

UNIVERSITY OF AL-MUSTAQBAL / COLLEGE OF NURSING
FOURTH STAGE/FAMILY AND COMMUNITY HEALTH NURSING
COURSE
LECTURE 8
MATERNAL AND CHILD HEALTH CARE SERVICES

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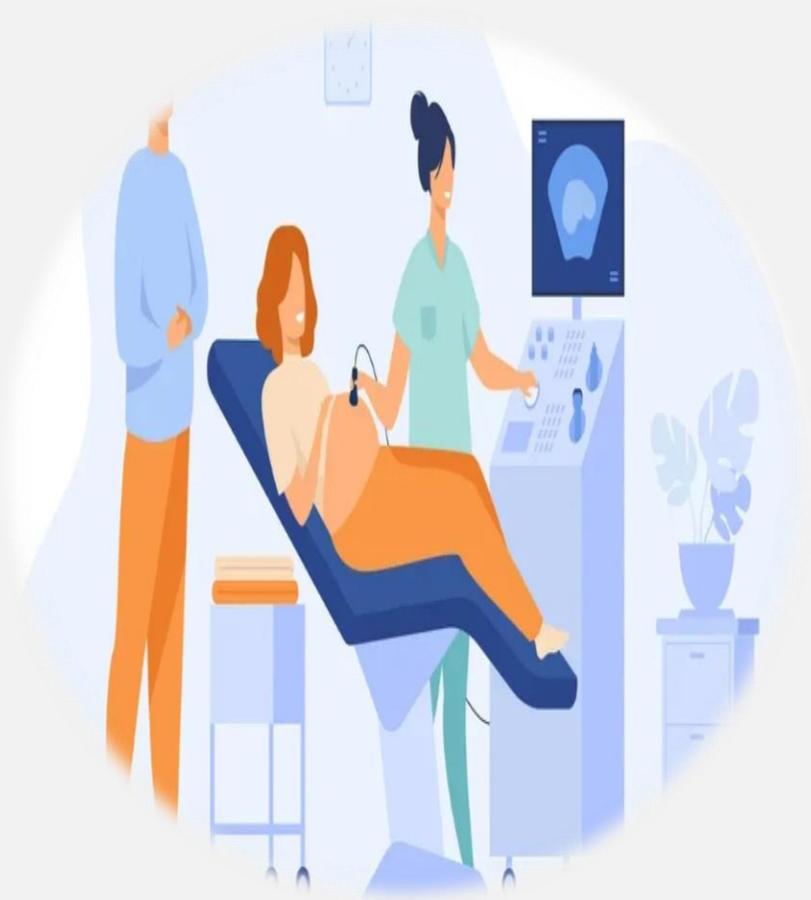
Definitions

- **Maternal Care**- It is the health of women during pregnancy, childbirth, and the postpartum period. It encompasses the health care dimensions of family planning, preconception, prenatal, natal and postnatal care.
- **Pregnancy**, also known as gestation, is the time during which one or more offspring develops inside a woman. A **multiple pregnancy** involves more than one offspring, such as with twins....
- **Pregnancy** is divided into three trimesters, each lasting for approximately 3 months.



