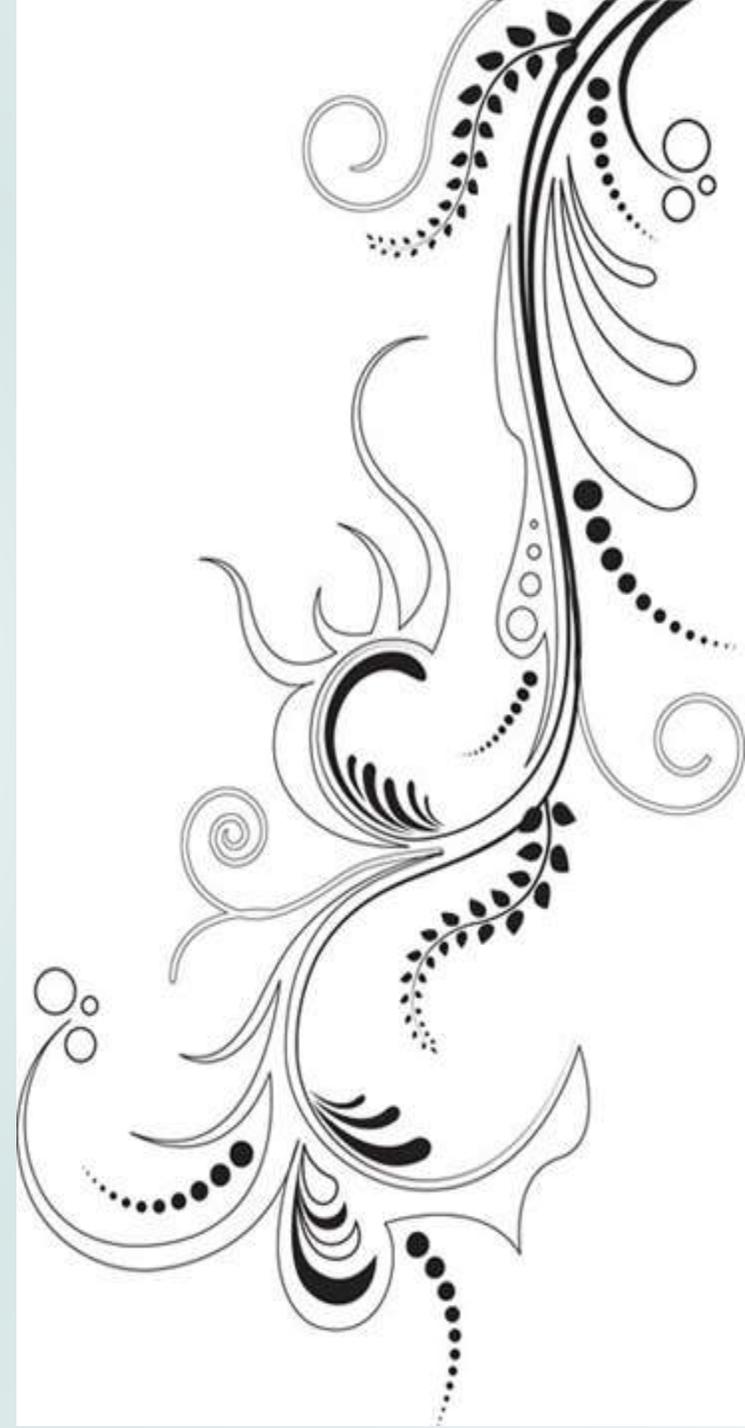




Health Status of  
Mother and Child are  
Prime Indicator of  
Assessing Health  
Situation of a  
Country

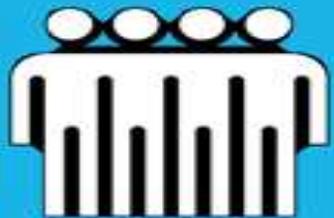


# Introduction

Mothers and children not only constitute a large group but they also vulnerable or special group. They comprises **71.4%** of population of developing countries(Bangladesh,India,Nigeria)

So mother and children are the foremost priorities of community health programme.





Develop a global  
partnership for  
development



Eradicate extreme  
poverty and hunger



Achieve universal  
primary education



Ensure environmental  
sustainability

# 2015

## MILLENNIUM DEVELOPMENT GOALS



Promote gender  
equality and  
empower women



Combat HIV/Aids,  
malaria and other  
diseases



Improve maternal  
health



Reduce child mortality

# MCH

## Maternal and child Health

Maternal and child health care refers to -

promotive, preventive,  
curative and rehabilitative  
health care for mother and  
children.



## Mother and Child –One unit

1. During antenatal period the fetus is part of mother
2. Child health is closely related to the maternal health
3. After birth child is dependent upon mother
4. Certain diseases of mother affects the child
5. Certain drug intake adversely affects the fetus
6. Mother is the first teacher of the child



# Components of MCH



Maternal Health



Child Health



School Health



Care of the adolescent



Handicapped Children



Care of the children in special settings e.g: day care centres

# MATERNAL AND CHILD HEALTH PROGRAMME

## **OBJECTIVES OF MCH:-**

- To reduce maternal, infant and childhood mortality and morbidity.
- To promote reproductive health
- To promote physical and psychological development of children and adolescent within the family.



