Mother Child Health

MCH

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- Maternal and child health care is one of the main components of (PHC) systems as declared at the Alma Ata Conference in 1978.

- Maternal and child care services provided by the NGOs together

- Services are free of charge

MCH services

- Are the Sites where women and children seek their preventive and curative services.

- It is a PHC component where these services should be available affordable and accessible to all the target population in their communities.

- Play most significant role

In PHC,

- PHC centers

Aims

- To insure complete health care for all children in the community.
- To insure health care for all women during their reproductive life (15- 49 years) .

Components of MCH Activities

- **Women health:**
- Provision of antenatal care including regular examination immunization, -per nutrition and self care
- Provision of safe delivery site
- Postnatal follow up
- Family planning services
- Health education (counseling)

Child health

- Growth and development monitoring including proper nutrition with emphasis on breast feeding. (well baby clinic)
- Immunization of all children.
- Screening of all newborns for phenylketoneurea ((**PKU**) is an inborn error of metabolism that results in decreased metabolism of the amino acidphenylalanine.)and congenital hypothyroidism.
- Health education to ensure healthy children.
- Early discovery of congenital abnormalities.

Maternal Health

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

Objectives of the program

- To provide optimal antenatal care to pregnant women as early as possible
- To prevent and detect any deviation on the normal pattern in of pregnancy
- To identify and give special attention and care to pregnant women at risk
- To ascertainتحقّقْه outcome of each registered pregnancy and follow up on the survival of new born infants

- To reduce maternal deaths by early detection and management of risk factors and complications

- To ensure that optimal standard of care are provided to high risk pregnant women during delivery by extending assistance towards their hospitalization costs
- To prevent adverse development that may arise after childbirth by providing postnatal care either at home or in MCH clinic as early as possible and within 42 days

- To promote birth spacing by avoiding too early, too late , too frequent and too close pregnancies 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

Elements of maternal health

- Antenatal care.
- Natal care.
- Postnatal care.
- Family planning.
- Family health counseling .

Maternal Care Services

- Provision of antenatal care including regular exam (CBC+ urine analysis.. Etc.)
- Immunization , proper nutrition.
- Natal Care
- Post natal follow up
- Family planning

Antenatal care

- Antenatal care is the health care given to the pregnant women from the first month till the delivery time, to insure safe pregnancy and safe outcome.

- The outcome is referred to safe delivery and healthy newborn

- The objective of antenatal care is to assure that every wanted pregnancy culminates يتوج ب in the delivery of a healthy baby without impairingالإضْعاف the health of the mother.

- Good antenatal care is vital for achieving the objectives stated later on. Bad antenatal care may be worse than none

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.

Conti,

- Antenatal care is the cornerstoneحجر الزاوية of obstetricsالتوليد . Though the problems of labour are more dramatic مثيرand demand attention, many of them could be avoided by effective detectionالكشف and management of antenatal variations from the normal

Activities

1. General medical and obstetric history
2. Routine physical examination including:

   General and abdominal examination
3. Blood pressure and weight are routine measurements during each visit.
4. Level of the uterus is defined each visit after the 12th week of pregnancy.

Cont,

5. Health education : Assessment of the educational needs of the woman related to her history and the physiological changes occurring in her body.

Topics: Nutrition, Personal hygiene, Care of nipples, Awareness about signs and symptoms associated with high risk pregnancy, physiology of pregnancy.

6. Provision of supplements including ferrous tablets and folic acid tablets

7. Laboratory tests :

Complete blood examination including hemoglobin level ,fasting blood sugar , blood group and Rh factor .

Urine examination for the presence of albumin , sugar and infection

8. Immunization :

Tetanus toxoid should be given for all pregnant women .(primigravidas= woman who is pregnant for the first time)

9. Curative services where women are treated for acute illness such as treatment of the uro-genital tract infection .

10. Assessment of risk pregnancy :

During ante-natal care women are classified according to the risks associated with the pregnancy .

Risk factors
Medical conditions

- Diabetes mellitus
- Anaemia
- Hypertension
- Urinary tract infection
- Heart disease
- Epilepsy
- Variety of problems related to drug usage and conditions treated.