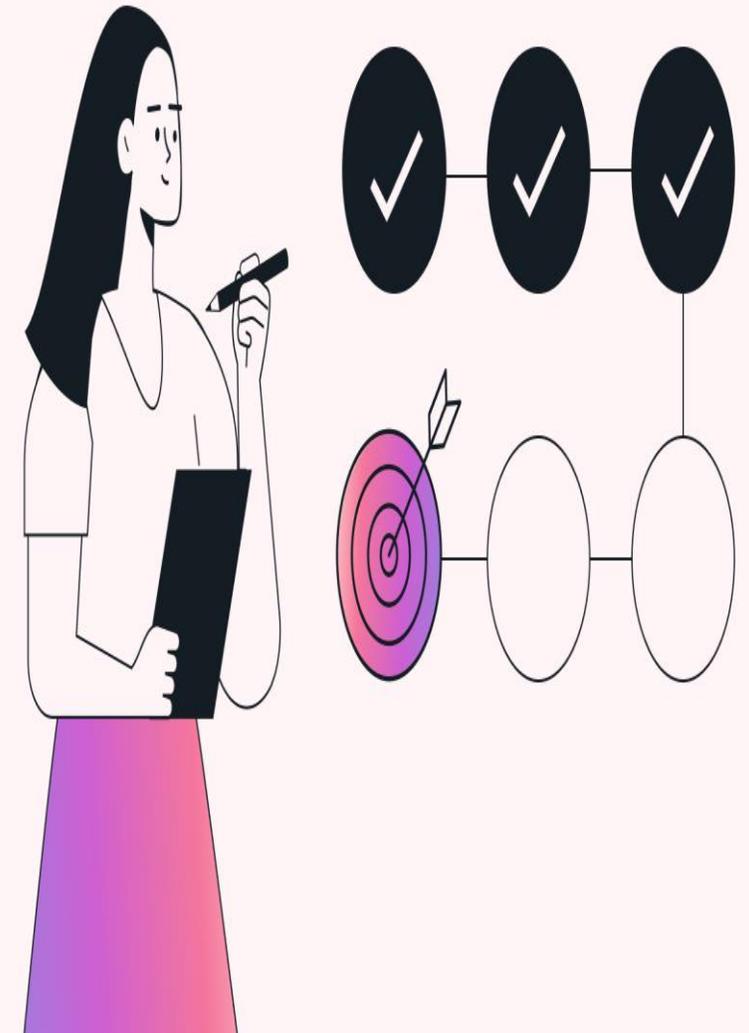
Number of Visits During Pregnancy

- ❖ **Monthly visits during the first two trimesters (from the 1st week to the 28th week)**
- ❖ **Fortnightly visits from the 28th week to the 36th week of pregnancy**
- ❖ **Weekly visits after 36th week to the delivery, from the 37th or 38th week to the end week (42nd week).**



Objectives of MCH Care

- 1. Reduce maternal mortality and morbidity**
- 2. Reduce perinatal and neonatal mortality and morbidity**
- 3. Regulate fertility so as to have wanted and healthy children when desired**
- 4. Provide basic maternal and child health care to all mothers and children**
- 5. Promote and protect health of mother**
- 6. Promote and protect physical growth and psychosocial development of children**



Types of MCH Services

- **Maternal Health - is the health of women, Premarital, before pregnancy, during pregnancy, childbirth and the postpartum period and maternal health care services are premarital care, antenatal care (ANC), delivery care and postnatal care (PNC) services**

I. Perinatal Care



- **The care of women and a fetus or newborn given before, during, and after delivery from the 28th week of gestation through the 21 days after delivery.**

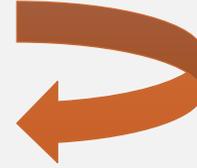
- **Prenatal Care**, also known as **Antenatal Care**, is a type of **Preventive Health Care**.
- It is provided in the form of medical checkups, consisting of recommendations on managing a healthy lifestyle and the provision of medical information such as maternal physiological changes in pregnancy, biological changes, and prenatal nutrition including prenatal vitamins, which prevents potential health problems throughout the course of the pregnancy and promotes the mother and child's health alike.
- At the initial antenatal care visit and with the aid of a **special booking checklist** the pregnant women become **classified** into either **Normal, Risk or High risk**.

Physical Examinations Generally Consist of:

- **Collection of (mother's) medical history**
- **Checking (mother's) blood pressure**
- **Mother's height and weight**
- **Pelvic exam**



• **Obstetric ultrasounds are most commonly performed during the second trimester at approximately week 20. Ultrasounds are considered relatively safe and have been used for over 35 years for monitoring pregnancy. Among other things, ultrasounds are used to:**



- **Diagnose pregnancy (uncommon)**
- **Check for multiple fetuses**
- **Assess possible risks to the mother (e.g., miscarriage, blighted ovum, ectopic pregnancy, or a molar pregnancy condition)**
- **Check for fetal malformation (e.g., club foot, spinal bifida, cleft palate, clenched fists)**
- **Determine if an intrauterine growth retardation condition exists**
- **Note the development of fetal body parts (e.g., heart, brain, liver, stomach, skull, other bones)**
- **Check the amniotic fluid and umbilical cord for possible problems**
- **Determine due date (based on measurements and relative developmental progress)**

2. Childbirth, also known as Labor and Delivery



Childbirth, also known as Labor and Delivery, is the ending of pregnancy where one or more babies leaves the uterus by passing through the vagina or by **Caesarean section.**

3. Postpartum (or Postnatal)



Postpartum (or Postnatal) period begins immediately after childbirth as the mother's body, including hormone levels and uterus size, returns to a non-pregnant state. The terms puerperium, puerperal period, or immediate postpartum period are commonly used to refer to the first six weeks following childbirth.