# Criteria of MCH

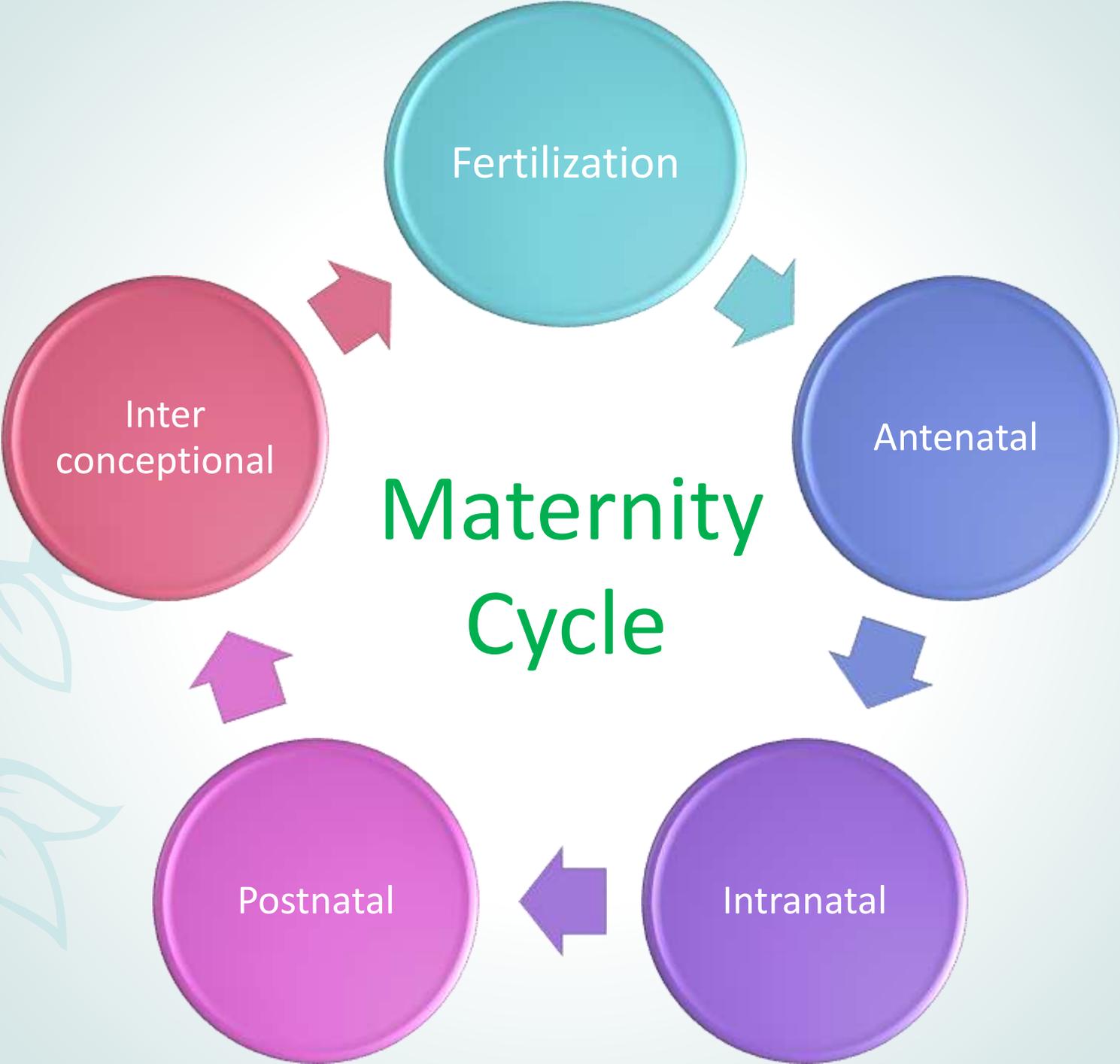
1. Improvement of maternal health
2. Improvement of child health
3. Family planning
4. School health maintenance
5. Reduction of maternal, perinatal, infant and childhood mortality
6. Promotion of reproductive health
7. Promotion of physical and psychological development



# Maternity

Maternity is the period of a woman during pregnancy and continues after child birth.





