

MHC summary:

Maternal and child health (MCH) programs focus on health issues concerning women, children and families, such as access to recommended prenatal and well-child care, infant and maternal mortality prevention, maternal and child mental health, newborn screening, child immunizations, child nutrition and services for children with special health care needs.

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

2- Throughout the world, especially in the developing countries, there is an increasing concern and interest in maternal and child health care.

3- Women reproductive age: 15-49

Justifications for the provision of MCH Care (Why)?

1-Mothers and children make up over 1/2 of the whole population.

Children < 15 years are 34.3% of the population. Women in reproductive age (15 – 49) constitute around 20%.

2-Maternal mortality is an adverse outcome of many pregnancies.

3-Miscarriage, induced abortion, and other factors, are causes for over 40 percent of the pregnancies in developing countries to result in complications, illnesses, or permanent disability for the mother or child.

4-About 80 percent of maternal deaths in developing countries are due to direct obstetric causes (from obstetric complications of the pregnant state (pregnancy, labor, and puerperium), intervention, omissions, incorrect treatment)

5- Most pregnant women in the developing world receive insufficient or no prenatal care and deliver without help from appropriately trained health care providers resulting in >7 million newborn deaths.

6- Many unwanted pregnancies end in unsafe abortion because of carrying high risks of morbidity and mortality, as well as social and economic costs, particularly to the adolescent.

7-Poor maternal health hurts women's productivity, their families' welfare, and socio-economic development.

8- Large number of women suffers severe chronic illnesses that can be exacerbated by pregnancy and the mother's weakened immune system and levels of these illnesses are extremely high.

9- Many women suffer pregnancy-related disabilities like uterine prolapse long after delivery due to early marriage and childbearing and high fertility.

10- Nutritional problems are severe among pregnant mothers (60-70 % of pregnant women in developing countries have anemia). Women with poor nutritional status are more likely to deliver a low-birth -weight infant.

11- Majority of perinatal deaths are associated with poor management techniques during labor and delivery and nutrition status of the mother

12-The large majority (90%) of pregnancies that end in a maternal death also result in fetal or perinatal death

13- Ante partum hemorrhage, eclampsia (high blood pressure results in seizures during pregnancy), and other complications are associated with large number of perinatal deaths each year in developing countries plus considerable suffering and poor growth and development for those infants who survive.

14-Physiological changes that the mother and her child pass through

15- More sensitive to the environmental factors changes.

Objectives and Targets of Maternal Child Health Services

1-To reduce morbidity and mortality among mothers and children, through health promotion activities rather than curative interventions.

2-To improve the health of women and children through expanded use of fertility regulation methods, adequate antenatal coverage, and care during and after delivery.

3-To reduce unplanned or unwanted pregnancies through sex education and the wider use of effective contraceptives.

4-To reduce perinatal and neonatal morbidity and mortality.

5- Promotion of reproductive health and the physical and psychosocial development of the child and adolescent within the family.

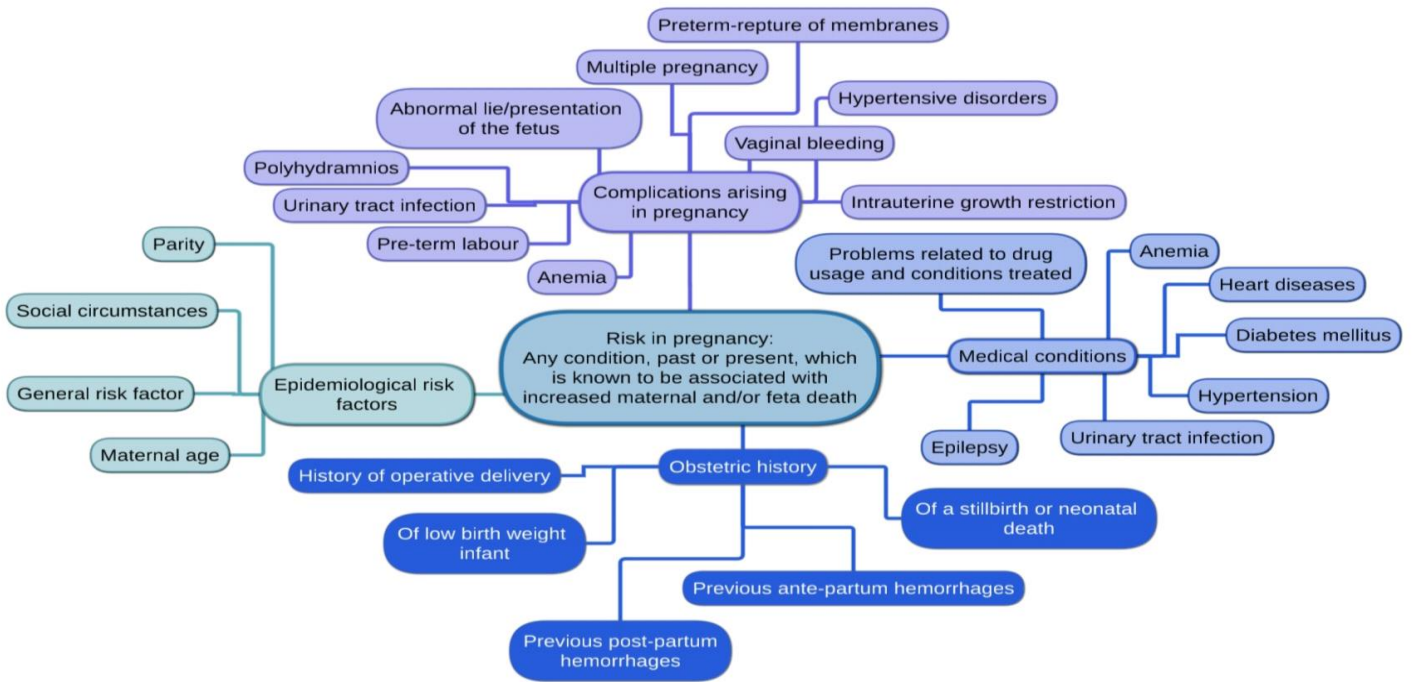
6. To reduce the incidence and prevalence of sexually transmitted infections (STIs), in order to reduce the transmission of HIV infection.