Infant Caring in The Acute Phase

- **Within about 10 seconds the infant takes its first breath and the caregiver places the baby on the mother's chest.**
- **The infant's condition is evaluated using the Apgar scale (Score)**
- **The Apgar score is determined by evaluating the newborn baby on five criteria which are summarized using words chosen to form an acronym (Appearance, Pulse, Grimace, Activity, Respiration).**
- **Maternal-infant postpartum evaluation recognizes the postpartum period (the "fourth trimester") as critical for women and infants, as researchers of 2018, recommends that postpartum care be an ongoing process. They recommend that all women have contact (either in person or by phone) with their obstetric provider within the first three weeks postpartum to address acute issues, with subsequent care as needed. A more comprehensive postpartum visit should be done at four to twelve weeks postpartum to address the mother's mood and emotional well-being, physical recovery after birth, infant feeding, pregnancy spacing and contraception, chronic disease management, and preventive health care, health maintenance and family planning.**

Major Elements of Postnatal Care Include:

- **Counseling and Health Education on recognition of danger signs and appropriate care-seeking (for both mother and newborn)**
- **Counseling and Health Education on routine care practices such as exclusive breastfeeding and good environment care practices.**



Major Targets of MCH Services

Major targets of Maternal and Child Health (MCH) services are-

- Reducing maternal and child mortality/morbidity,
- Promoting reproductive health, and ensuring healthy child development.

Key focus areas include prenatal/postnatal care, skilled birth attendance, immunization, nutrition, family planning, and combating infectious diseases, ultimately targeting women of reproductive age, infants, and children.

Core Targets of MCH Services

❖ Maternal Health:

- Reduction of maternal mortality and morbidity by providing antenatal care (ANC), skilled birth attendance (aiming for 90% coverage), and postnatal care within 48 hours.

❖ Child Health:

- Reduction of neonatal, infant, and child mortality (under 5 years) through immunization, proper nutrition, and management of common infections.

❖ Reproductive Health:

- Promotion of family planning to reduce unwanted pregnancies, preventing sexually transmitted infections (STIs/HIV), and addressing infertility.

Danger Signs for the Mother and Newborn

- Early identification, appropriate detection and referral /management of emergencies for mother and baby are necessary to save mothers and babies in the event of life-threatening complications.

Danger signs for the mother

- **Excessive bleeding**
- **Foul smelling vaginal discharge**
- **Fever with or without chills**
- **Severe abdominal pain**
- **Excessive tiredness or breathlessness**
- **Swollen hands, face and legs with severe headaches or blurred vision**
- **Painful, engorged breasts or sore, cracked, bleeding nipples**



Danger signs for the newborn

- **Convulsions**
- **Movement only when stimulated or no movement, even when stimulated**
- **Not feeding well**
- **Fast breathing (more than 60 breaths per minute), grunting or severe chest in-drawing**
- **Fever (above 38°C)**
- **Low body temperature (below 35.5°C)**
- **Very small baby (less than 1500 grams or born more than two months early) and bleeding**

Indicators of Maternal and Child Health:

- 1) Total fertility rate (It is the average number of children that would be born a live to a woman during her lifetime).**
- 2) Maternal mortality rate (Annual number of maternal deaths due to pregnancy, childbirth or puerperal conditions) per 100, 000 births.**
- 3) Still birth rate (Total number of still births during a given year) per 1000 births.**
- 4) Infant mortality rate (Number of death of infants below one year of age during a given year) per 1000 live births.**
- 5) Under 5 mortality rates (number of deaths of children below 5 years of age during a given year) per 1000 live births.**
- 6) Rate of PEM per 1000 population below 5 years of age.**