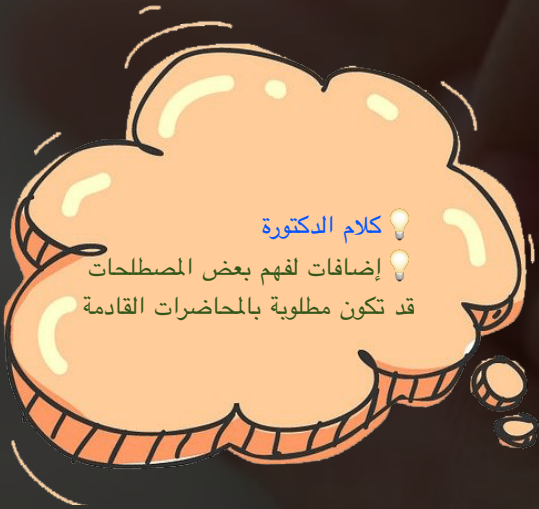


Mother

# Maternal and Child Health (MCH)

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# Learning Objectives

اللهم علمنا ما ينفعنا  
وانفعنا بما علمتنا وزدنا  
علماً وعملاً.

- **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.  
Deaths
- Diseases

# 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.**  
age between 10-18

# 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 visits, 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. Prevention ↗

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.

**Perinatal** conditions which spans from 22 completed weeks of gestation and ends 7 completed days after birth.

# 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

عنق الرحم **cervical cancer.** How? -> vaccinations

-> virus or tumor screening

cervical cancers are caused by human papillomavirus (HPV).

# Objectives of Maternal Child Health Services

الختان

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

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

9. للحد من العنف المنزلي والجنسي وضمان الإدارة السليمة للضحايا.

# Objectives of Maternal Child Health Services

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

Collaboration between educational and health organizations .

ك حملات المطاعيم الوقائية ،محاضرات صحية توعوية  
في المدارس..

# 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.**

A miscarriage(الإجهاض) (also called a spontaneous abortion) is the unexpected ending of a pregnancy in the first 20 week of gestation.

# 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.

December 2023

## omissions

خطأ طبي يؤدي إلى زيادة في خطر حدوث مضاعفات سلبية مرتبطة بالمرض نتيجة لتلقي القليل من العلاج (قلة الاستخدام).<sup>15</sup>  
تتضمن التأخير في التشخيص، جرعات الأدوية الغير العلاجية، والفشل في توفير العلاجات المحددة

# Justifications for the provision of MCH Care (Why)?

Africa < **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- تؤدي (حالات حمل غير مرغوب فيها) في توقيت سيء ارتفاع مخاطر الإصابة بالأمراض والوفيات، وكذلك التكاليف الاجتماعية والاقتصادية، لا سيما على مستوى العالم المراهقات والعديد من حالات الحمل غير المرغوب فيه تنتهي بالإجهاض غير الآمن

**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.

يتزايد مع الحمل

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

هبوط الرحم

# 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.

فقر دم

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

\* مضاعفات  
maternal complications, poor management

\* المخاض (the process of giving birth)  
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, <sup>الرضع</sup> fewer than 10 percent live beyond their first birthday.

# Justifications for the provision of MCH Care

الارتجاج هي واحدة من اضطرابات ارتفاع ضغط الدم (فرط ضغط الدم) التي يمكن أن تحدث أثناء الحمل

**13- Ante partum hemorrhage, eclampsia (high blood**

(نوبات، اضطرابات) هي اندفاع مفاجئ للنشاط الكهربائي في الدماغ بمعدل لا تُمكن السيطرة عليه.

**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

# 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**
  - increase the risk of c section(Caesarean section) الولادة القيصرية.
  - increase the Risk of preterm birth
  - neonatal hypoglycemia.
  - Eclampsia.
- **Anemia** it could result in low birth weight baby , preterm baby ,abortion(إجهاض)
- **Hypertension** increase the risk of c section(Caesarean section), preterm birth (Preterm is defined as babies born alive before 37 weeks of pregnancy are completed)
- **Urinary tract infection**
- **Heart disease** also increase the risk of c siction> eclampsia > preterm birth
- **Epilepsy** Epilepsy causes frequent seizures (نوبات واضرابات)
- **Variety of problems related to drug usage and conditions treated.** تعارض الأدوية المعطاة مع وضع الحمل لدى المريضة

# Risk factors related to past obstetric history

## الولادة الجراحية

- **History of operative delivery.** It may cause infections , hemorrhage  
→ A baby who dies after 28 weeks of pregnancy, before or during birth.
- **History of a stillbirth or neonatal death.**
- **Previous ante-partum hemorrhages.**
- **Previous post-partum hemorrhages.** بعد الولادة
- **History of low-birth-weight infant**

APH> Defined as bleeding in genital tract, occurring from 24 weeks of pregnancy and prior to the birth of the baby.

# Epidemiological risk factors

Young > increase the risk of preterm birth > low birth weight > abortion.

- **Maternal Age.** Old age > Chromosomal risks > Babies with Down syndrome.
- **Social circumstances** الظروف الاجتماعية Malnutrition > anemic > low birth weight

# Identifying and quantifying risk in pregnancy

- **Complications arising in pregnancy**

Pre-eclampsia  
> eclampsia

← **Hypertensive disorders. Ante-partum**

**hemorrhage. Vaginal bleeding. Pre-term**

**labour. Pre-term rupture of membranes.**

✓ [ **Intrauterine growth restriction.**

IUGR, is when a baby in the uterus doesn't grow as expected. (developmental delay).

APH

→ **Placental abruption** occurs when the placenta separates from the inner wall of the uterus before birth. Placental abruption can deprive the baby of oxygen and nutrients and cause heavy bleeding in the mother. In some cases, early delivery is needed.

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

زيارات ما قبل الولادة.

# 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.

الرعاية الصحية الإنجابية  
ينبغي أن تشمل الرعاية الصحية الأولية؛  
خدمات تنظيم الأسرة، والمعلومات والتعليم ،  
التواصل والخدمات .

# Reproductive health

- 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.

العقم

التعليم والخدمات لرعاية ما قبل الولادة،  
ولادة آمنة ، ورعاية ما بعد الولادة،على وجه الخصوص:  
الرضاعة الطبيعية،وصحة الرضيع والأم  
: الوقاية والعلاج المناسب  
للعقم .



# Reproductive health

- 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.

الإحالة إلى خدمات تنظيم الأسرة ومزيد من التشخيص والعلاج ل  
مضاعفات الحمل والولادة والإجهاض، العقم، الجهاز التناسلي  
الالتهابات وسرطان الثدي وسرطانات  
34  
الجهاز التناسلي، الأمراض المنقولة جنسيا بواسطة فيروس HIV

# 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** is a pregnancy that occurs for a woman under the age of 20.

# Some indicators of health status of women

- 4- Low birth weight deliveries (<2.5kg.) Low birth weight is most often caused by preterm birth.
- 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 developed country.**

# Maternal Health and developing countries

- **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)**



- **Reducing maternal mortality crucially depends upon ensuring that women have access to quality care before, during and after childbirth.**

in labour & post partum time

- **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.
- 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.

وإذا استعنت فاستعن بالله

QALAM FARIS