# Care of Mother

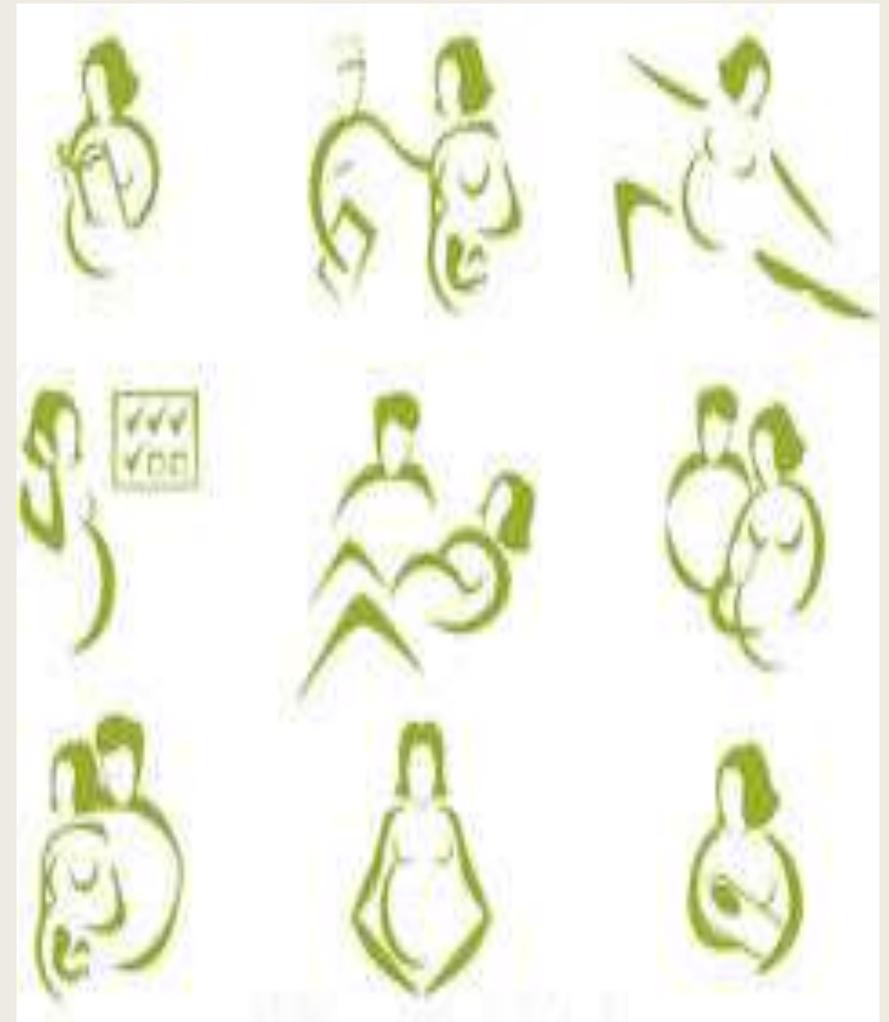
1. Antenatal Care  
(Fertilization-Onset of true labour pain)

2. Intranatal Care  
(Onset of true labour pain- Expulsion of Placenta)

3. Postnatal Care  
( Expulsion of placenta-42 days )

# Components of A.N. care

1. Antenatal visits.
2. Antenatal examination.
3. Risk approach.
4. Prenatal advices.
5. Specific health protection
6. Mental preparation.
7. Family planning.
8. Paediatric component.



INFORMATION

DOCTOR



# Ideal Visit

1 visit/month (1 <sup>st</sup> -7 <sup>th</sup> month)	:7
2 visit/month (8 <sup>th</sup> month)	:2
1 visit/week (9 <sup>th</sup> month)	:4

