MCH Service

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DEFINITION

According to WHO (1976)

Maternal and child health services can be defined as ***"promoting, preventing, therapeutic or rehabilitation facility or care for the mother and child".***

Thus maternal and child health service is an important and essential service related to mother and child's overall development.

- **Aim of Maternal Health** is to ensure that every expectant and nursing mother maintain good health , learn the art of child care , has normal delivery and bears normal healthy children
- **Aim of Child Health** is to ensure that every child whenever possible lives and grows up in family with love and security, in healthy surroundings, receives adequate nourishment, health supervision and efficient medical care and taught the elements of health living

Goals

- **Reduce Maternal Mortality**
- **Reduce complications of pregnancy , labor and postpartum**
- **Reduce Neonatal Mortality**

- Prevent malnutrition
- Prevent communicable diseases
- Early diagnosis and treatment of the health problems
- Health education and family planning services

ACTIVITIES OF MCH PROGRAMME

Maternal and child health services are an important part of primary health care. Traditional activity areas of these programm:-

- Complete health check -up and care of the child and mothers from conception to birth.
- Studying health problems of mothers and children.
- Providing health education to parents for taking care of children.
- Training to professional and assistant workers.

NEED FOR MCH PROGRAMME

reasons why mother and child health must be given top priority in health program

- Mother and children constitute a “special risk’’ or vulnerable group in the case of illness, deaths, in the terms of pregnancy, childbirth of mothers, and growth and development in the case of children.
- By improving the health of mother and children we can improve the health of the family and community.
- Ensuring child survival is a future investment for the family and community.

- **Children are vulnerable** primarily because they depend on a nurturing adult, particularly their mothers, to survive and because their immune system cannot yet give them enough protection. This is especially true among children from birth to five years of age.

- **Mothers are vulnerable** because of the risk of illness and death associated with pregnancy and childbirth. Diseases such as malaria, anaemia, hepatitis, tuberculosis and heart disease may be aggravated by pregnancy and increase the mother's chance of dying

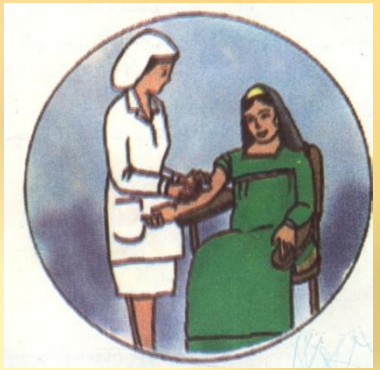
Services Provided For Mother

- **Antenatal Care**
- **Safe Labor**
- **Post partum care**
- **Family planning**
- **Child health**

Antenatal Care

Antenatal Care Visit

Services



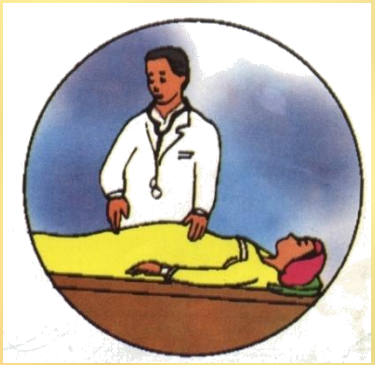
Blood Sample

Registration and Card

Visit the unit

Urine Sample

Measure Weight and height



Medical Examinatio

Vaccination

	Optimum dosing interval	Minimum acceptable dosing interval	Estimated duration of protection
Dose one	At first contact with health worker or as early as possible in pregnancy	At first contact with health worker or as early as possible in pregnancy	None
Dose two	6 - 8 weeks after dose one*	At least 4 weeks after dose one	1 - 3 years
Dose three	6 - 12 months after dose two*	At least 6 months after dose two or during subsequent pregnancy	At least 5 years
Dose four	5 years after dose three*	At least one year after does three or during subsequent pregnancy	At least 10 years
Dose five	10 years after dose four*	At least one year after does four or during subsequent pregnancy	All childbearing age years; possibly longer

*Should be given several weeks before due date if given during pregnancy.