Risk factors related to past obstetric history

- History of operative delivery.
- History of a stillbirth or neonatal death.
- Previous ante-partum قبل الولادة hemorrhages.
- Previous post-partum hemorrhages.
- History of low birth weight infant

Epidemiological risk factors

- Maternal Age.
- Parity.
- General risk factors.
- Social circumstances

Risk in Identifying and quantifying تحديدpregnancy

- **Complications arising in pregnancy** Hypertensive disorders. Anemia. Urinary tract infection. Ante-partum hemorrhage. Vaginal bleeding. Pre-term labour (before 37 weeks). Pre-term rupture of membranes. Abnormal lie/presentation. Polyhydramnios(excess of amniotic fluid in the amniotic sac.). Multiple pregnancy. Intrauterine growth restriction.

- High risk pregnant women are advised for more frequent antenatal visits and they have to deliver in a hospital.

ASSESSING RISK IN PREGNANCY

A risk factor is the name given to any condition, past or present, which is known to be associated with increased maternal and/or fetal morbidity.

- **Epidemiological risk factors Social circumstances**
- **Obstetric History**
- **Medical Conditions**
- **Complications arising in pregnancy**

Natal care

- Natal care is referred to the care given to a women during childbirth.
- Caring for woman in labour demand sensitivity and awareness of her perceptions of labour and of her needs as they relate to her experience.

Health care staff should remember that

- towards term many women feel large and impatient for pregnancy to end. A woman will find it comforting to be assured that such responses are normal.
- the pregnant woman very often approaches labour with tow major fears:
  - will my baby be alright?
  - Will labour and delivery be very painful?

Delivery sites should be

- Hygienic.
- Well equipped .
- Have qualified trained persons .
- These sites could be in hospitals or delivery hospitals or in the community either in primary health care centers or separate maternity homes
- Natal care should not be limited to the delivered women but care should be given to the newborn at the same time .

Post natal care

- The puerperium is the period following childbirth during which the uterus and other organs return to the pre- pregnant state. It begins after the placenta is expelled and last for 6 weeks.

- During this period many physiological and psychological changes occur:
- The reproductive organs return to the non pregnant state.
- The physiological changes are reversed.
- Lactation is established.
- Woman recovers from the stresses of pregnancy and delivery.
- Woman takes the responsibility of caring of her infant.

Aims of postnatal care

- To promote the physical well being of the mother and baby.
- To ensure the physiological changes are occurring normally.
- To help the mother to establish a satisfactory feeding routing and develop a relationship with her baby.
- To teach care of the baby and strengthen the woman's confidence in herself.

- This component is the weakest component in the maternal health care , where the percentage of women who receive this service is relatively low.

Activities

- Check for signs of hemorrhage or infection
- Counseling for family planning and breast feeding .

- **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 .

Infant health challenges in the postnatal period

- Preterm birth and smallness for gestational age .
- Congenital anomalies .
- Severe bacterial infection .
- Neonatal tetanus .
- Newborns suffering .
- Hypothermia .
- Jaundice .
- Ophthalmia neonatorum

Family planning

- Each family has to decide about the desirable size of the family and the health providers have to help and advice for the most appropriate and the safest method to achieve this goal.
- Family planning is not family control and the best acceptable term is family spacing by giving enough time between the pregnancies to ensure healthy mother and healthy child.

- Family planning is an essential component of any broad – based development strategy that seeks to improve the quality of life for both individuals and communities. Research has repeatedly shown the physical dangers to mother and children of having too many pregnancies too early and too close together

Methods

- 1- intrauterine device (IUD)
- 2- hormonal: - oral contraceptive pills :
  . combined cocp
  . progesterone only pop
  - injectable: . depo provera
  - s.c. implants . nor plant
- 3- condom : . male type
  . female type
- 4- spermocids
- 5- cervical cap
- 6- natural methods
- 7- sterilization : - vasectomy
- - tubale ligation

Rights of client

- **Every F.P. client has the right to:**
- 1- **information**:- to learn about the benefits and availability of f.p.
- 2- **choice**:- to choose freely whether to practice f.p. and which method to use.
- 3- **confidentiality**:- to be assured that any personal information about them will remain confidential.
- 4- **privacy**:- to have a private environment during counseling or the provision of services.
- **5- dignity**:- to be treated with courtesy مجامله , consideration and attentiveness.

