



Maternal and Child Health (MCH)



Learning Objectives

- Outline the objectives of the MCH programs.
- Recognise the justifications for the provision of MCH Care
- Describe major health problems of mothers and children.
- Identify the factors that affect the health of mothers and children.

Learning Objectives

- Describe 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.

Morbidity versus Mortality

- Morbidity refers to an illness or disease.
- Mortality refers to death

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. Potential complications related to abortions include pain, bleeding, or an infection in the upper genital tract that causes endometritis.

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 (less than 2,500 grams)**

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 (bleeding from or into the genital tract, occurring from 24 weeks of pregnancy and prior to the birth of the baby), 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**

Epidemiological risk factors

- Maternal Age.
- Parity (parity is defined as the number of times that woman has given birth to a fetus with a gestational age of 24 weeks or more, regardless of whether the child was born alive or was stillborn).
 - ❖ Stillbirth is when a baby dies before she or he is born, after 24 weeks of pregnancy.
- Social circumstances.

Risk factors related to past obstetric history



- History of operative delivery (Operative vaginal delivery refers to a delivery in which the operator uses forceps, a vacuum, or other devices to extract the fetus from the vagina, with or without the assistance of maternal pushing).
- History of a stillbirth or neonatal death.
- Previous ante-partum hemorrhages.
- Previous post-partum hemorrhages.
- History of low- birth- weight infant

Risk factors

Medical conditions

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

Complications arising in pregnancy

- Hypertensive disorders.
- Anemia.
- Urinary tract infection.
- Ante-partum hemorrhage.
- Vaginal bleeding.
- Pre-term rupture of membranes
- Intrauterine growth restriction.

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

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.

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.

General Consideration

- 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)

General Consideration

- 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.

General Consideration

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

Global scenario-Maternal health

- *Each year, **more than half million women die** from causes related to pregnancy & childbirth.*
- *On average, **each day~1500 women die** from causes related to pregnancy & childbirth.*
- *Around **10 million women annually suffer** from complications of pregnancy.*
- ***80% of maternal deaths could be avoided** by access to essential maternity & basic health services.*

THANK YOU