Total visit :13

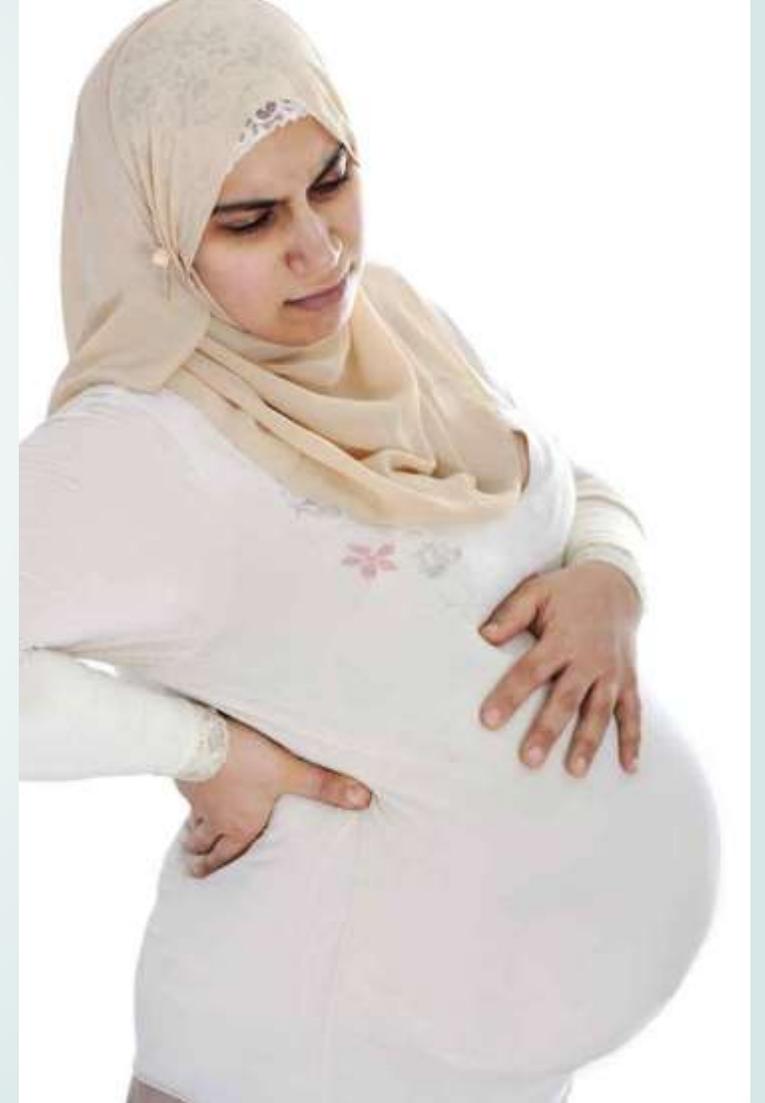
# Minimum Visit

1 <sup>st</sup> – 12 <sup>th</sup> week	:1
14 <sup>th</sup> – 26 <sup>th</sup> week	:1
28 <sup>t</sup> – 36 <sup>th</sup> week	:1
36 <sup>th</sup> – delivery	:1

Total visit :4

# High Risk Mother

1. Elderly Primi
2. Short stature primi
3. Malpresentation
4. Antepartum Hemorrhage
5. Pre eclampsia and eclampsia
6. Anaemia
7. Twins
8. Hydraminos
9. Previous still birth, Intrauterine death
10. Elderly grand multiparas
11. Prolong pregnancy
12. Pregnancy associated with general diseases (CVS diseases, Kidney Disease, Diabetes, TB etc)
13. Treatment for infertility
14. Three or more spontaneous consecutive abortion



# Intranatal Care

## Procedures of Intranatal care:

1. Clean Hands of attendance
2. Clean surface
3. Clean equipments
4. Skilled birth attendant
5. Readiness to deal complications
6. Specific care of newborn





# প্রসব পরবর্তী পরিচর্যা মা ও নবজাতকের সুরক্ষা

গর্ভকালীন সেবা  
প্রসবকালীন সেবা

প্রসব পরবর্তী সেবা

প্রসবের ২৪ ঘন্টার মধ্যে  
১ম সাক্ষাত

প্রসবের ২-৩ দিনের মধ্যে  
২য় সাক্ষাত

প্রসবের ৪-৭ দিনের মধ্যে  
৩য় সাক্ষাত

প্রসবের ৪২ দিন পর  
৪র্থ সাক্ষাত





# Childhood age periods

```
graph TD; A[Childhood age periods] --> B[Infancy (upto 1 year)]; A --> C[Pre school age (1-4 year)]; A --> D[School Age (5-14 years)]; B --> E[Neonatal period (First 28 days of life)]; B --> F[Post neonatal period (28th day-1 year)];
```

Infancy  
(upto 1 year)

Pre school age  
(1-4 year)

School Age  
(5-14 years)

Neonatal period  
(First 28 days of  
life)

Post neonatal  
period  
(28<sup>th</sup> day-1 year)

# Neonatal care and objectives

1. Establishment and maintenance of cardiorespiratory functions
2. Maintenance of body temperature.
3. Avoidance of infection.
4. Establishment of satisfactory feeding regimen.
5. Early detection and treatment of congenital and acquired disorders especially infections.