7. To reduce the incidence and prevalence of cervical cancer.

8. To reduce female genital mutilation and provide appropriate care for females who have already undergone genital mutilation.

9. To reduce domestic and sexual violence and ensure proper management of the victims.

10. To increase political awareness on the need to develop comprehensive intersectoral population policies using all available resources



**High risk pregnant women are advised for more frequent antenatal visits.

Reproductive health:

Definition

- The constellation of methods, techniques and services that contribute to reproductive health and well-being through preventing and solving reproductive health problems.
- It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases.

Reproductive health as PHC Service

- Include: family-planning counseling, information, education, communication and services
- Education and services for prenatal care, safe delivery, and post-natal care, especially breast-feeding, infant and women's health care; prevention and appropriate treatment of infertility.
- Prevention of abortion and the management of the consequences of abortion; treatment of reproductive tract infections; sexually transmitted diseases and other reproductive health conditions.
- Information, education and counseling on human sexuality, reproductive health and responsible parenthood.
- Family-planning services, breast cancer and cancers of the reproductive system.

Some indicators of health status of women:

- 1-Maternal Mortality Rate due to pregnancy, Labor and post-partum period
- 2- Malnutrition among women in reproductive age group
- 3-Teen-age pregnancy
- 4- Low birth weight deliveries (<2.5kg.)
- 5-Weight gains during pregnancy Normal (8-11 Kg.)
- 6-Percentage of women visited ANC clinics.
- 7-Percentage of Labor attended by Medical Staff.
- 8-Percentage of women receiving family Planning Services.

Maternal health and developing countries:

1. Most women do not have a good Access to the Health care and sexual health education services.
2. A woman in sub-Saharan Africa has a 1 in 16 chance of dying in pregnancy or childbirth, compared to a 1 in 4,000 risk in a developed country – the largest difference between poor and rich countries of any health indicator.
3. The leading causes of death among women of reproductive age are loss of MHC services
4. 500,000 deaths related to pregnancy out of 150 million women become pregnant each year.
5. In 2015, an estimated 303 000 women worldwide died in pregnancy and childbirth, with 99% of these deaths occurring in low income countries two thirds (64%) occurring in the African Region.

Maternal mortality:

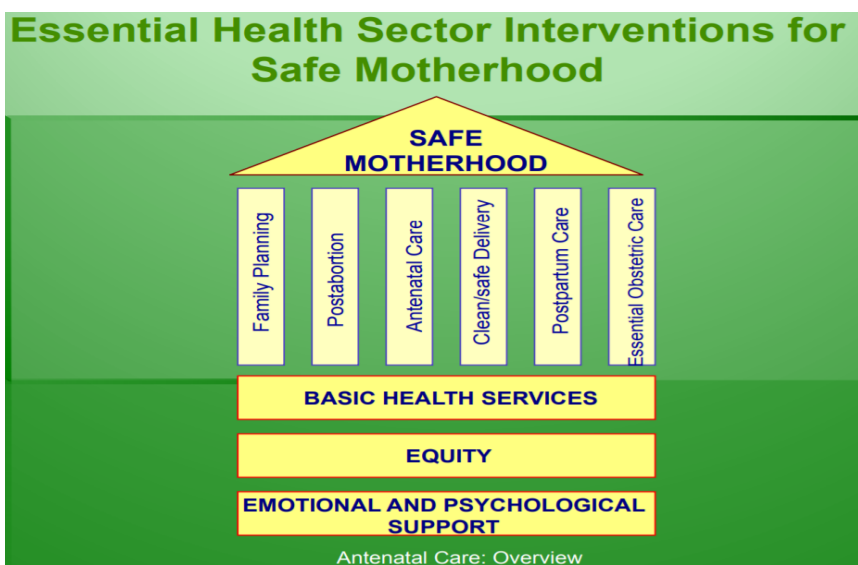
Definition: Maternal mortality ratio is measured per 100 000 live births.