Early Diagnosis of Dangerous signs

Home visits

Antenatal Care visits

- ✓ **Risk Detection aim of risk detection that provides quality , cost-effective , and rationalized care for every mother according to he**r need . It is classified into

- A: observed more closely
- B: Referred to specialist
- C: Directed to have mandatory hospital delivery

Danger signs	From history	From early pregnancy	From late pregnancy
Class A	Age of the mother		
	First pregnancy		
	Pregnancy space less than 2		
Class B	History of baby less than 2.5kg	DM	Antepartum hemorrhage
	Repeated abortion	Under nutrition	
	Sever psychological trouble	Sever anemia	
	Cervical tear	Syphilis infection	
	Sexually transmitted diseases	Urinary tract infection	
		Persistent vomiting	
		Ectopic pregnancy	

Danger signs	**From history**	**From early pregnancy**	**From late pregnancy**
Class C	Pervious fetal death	Rh incompatibility	Sever hypertension
	History of caesarean section		Multiple pregnancy
	Pervious preterm		Premature of post mature
	History of toxemia		Poly or oligo hydramnios
	History of baby need ICU		Intrauterine growth retardation
	Baby with congenital deformity		Abnormal presentation
	Medical condition terminate pregnancy		Cephalo-pelvic disproportion
	Chronic medical condition		Abnormalities in genital tract

DANGER SIGNS IN PREGNANCY

Cramping, contractions

Rapture of membranes

Blood pressure elevation

Musule irritibality

Blurred Vision

Persistant vomitting

Urine frequently

Spotting or vaginal bleeding

Abdominal Pain

Nutrition care

Nutrition Assessment For the pregnant women

- Weight, height, BMI, pallor, signs of vitamin deficiency
- Laboratory results such as haemoglobin level to detect iron deficiency less than 11 mg will diagnosed anaemia
- Dietary assessment this done by food frequency sheet

Nutrition Education

- It is important that pregnant women increase the following : More vegetables , fruits , water and regular exercises , and enough protein intake of high biological value
- Decrease intake of the following Fat and Salts
- The intake in form of small meals
- Avoid smoking , alcohol and drug intake specially in the first trimester
- Intake of calories not less than 1800 Kcal / day

Nutrition Supplementation

- In the first trimester intake of folic acid tables 600 microgram /day
- From second trimester till the end of pregnancy ensured that pregnant mother take iron tablets in regular basis 60 mg twice / day
- Iron intake continues after delivery for 3 or 6 months
- Daily calcium supplementation (1.5–2.0 g oral elemental calcium) is recommended for pregnant women to reduce the risk of pre-eclampsia.
- Vitamin A supplementation is only recommended for pregnant women in areas where vitamin A deficiency is a severe public health problem to prevent night blindness