# Key Elements in Child Survival Programme

## GOBI FFF

G-Growth monitoring

O-Oral Rehydration

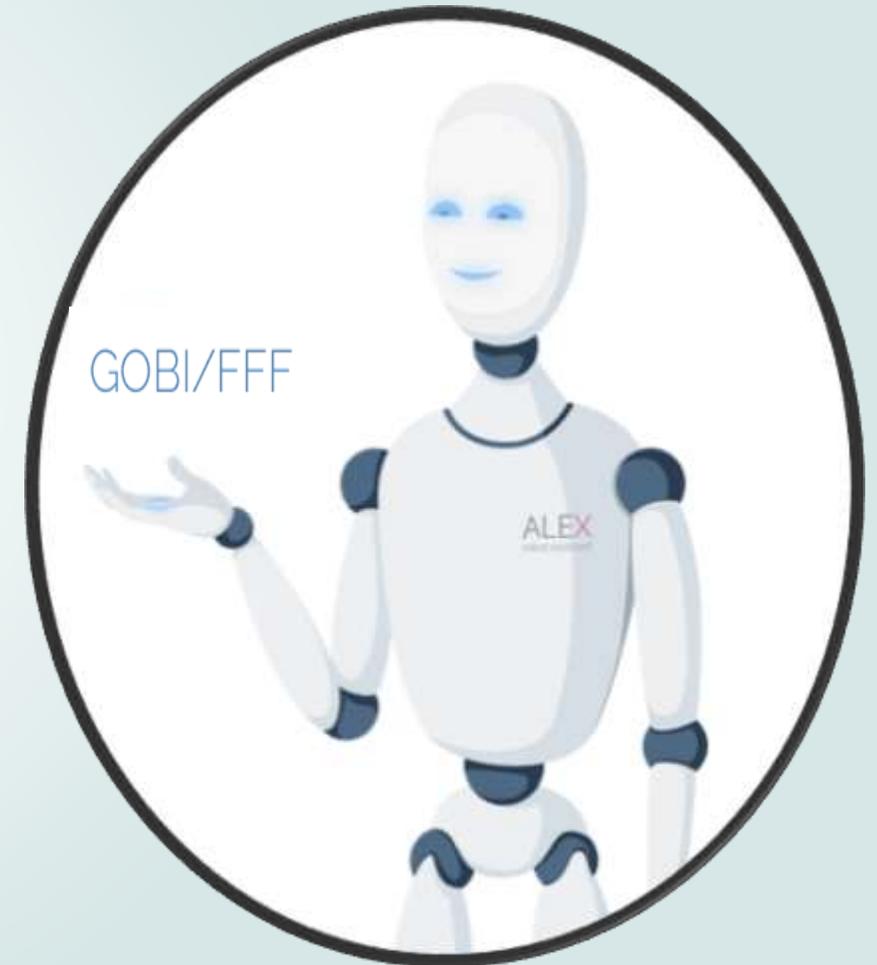
B-Breast Feeding

I-Immunization

F-Female Education

F-Food Supplementation

F-Family Planning



Bangladesh has seen impressive achievements in maternal and child health (MCH) in the past three decades, thanks to the success of targeted public health and education interventions and investments.

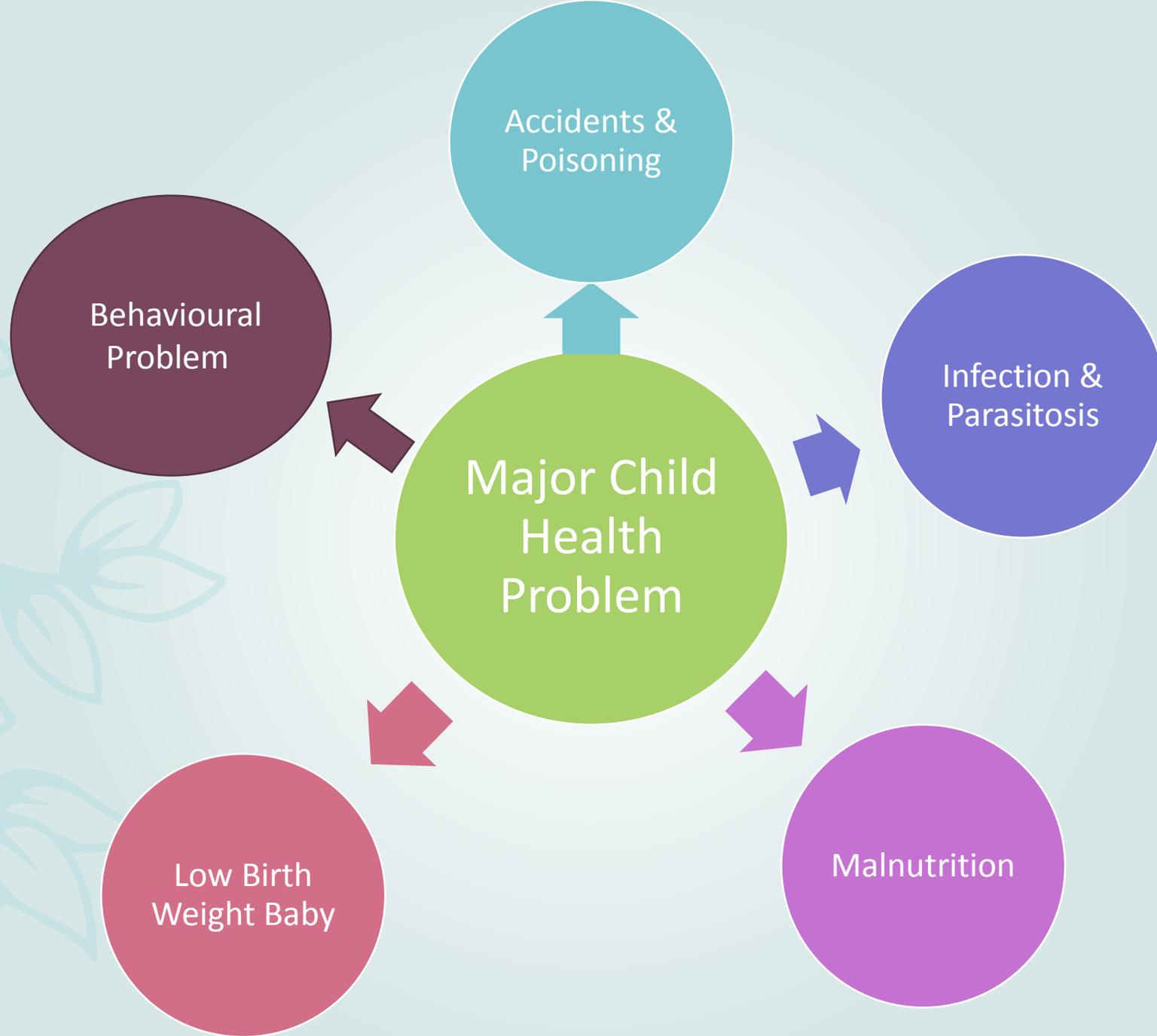
Such

interventions include

1. immunization,
2. family planning,
3. nutrition supplementation,
- 4.the national oral rehydration solution (ORS) programme,
- 5.stipend and other support for female education, and