- 6- **safety**:- to be able to practice safe and effective f.p.
- 7- **continuity**:- to receive contraceptive services and supplies for as long as they need them.
- 8- **comfort**:- to feel comfortable when receiving services.
- 9- **access**:- to obtain services regardless of sex, color, religion or location.
- 10- **opinion**:- to freely express their views on the services offered.

Counseling

- Counseling is a vital activity which can often be performed better . Counseling is an ongoing process العملية المستمرة integrated into all phases of the clients interactions with healthcare staff .

- Counseling is a process that recognizes each client as in individual , with individual needs , and respects their rights to privacy , confidentiality and an opinion .
- Good Counseling of potential clients helps to ensure that these needs are satisfied and also reduces un necessary returns to the clinic or discontinuation due to misunderstandings .
- Good counseling is not hard , but it needs skills and practice .

Forms of counseling

- Pre-marriage counseling
- Pre-conception قبل الحمل counseling
- Counseling - family planning

Building a trustful relationship

1. Show the clients that you care about them

2. Give clear information so the clients understand

Elements of counseling (GATHER)

- **G** Greet clients
- **A** Ask clients about themselves
- **T** Tell the client about family planning
- **H** Help client choose a method
- **E** Explain how to use a method
- **R** Return for follow up

Content of counseling

- Initial counseling
- Method – specific counseling
- Follow – up/ return visit counseling

Child care

- Child represents the future and ensuring their healthy growth and development ought to be a prime concern of all societies
- Children under 18 years account 52.3%, Under 5 years 17.1%

Health risks to newborns are minimized by:

- Quality care during pregnancy.
- Safe delivery.
- Strong neonatal care.

Physical and development assessment

- Every newborn is examined physically during the first visit to MCH clinic. This examination aims to detect any congenital anomalies or birth associated injury
- Subsequently regular physical and developmental check up are conducted for children at each visit. These visits are scheduled with the immunization program.
- During each MCH visit each child is assessed for growth by taking weight and height.

- Three indicators are used :
  - weight / age
  - height / age
  - weight / height

Screening

- Routine screening for phenylketoneurea (PKU) بيلة الفينيل كيتونand congenital hypothyroidism of newborns are conducted at the PHC – MCH clinics.

- The screening program started in 1994 in MOH clinics and expanded to UNRWA clinics in 2001.
- Incidence of " PKU" is 28 per 100000 "2002".
- Incidence of hypothyroidism is 33 per 100000 "2002".
- The discovered cases are followed up regularly.

Immunizations

- As recommended by WHO the immunization program is conducted to cover the following infectious diseases: - diphtheria
  - pertussis
  - tetanus
  - hepatitis B
  - POLIO
  - measles
  - tuberculosis
  - German measles and mumps
- - Vaccines are provided from different sources such as MOH, UNICEF, and WHO .

Child care services provided

- Vaccination.
- Screening for hypothyroidism and PKU.
- Monitoring child growth and development.
- Screening for anemia.
- Supplementation vitamin A & D
- Health education .
- Early discovery of congenital abnormalities
- Home visits.

Children care services provided

- Screening for hypothyroidism and PKU (phenyl-ketoneurea).
- Monitoring child growth and development
- Screening for an anemia
- Supplementation
- Immunization
- Health education and counseling
- Home visit
- Oral rehydration solution (ORS).

Challenges in child care

- Growth monitoring
- Breastfeeding
- Malnutrition
- Micronutrient deficiencies among children under 5years old

Strategies to Overcome Challenges

- Making neonatal health a priority
- Adopting the Integrated Management of Childhood Illness (IMCI) strategy
- Micronutrient supplementation
- Growth monitoring
- Capacity building for MCH services


Thank you