Effect of Nutrition on the course of pregnancy

- **Pregnancy wastage.**

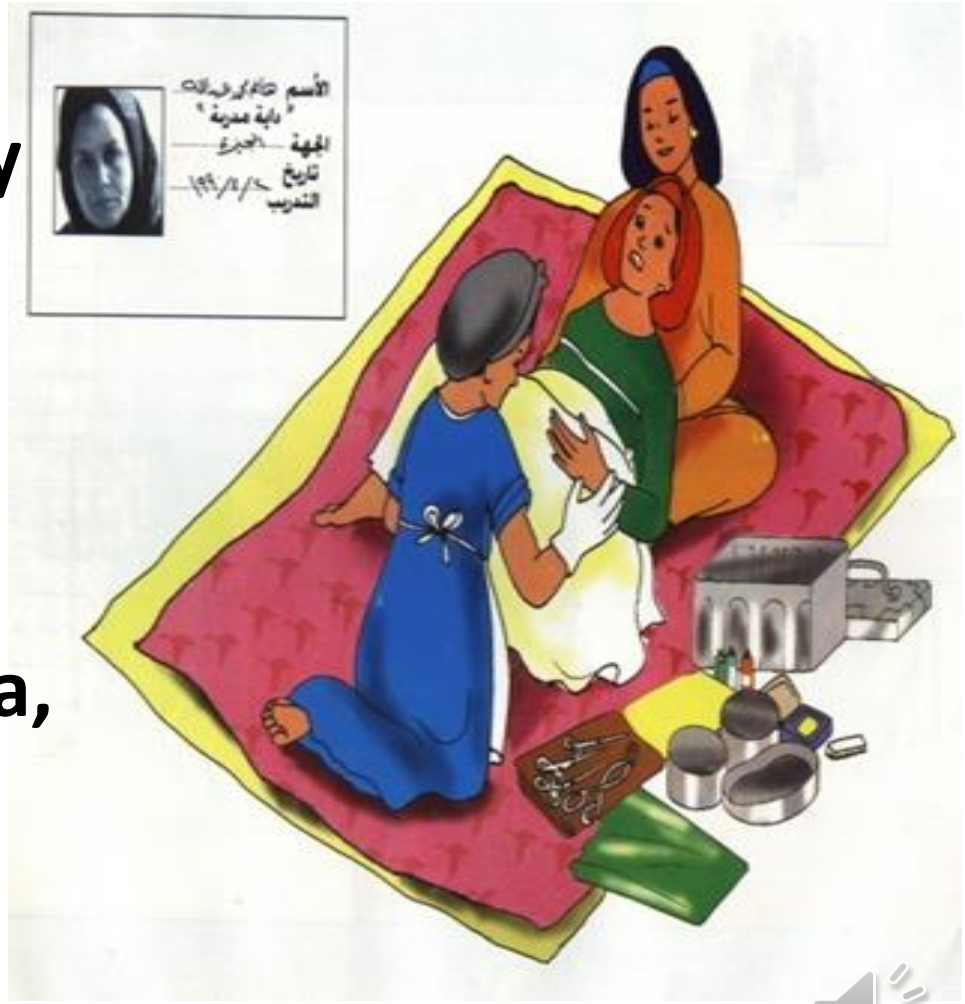
Among poor women whose dietaries during pregnancy provided 1400-1500 calories and about 40 g of protein daily, nearly 20%. of pregnancies had terminated in abortions, miscarriages or stillbirths.

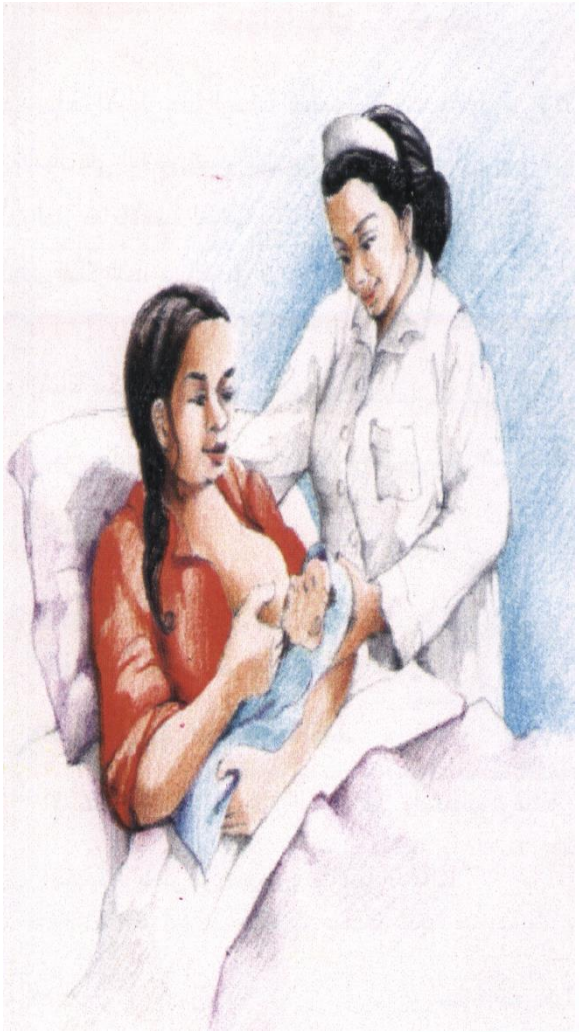
- **Gain in body-weight during pregnancy.**