6increased public

expenditure on health



# High Risk Babies

## Criteria:

1. Birth weight less than 2.5 kg(LBW)
2. Twins
3. Birth order 5 or more
4. Artificial feeding
5. Weight below 70% of the expected weight
6. Children with PEM, Diarrhoea
7. Working mother / Single parents
8. Failure of gaining weight during 3 successive months



# Apgar Scoring System

Indicator		0 Points	1 Point	2 Points
A	Activity (muscle tone)	Absent	Flexed arms and legs	Active
P	Pulse	Absent	Below 100 bpm	Over 100 bpm
G	Grimace (reflex irritability)	Floppy	Minimal response to stimulation	Prompt response to stimulation
A	Appearance (skin color)	Blue; pale	Pink body, Blue extremities	Pink
R	Respiration	Absent	Slow and irregular	Vigorous cry
Total Score		Severe Depression <b>0-3</b>	Mild Depression <b>4-7</b>	No Depression <b>7-10</b>

# Assessing the Neonate

## Low Birth Weight Babies (LBW)

**LBW:** below 2,500 grams (5.5 pounds)

Preterm: mostly born before Week 38

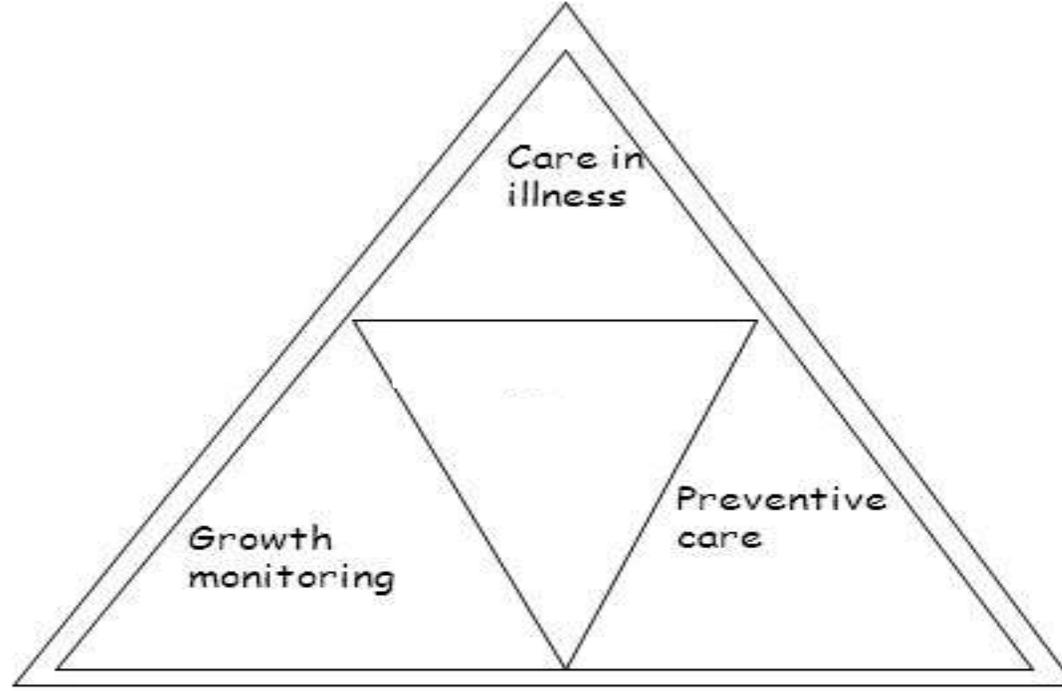
Small-for-date neonates

### **Risks**

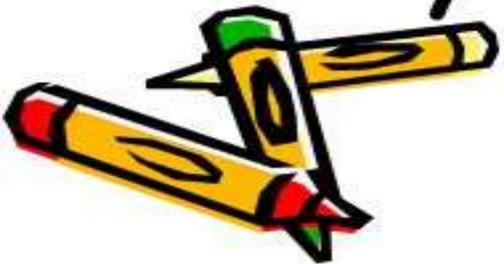
Respiratory distress syndrome

### **Intervention**

Adequate parental education and support reduces risk of complications.

