

Lecture # 5 Doctor: Dr. Samar Date: 24/9/2014 Done By: Dania Essam



Community medicine Dr. Samar



## Maternal child health

In this lecture, we are going to talk about maternal child health (MCH), but before that there are some points you should know from the previous lecture.

-85% of deaths which happen globally take place in low and middle social classes.

-High social classes (rich countries) constitute 15% of global deaths

- When we look at the causes we find that the infectious disease is still on the top in developing world (low social class). However, coronary heart disease comes number one in high social class (rich countries) and some countries which are similar to like Jordan (similar in the causes of death, not in all aspects of health services)

-In the middle class, cerebrovascular accidents are number one.

## Maternal and child health services

-It's an important part of healthcare services, and we care about it because we deal with high percentage in the community , children under 15 years old constitute 37% (1/3 of the population), if we add the percentage of child age bearing women (which is 10 - 15 %) we will talk about 50% in the community of Jordan.

-the percentage of elderly in the developed world is more than 10– 15%, but in Jordan it still less than 5% so the demography is different from a community to another according to growth rate, mortality and fertility.

\*note: causes of death and how it differs from high, middle and low classes are important





\* There are main objectives of maternal child health.

- to decrease morbidity and mortality of pregnant women , infant and child , to improve the health of children and women we expand using fertility regulation methods (family planning) in order to regulate and make spaces between one pregnancy and another , then we are helping the woman to have healthier pregnancy and healthier outcome (the newborn)

Also in the maternal child health we have to care about the mother health not only the pregnancy

\*stages of preventive services for maternal health:

1) To reduce unplanted (unwanted) pregnancy through the family planning services.

2) Promotion of productive health and its physical and psychosocial development of the child adolescent within the family because we begin with the maternal before pregnancy (preconceptional stage) and if we want proper maternal health we should begin before marriage (premarital health)

- Premarital counceling is very important preventive care for the maternal health.

3) To increase the critical awareness on the mean of develop comprehensive intersectoral population policies using all available resources.

- Why maternal child health in Jordan plays important role?

\* Because of the high percentage of the children under 15 years old and pregnant women (50 %)

4) Physiological changes, the child as well as the pregnant women, they are under physiological changes or stresses so they have special needs and need a special care to monitor the pregnancy and the child while he is growing.

Page | **2** 

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The pregnant woman is not sick, because pregnancy is a normal physiological stress.

5) this part of the target groups are more sensitive to environmental factors such as infections, high or low temperature, pollution, etc ...

So they react with these factors differently – because they have special needs and are under physiological stress as we mentioned they need close monitoring and we give the priority to pregnant women.

-but in developed world there is well woman clinic which care of woman in different stages of her life (teenager, married, adolescent, after delivery or menopausal or postmenopausal)

\* So when we say **maternal**, we don't mean woman care, we are talking about pregnancy, delivery and babies (six weeks after delivery).

\* Children as well as pregnant women are more sensitive to environmental changes.

\*What other statistical figures which reflect MSH?

Infant mortality which is a very sensitive indicator, but the more important than that is neonatal mortality, because 35 % of the death in this stage happens in perinatal mortality (which is weak before and week after delivery)

Child mortality (1-5 years old) is less sensitive but it still an important indicator

6) Vaccination rate coverage is very important because immunity of the children is still developing and the infectious disease can make high morbidity or mortality if it's very complicated

7) Maternal mortality rate (per 100000) is another important indicator

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\* Which is more accurate infant or maternal mortality rate?

**Infant mortality rate** is more accurate than maternal mortality rate because the possibility of mother dying from a complicated pregnancy is much less than the possibility of embryo or infant dying, because the embryo or infant is more affected, and because of that the maternal mortality rate is measured per 100000 not per 1000.

\* What is the most sensitive indicator for maternal health?

The **maternal mortality** is the most sensitive indicator in the <u>maternal health</u>, but if we say MCH the **infant mortality** is most sensitive.

-Tetanus vaccination is a good indicator. Tetanus (کوار) during pregnancy affect the embryo more than the mother

\* Tetanus can be transmitted through wounds but during pregnancy through the umbilical cord usually by using unsterilized instrument.

-so we vaccinate the mother to protect the new born from the neonatal tetanus which is considered fetal disease for the neonate.

-In Jordan 99% of deliveries happens in <u>hospitals</u>, which are expected to have high sterilized instruments and environment, so Tetanus vaccination is not considered as an important or sensitive indicator for maternal health because the sterilized environment in hospitals, and the transmission of tetanus to the baby is limited because the mother is vaccinated and gives antibodies against tetanus to her embryo.

8) Antenatal care and to see the coverage of the services

\*antenatal care: to monitor pregnant woman health during pregnancy and it's one of the important preventive services in maternal health.

Page | 4

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9) The percentage of woman visiting antenatal care

ANC: antenatal care - عياحة الموامل

10) Rate of doctors per10000 of the community

11) Midwives and nurses: are other important members of the team for maternal health, because normal delivery in United Kingdom is done and attended by proper skilled midwives not by the obstetricians, but here in Jordan it still should be done by specialized obstetricians not the general practitioner.

12) Percentage of labor attended by medical staff

13) Percentage of women receiving family planning services بياحة تنظيم الاسرة (

They are preventive services postpartum.

## • Content of maternal health.

- Maternal health which is dealing with the reproductive health

- The **reproductive health** is a content of primary health care and should include family planning, counseling information education, communication services, antenatal care, preconceptional, post abortion care and preventing abortion (which may cause bleeding), especially repeated abortion.

- 10 % of pregnant women or any woman should be referred to a secondary or tertiary care.

- also postpartum care (checking that she backs to normal ,the wound is clean and the most important part of this is family planning services because we are caring about preventing a second pregnancy during breastfeeding).



- Essential obstetric care: caring during delivery whether it's a normal vaginal delivery or cesarean section.

- We shouldn't forget the emotional and the psychological care and support of the pregnant women because she may feel fear if she is pregnant for the first time or she may feel depressed in the other times.

\*\* Services should begin before marriage (premarital)

Genetic counseling is very important ... Thalassemia, SLE, MS, Alzheimer's, and other predominant or recessive genetic diseases.

\* Note that recessive transmitted diseases are more dangerous than predominant because it's undiagnosed, so the parents may be carriers of the disease and they don't know.

\* Some hereditary diseases are multi factorial disease; that they are hereditary but they don't have a specific gene for it such as: diabetes, hypertension, cardiac diseases, immunosuppressive diseases, SLE, MS, Parkinson's, and Alzheimer's. Their percentage of transmission is not known because we don't know a specific gene which is responsible for such disease.

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