The usual weight gain during pregnancy among well-fed communities has been reported to be around 25 % of the initial weight,

During delivery

- clean and safe delivery
- recognition, early detection and management of complications such as hemorrhage, eclampsia, prolonged/obstructed labour





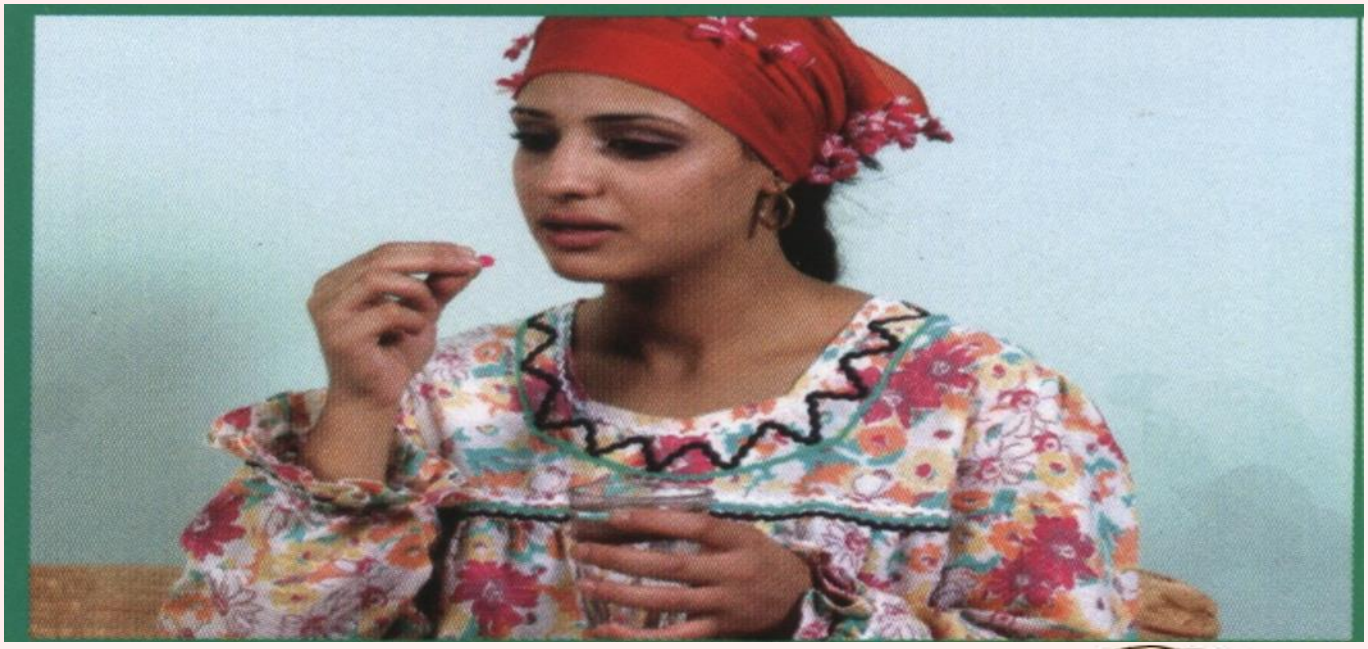
Post partum Care

Postpartum care Visits By Nurse

Examination of Postpartum:

- Hemorrhage
- Plus
- Temperature
- Perperume discharge
- Breast Examination
- Urine and defection
- Uterine level
- Abdomen examination
- Legs examination