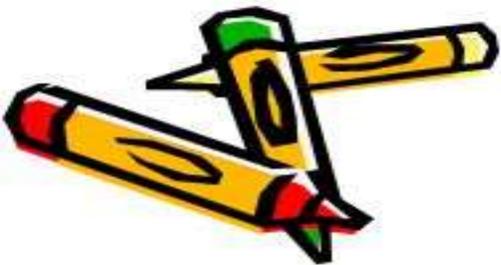


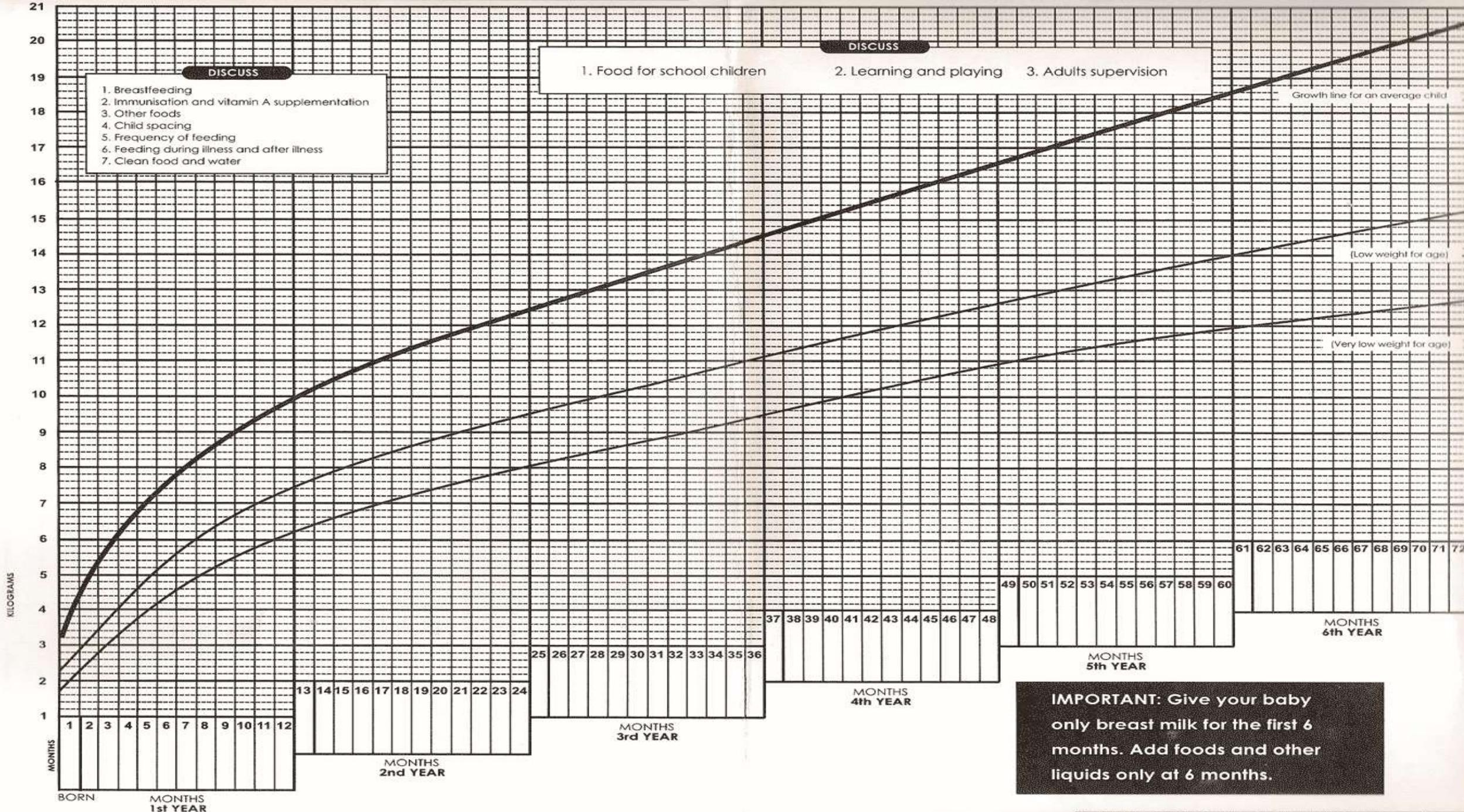
symbol of under 5 clinic



Growth monitoring - on growth chart also called as *Road to health card*.

- Every month - up to 1 year
- 2 monthly - up to 2 years
- 3 monthly - up to 5 years
- The weight is plotted according to the age of child.





Record the date of the weighing of child e.g. 

1928	2012
10/10	10/10





In response to the prevailing state of maternal, neonatal and child health the government of Bangladesh has taken some measurement for attaining the MDG

