new WHO recommendation: Antenatal care with a **minimum of eight contacts** are recommended to reduce perinatal mortality and improve women’s experience of care.

The new model recommends pregnant women to have their first contact during the first 12 weeks’ gestation. With following contacts taking place at :20, 26, 30, 34, 36, 38- and 40-weeks’ gestation.

The contacts during the third trimester are at critical time points that may allow assessment of well-being and interventions to reduce stillbirths.

WHO is recommending early pregnancy ultrasound before 24 weeks for:

* Accurate gestational age ascertainment
* Identifying multiple pregnancies and fetal anomalies.

**Components of ANC**

1. Routine well woman care during pregnancy
2. Specific Health protection in pregnancy
3. Continuous monitoring of maternal well being
4. Continuous monitoring of fetal development
5. Mental Preparation
6. Family Planning

**Schedule of Tetanus Toxoid (WHO)**

TT1: At end of 1st trimester

TT2: Four weeks after TT1

TT3: Six months after TT2

TT4: One year after TT3

TT5: One year after TT4 or during next pregnancy.

**High risk pregnancy:** is one that threatens the health or life of the mother or her fetus. It often requires specialized care from specially trained providers. Central purpose of antenatal care is to identify ‘High Risk’ cases as early as possible and give skilled care to them.

**Assessment of risk pregnancy:**

 During ante-natal care women are classified according to the risks associated with the pregnancy.High risk pregnant women are advised for more frequent antenatal contacts and they have to deliver in a hospital.

**Natal Care (DELIVERY CARE):** Natal care is referred to the care given to a woman during childbirth.

The WHO recommends skilledattendant at every birth that can:

1. Provide good quality care on an ongoing basis, care should be hygienic, safeand kind.
2. Readiness to deal with complications for mother and baby such as prolonged labor, antepartum hemorrhage, convulsions,malpresentation, prolapse of cord, etc.
3. Refer on timeand safely when higher level care is needed.
4. Care of the baby at delivery- resuscitation, care of the cord, care of the eyes.

**Postnatal Care:** Postnatal period (or called postpartum, if in reference to the mother only) is defined by the WHO as the period beginning one hour after the delivery of the placenta and continuing until six weeks (42 days) after the birth of an infant.

**Aims of Care in the Postpartum Period**

1-Support of the mother and her family in the transition to a new family arrangement, and response to their needs.

2-Prevention, early diagnosis and treatment of complications of mother and infant, including the prevention of vertical transmission of diseases from mother to infant.

3-Referral of mother and infant for specialist care when necessary.

4-Support of breastfeeding.

5-Counseling on maternal nutrition, and supplementation if necessary.

6-Counseling and service provision for contraception, birth spacing.

7-Immunization of the infant.

The WHO recommends a post-partum checkup within 3 daysof delivery and a secondcheck up at the end of the six weeks.

The most frequent reported health problems in the postpartum period are:

- Infections (genital infections).

- Bladder problems.

- Frequent pelvic and headache pain.

- Hemorrhoid and anemia.

- Constipation.

- Depression, anxiety.

- Breast problems.

**Causes of low utilization of maternal health services**

1-Long distance from health services and lackof transportation.

2- Costs

3-Multiple demands on women's time

4- lack of decision-making power within the family

5-Poor treatment by health providers (unkind, uncaring).

**SCHEDUALE** of **ACTIVE** **IMMUNIZATION** in **IRAQ (CHILDREN) update**

**care**

|  |  |
| --- | --- |
| Age &dose | Vaccine |
| After birth (1st week | BCG, OPV (0 dose), HBV (within 24hr) |
| 2 Months1st dose | [DaPT, Hib, HBV, IPV] & Rota virus & OPV(السداسي)+Pneumococcal |
| 4Months 2nd dose | [DaPT, Hib, HBV, IPV] & Rota virus &OPV +Pneumococcal |
| 6Months 3rd dose  | [DaPT, Hib, HBV, IPV] & Rota virus &OPV +Pneumococcal |
| 9Months | Measles vaccine + vit A (100.000 IU) |
| 15 Months {1st dose}  | MMR |
| 18 Months | الخماسي [ DaPT, Hi b, HBV], OPV {1ST booster dose} + vit A (200.000IU) |
| 4- 6 Years  |  ) الرباعيDaPT, Hib), OPV (2N D booster dose), MMR (2nd dose) + vit A (200.000IU) |