**Family and Community Medicine Dept**

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

**Maternal and Child health -4**

**Child Health-2**

Objectives:

-Explain MNCH (Maternal Neonatal and Child Health)

* Identify objectives and elements of MNCH
* Define IMCI
* Recognize the elements of IMCI

- Describe under-five mortality, its causes and its indices.

- Describe maternal and child health indicators.

**What is the MNCH:** It is an integrated approach for the care of mothers, newborns and children.

A majority of the maternal and early newborn deaths can be avoided by ensuring prenatal, postnatal and newborn care and availability of EmONC services within reasonable travel distance.

**Why to develop a MNCH**

1-To respond to the health and nutrition needs of women, newborns and children

under 5 years old.

2-To improve effectiveness, quality and utilization of the MNCH services.

**What are the elements of the MNCH?**

**Pregnancy**

* Tetanus toxoid immunization

• Nutrition (iodine, iron, balanced energy-protein supplementation

• Management and prevention of maternal infections (STIs, malaria)

• Detection of maternal complications (eclampsia)

• Breast feeding counseling.

**Delivery**

• Basic care for every delivery (clean, safe, emergency obstetric care)

• Early detection and early management of complications, including neonatal resuscitation.

**Early neonatal period**

• Essential care for every newborn (drying, warming, prophylactic eye care, prevention of hypoglycemia)

• Early detection and treatment of complications

• Special care for babies with special needs.

**Late neonatal period**

• Exclusive breastfeeding

• Appropriate hygiene

• Recognition of danger signs

* Prevention and management of illness

**Childhood**

• IMCI

• Prevention and management of childhood illnesses

• Immunization

• Nutrition interventions.

**What is IMCI?** IMCI is an integrated approach to child health that focuses on the wellbeing of the whole child.

Aims to reduce death, illness, and disability and to improve growth and development among children under 5 years old.

IMCI includes both preventive and curative elements that are implemented by families, communities, and health facilities.

**In health facilities, the IMCI OBJECTIVES are:**

1-Supports the accurate identification of childhood illnesses in outpatient settings

2-Ensures appropriate combined treatment of all major illnesses

3-Strengthens the counselling of caretakers

4-speeds up the referral of severely ill children.

**In the home setting, IMCI objectives are:**

* It promotes appropriate care seeking behaviour of parents
* Improved nutrition and preventative care
* Correct implementation of prescribed care

**Key elements of IMCI**

1. **Managements of illness**
2. **Nutrition**
3. **Immunization**
4. **Other diseases prevention, promotion of growth and development.**

**1 - 4-year Mortality Rate**

1-4 MR = No. of deaths of children aged 1-4 years during a year/ Total no. of children aged 1-4 years at the middle of the year x1000

This rate reflects the main environmental factors affecting the child health, such as nutrition, sanitation, communicable diseases and accidents around the home. It is more advanced indicator of social situation of country than IMR.

**1-4 years mortality rate - causes**

Developing countries

Diarrhea

ARI

Malnutrition

Infectious diseases

Accidents

Developed countries

Accidents

Congenital anomalies

Malignancies

Influenza

Pneumonia

**Under-five mortality:** Child mortality, also known as under-5 mortality or child death, refers to the death of infants and children under the age of five years.

**The leading causes of death among children under five are:**

1-Preterm birth complications

2-Pneumonia

3-Intrapartum-related complications

4-Diarrhea

5-Congenital abnormalities.

6-Nutritional deficiency Problems include: Malnutrition, Vitamin A Deficiency, Iron Deficiency, Low Birth Weight.

**U5MR = Number of deaths of < 5 years of age in a given year/ Total number of live births in the same year x1000**

**Why use the U5MR as the single most important indicator of the state of the world’s children?**

**For the following reasons:**

1-The U5MR reflects the nutritional health and the health knowledge of the mothers.

2-The level of immunization and ORT use.

3-The availability of maternal and child health services [including the antenatal care].

4-Income and food availability in the family.

5-The availability of clean water and safe sanitation.

6-The overall safety of the child’s environment

**Child Survival Index**

**CSR= 1000 – under 5 mortality rate / 10**

This figure shows the percentage of those who survive to the age of 5 years.

**Indicators of Maternal and Child Health Care**

WHO defines Indicators as **“**variables which measure change”?

**Maternal and child health status is assessed through mortality, morbidity and growth and development and other indicators.**

1- Maternal mortality ratio

2-Under-five child mortality, with the proportion of newborn deaths

3- Children under five who are stunted:stunted typically have short heights and low body masses for their age group. Stunting reflects continued, long term exposure to poor health and nutrition, particularly during the first two years of life.

4. Proportion of demand for family planning satisfied (met need for contraception): is defined as the sum of the number of women of reproductive age (15–49 years) who are currently using, or whose partner is currently using, at least one contraceptive method.

Number of women 15–49 years old who are using modern contraceptive methods/ Total number of women 15–49 years old with a demand for family planning.

5-Antenatal care coverage:Percentage of women attended, at least once during pregnancy, by skilled health personnel for reasons relating to pregnancy. At least 4 times during pregnancy.

6-Births attended by skilled health personnel:Percentage of births attended by skilled health personnel. Skilled attendant at birth is a measure of a health system’s ability to provide adequate care for pregnant women during labour and delivery.

7-C-sections as a percentage of all births in the population:is aimed at measuring progress towards the reduction ofmaternal mortality.

8-Three doses of combined diphtheria-tetanus pertussis (DTP3).

9-Immunization coverage (12–23 months)

10-Exclusive breastfeeding for six months (0–5 months)

11-Antibiotic treatment for suspected pneumonia

12-Postnatal care for mothers and babies within two days of birth