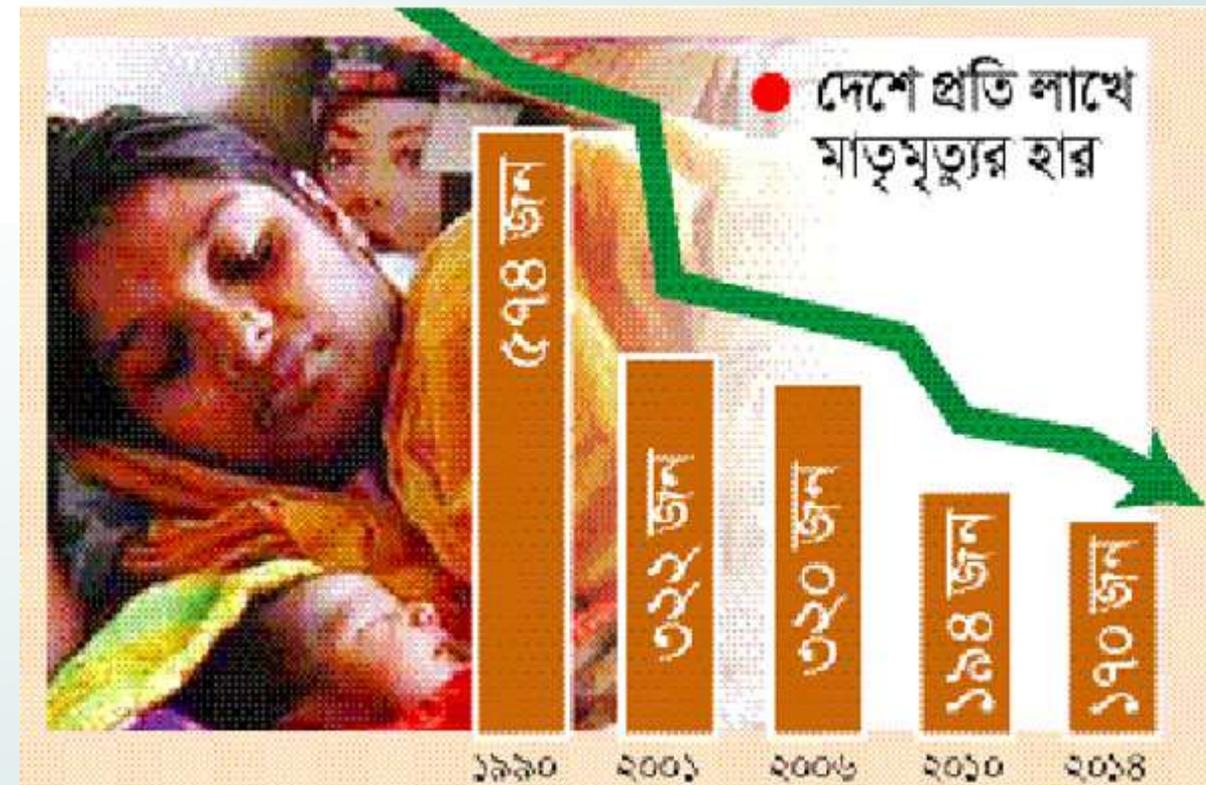
Health targets		Health indicators
<b>Goal 4: Reduce child mortality</b>		
Target 5	Reduce by two third, between 1990 and 2015, the under-five mortality rate	13. Under five mortality rate 14. Infant mortality rate 15. Proportion of one-year-old children immunized against measles
<b>Goal 5: Improve maternal mortality</b>		
Target 6	Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	16. Maternal mortality ratio 17. Proportion of births attended by skilled health personnel

Source: World Health Organization 2005. MDG Health and Millennium Development Goals. p11 (MDG 2005).

## Causes of maternal mortality per 1000

• Haemorrhage	0.105
• Eclampsia	0.088
• Abortion	0.018
• Sepsis	0.013
• Obstructed labour	0.019
• Other obstetric causes	0.11
• Anemia	0.014
• Cardiovascular causes	0.002
• Respiratory causes	0.013
• Unspecified	0.026

Source: BMMS, 2003





১৪ জন  
মা মারা  
যাচ্ছেন



৩৫  
শতাংশ  
মা পরোক্ষ  
कारणे मारा  
यान



৩৭  
শতাংশ মা  
হাসপাতালে  
প্রসব করেন

## মাতৃমৃত্যু রোধে লক্ষ্যমাত্রায় পৌঁছাতে হলে হাসপাতাল ও ক্লিনিকে প্রসবের হার বাড়াতে হবে

- এখন প্রতি লাখ জীবিত জন্মে মাতৃমৃত্যু হয় ১৭০ জনের
- মাতৃ-স্বাস্থ্যসেবার হার বাড়লেও গুণগত মান বাড়েনি
- সিলেট বিভাগে মাতৃমৃত্যুর হার খুলনা বিভাগ থেকে সাত গুণ বেশি, তাই অঞ্চলভিত্তিক কৌশল নিতে হবে
- সব জেলা ও নির্দিষ্ট উপজেলা হাসপাতালে ২৪ ঘণ্টা জরুরি প্রসূতি সেবা দেওয়ার ব্যবস্থা করতে হবে
- শিশুবিবাহ ও কৈশোরে গর্ভধারণ বন্ধ করতে হবে

সূত্র: বিএমএমএস, বিডিএইচএস ২০১৪, যৌথ জাতিসংঘ প্রতিবেদন ২০১০



**Neonatal, post-neonatal, infant, child and under-5 mortality rates for five-year periods preceding the 2004 BDHS**

Data source	Approximate reference period	Neo-natal mortality	Post-neonatal mortality	Infant mortality	Child mortality	Under-5 mortality
BDHS 2004	1999-2003	41	24	65	24	88
BDHS 2000	1995-1999	42	24	66	30	94
BDHS 1997	1992-1996	48	34	82	37	116
BDHS 1995	1989-1993	52	35	87	50	133

Source: Bangladesh Demographic and Health Survey 2004





Thank

You