

Maternal and Child Health (MCH)



Learning Objectives

- Understand the importance and role of MCH care
- Outline the objectives of the MCH programs
- Describe major health problems of mothers and children
- Identify the factors that affect the health of mothers and children



Learning Objectives

- Major causes of maternal and child mortality and prevention
- Recognize the available maternal and child health services.
- Describe the role of these services in preventing maternal and child morbidity and mortality.

Maternal and Child health (MCH)

- 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 health (MCH)

- Maternal and child health (MCH) care is the health service provided to **mothers** (women in their childbearing age) and **children**.
- The targets for MCH are all women in their **reproductive age groups**, i.e., **15 - 49** years of age, children, school age population and adolescents.



Definition

- 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.



MCH

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



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.



Objectives of Maternal Child Health Services

- 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.



Objectives of Maternal Child Health Services

- 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.



Objectives of Maternal Child Health Services

- 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.



Objectives of Maternal Child Health Services

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



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%.



Justifications for the provision of MCH Care (Why)?

- 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.

Justifications for the provision of MCH Care (Why)?

- 4-About 80 percent of maternal deaths in developing countries are due to direct obstetric causes. They result "from obstetric complications of the pregnant state (pregnancy, labor, and puerperium the period of about six weeks after childbirth during which the mother's reproductive organs return to their original non-pregnant condition.), from intervention, omissions, incorrect treatment, or from a chain of events resulting from any of the above.

Justifications for the provision of MCH Care (Why)?

- 5- Most pregnant women in the developing world receive insufficient or no prenatal care and deliver without help from appropriately trained health care providers. More than 7 million newborn deaths are believed to result from maternal health problems and their mismanagement.



Justifications for the provision of MCH Care (Why)?

- 6-Poorly timed unwanted pregnancies carry high risks of morbidity and mortality, as well as social and economic costs, particularly to the adolescent and many unwanted pregnancies end in unsafe abortion.
- 7-Poor maternal health hurts women's productivity, their families' welfare, and socio-economic development.



Justifications for the provision of MCH Care (Why)?

- 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.



Justifications for the provision of MCH Care (Why)?

- 10- Nutritional problems are severe among pregnant mothers and 60 to 70 percent of pregnant women in developing countries are estimated to be anemic. Women with poor nutritional status are more likely to deliver a low-birth-weight infant.



Justifications for the provision of MCH Care

- 11- Majority of perinatal deaths are associated with maternal complications, poor management techniques during labour and delivery, and maternal health and nutritional status before and during pregnancy.

Justifications for the provision of MCH Care

- 12-The large majority of pregnancies that end in a maternal death also result in fetal or perinatal death. Among infants who survive the death of the mother, fewer than 10 percent live beyond their first birthday.



Justifications for the provision of MCH Care

- 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.



Justifications for the provision of MCH Care

- 14-Physiological changes that the mother and her child pass through
- 15- More sensitive to the environmental factors changes.

Maternal Health

Learning Objectives

- • Understand the magnitude of maternal health problems / Maternal Morbidity
- • Describe the factors that affect the health of mothers
- • Describe maternal mortality
- • Outline the major causes of maternal mortality
- • Understand effects of maternal health on children, family and community

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



Risk factors

Medical conditions

- Diabetes mellitus
- Anemia
- 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 hemorrhages.
- Previous post-partum hemorrhages.
- History of low birth weight infant

Epidemiological risk factors

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

Identifying and quantifying risk in pregnancy

- **Complications arising in pregnancy**
Hypertensive disorders. Anemia.
Urinary tract infection. Ante-partum
hemorrhage. Vaginal bleeding. Pre-term
labour. Pre-term rupture of membranes.
Abnormal lie/presentation.
Polyhydramnios. Multiple pregnancy.
Intrauterine growth restriction.

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



Reproductive Health

- Reproductive health care is defined as 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

- Reproductive health care in the context of primary health care should 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;

- and information, education and counseling, as appropriate, on human sexuality, reproductive health and responsible parenthood.

- **Referral** for family-planning services and further diagnosis and treatment for complications of pregnancy, delivery and abortion, infertility, reproductive tract infections, breast cancer and cancers of the reproductive system, sexually transmitted diseases and HIV/AIDS should always be available, as required.



Some indicators of health status of women

- 1-Maternal Mortality Rate /100,000 (15-49 years death due to Pregnancy , Labor and post partum period)The most sensitive indicator for maternal health..
- 2- Malnutrition among women in reproductive age group
- 3-Teen-age pregnancy



Some indicators of health status of women

- 4- Low birth weight deliveries (<2.5kg.)
- 5-Weight gains during pregnancy
Normal (8-11 Kg.)
- 6-% of women visited ANC clinics.
- 7-% of Labor attended by Medical Staff.
- 8-% of women receiving family Planning Services.



Maternal health and developing countries.

- Most women do not have a good Access to the Health care and sexual Health education services.
- 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 developing country – the largest difference between poor and rich countries of any health indicator.



Maternal Health and developing countries.

- At the level of preconception and prenatal care, pregnancy complications and childbirth are the leading causes of death among women of reproductive age.
- Less than one percent of these deaths occur in developed countries, showing that they could be avoided if resources and services were available.



General Consideration

- More than **150 million** women become pregnant in developing countries each year and an estimated **500,000** of them die from pregnancy-related causes.
- Maternal health problems are also the causes for more than **seven million** pregnancies to result in stillbirths or infant deaths within the first week of life.



- Far too many women still suffer and die from serious health issues during pregnancy and childbirth.
- In 2015, an estimated 303 000 women worldwide died in pregnancy and childbirth, with 99% of these deaths occurring in low income countries (WHO 2018)



- two thirds (64%) occurring in the WHO African Region.
- Reducing maternal mortality crucially depends upon ensuring that women have access to quality care before, during and after childbirth.



- Maternal death, of a woman in reproductive age, has a further impact by causing grave economic and social hardship for her family and community.



Maternal mortality.

- Critical indicator of population health reflecting the overall state of maternal health as well as quality and accessibility of PHC available to pregnant women and infants. Maternal mortality ratio is measured per **100 000** live births.
- Measuring maternal mortality accurately is difficult except where comprehensive registration of deaths and of causes of death exists.



Global scenario-Maternal health

- Each year, **more than half million women die** from causes related to pregnancy & childbirth.
- For every such death there are **20 others who suffer** pregnancy related illnesses or other adverse outcome (obstetric fistula, uterine prolapse).
- Around **10 million women annually suffer** from complications of pregnancy.
- On average, **each day~1500 women die** from causes related to pregnancy & childbirth.
- **80% of maternal deaths could be avoided** by access to essential maternity & basic health services.



Discussion Questions

- 1. What are the objectives of MCH?
- What are the justifications for MCH?
- What are the risk factors for pregnant women?
- What is the most sensitive indicator of maternal health?



- Thank you