Importance as health indicator: reflecting the overall state of maternal health as well as quality and accessibility of PHC available to pregnant women and infants.

Reducing maternal mortality crucially depends on access to quality care before, during and after childbirth.

Maternal mortality impact: causing grave economic and social hardship for her family and community.

Measuring maternal mortality accurately is difficult except where comprehensive registration of deaths and of causes of death exists.



Maternal Services:

Maternal Health Services

- 1-Premarital.
- 2-Preconceptional.
- 3-Conceptional: Care during pregnancies and labor: A.N.C. (Risky Pregnancy)
- 4-Delivery Care (Centers, Staff and Equipment's)
- 5-Postnatal and Family Planning Services.

Premarital (before marriage):

Target population

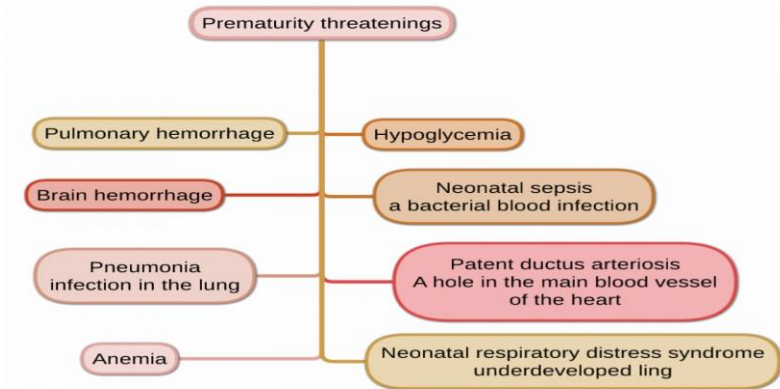
1. Couples about to marry.
2. The newlyweds.
3. Any individual seeking advice.

Main functions:

1. Family health education
2. Sexuality and puberty
3. Marriage and parenthood
4. Avoiding hazards (smoking, Alcohol, drugs).
5. Medical history, past medical history.
6. Sexually Transmitted diseases (STDs).
7. Past Menstrual history.
8. Physical examination.
9. Genetic Counseling.

10. Nutrition and weight monitoring:

- BMI: preferred indicator of nutritional status.
- Eating habits: fasting, pica, eating disorders, megavitamin
- Preconceptional intake of folic acid.
- Anemia during pregnancy affects the mother and the baby, and may cause prematurity (birth before 37 weeks, while normal pregnancy lasts 400 weeks).



11. Immunization:

Rubella, commonly known as 'German Measles'

Can affect pregnant causing miscarriage, intrauterine fetal demise or congenital rubella syndrome (CRS)

In Jordan, vaccination is given for babies at 18 months of age.

Women should check if they are vaccinated (MMR vaccine) before getting pregnant, and avoid getting pregnant for at least four weeks after receiving MMR vaccine.

Premarital screening and genetic counselling (PMSGC):

Identifying β -thalassemia carriers among couples planning to marry to ensure they understand the reproductive risks and available options: (i) prevention of at-risk marriages by discouragement during counselling. (ii) Where legal, termination of affected fetuses through prenatal diagnosis (PND) and therapeutic abortion.

Fertility investigation: (i) Hormonal for females. (ii) Semen analyses for males

Premarital exams are **more common** among high educated (65%) than no education people (25%).

Preconception services: a woman's health before she becomes pregnant.

Services: (i) Past and recent Medical history. (ii) Social history. (iii) Controlling risk factors. (iv) Psychological and social counseling.

Antenatal care ANC (conceptional)

Systemic supervision of a women during pregnancy to monitor the progress of fetal growth and to ascertain the well-being of the mother and the fetus

Objectives	Importance
1-Promote and maintain the physical, mental and social health of mother and baby (nutrition, personal hygiene) 2-Detect and manage complications during pregnancy , whether medical, surgical or obstetrical 3-Assess the risk of complications in later pregnancy, labor or delivery and arrange for a suitable level of care. 4-Develop birth preparedness and complication readiness plan 5-Help prepare mother to breastfeed successfully, experience normal puerperium, and take good care of the child physically, psychologically and socially	Ensure a a normal pregnancy with delivery of a healthy baby form a healthy mother Prevent development of complications Decrease maternal and infant mortality (death) and morbidity (disease) Remove the stress and worries of the mother regarding the delivery process Teach the mother about child care, nutrition, sanitation and hygiene Advice about family planning

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