Vitamin A supplementation



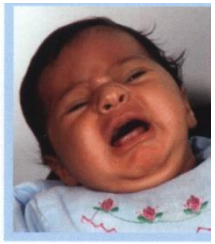
Neonatal Examnation

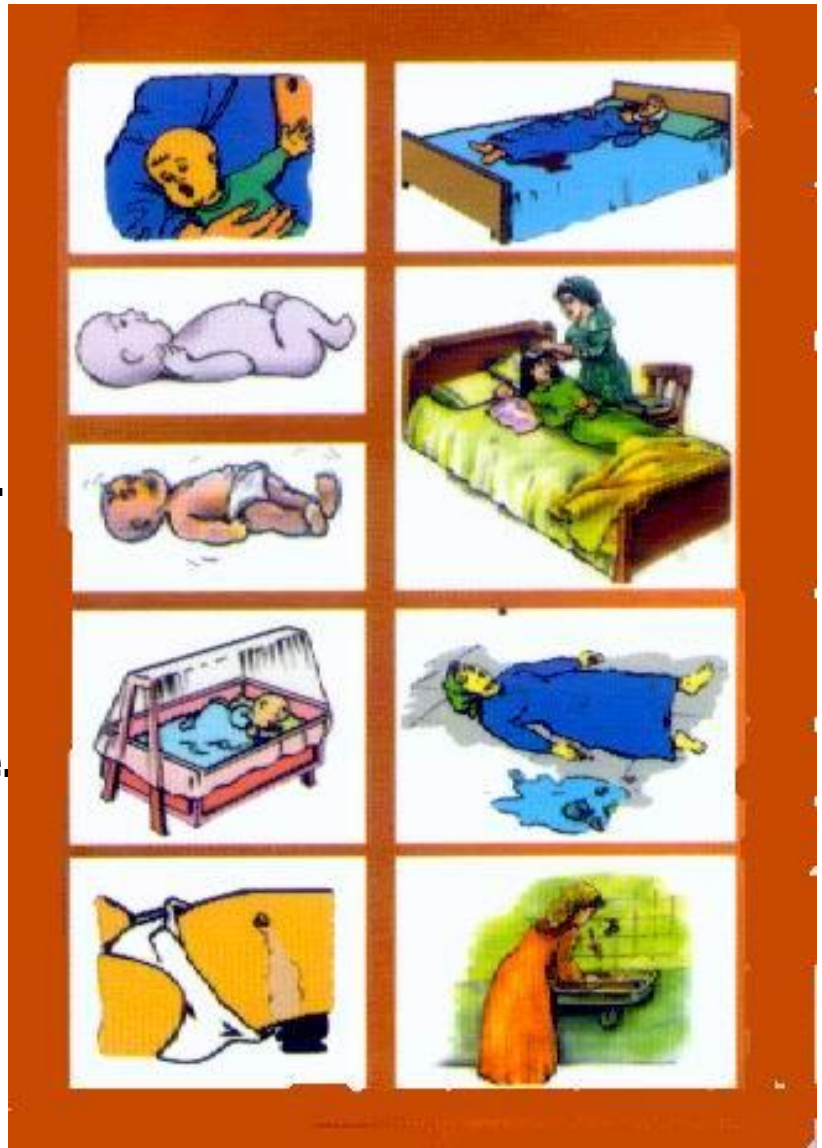
- Color
- Respiratory Rate
- Umbilical examination
- Neonatal shower
- Weight and Height
- Urine and stool
- Movement
- Breast feeding
- Congenital malformation

Alarming Signs

Baby

- Difficult breathing.
- Bluish discolor.
- Yellow eye.
- Refuse breast feeding.
- Convulsions.
- Congenital malformation.
- Umbilical Hemorrhage.
- Umbilical Infection





Mother

- fever.
- breast inflammation.
- uterine enlargement.
- Vaginal Hemorrhage .
- Vaginal Discharge.
- Leg edema.
- pain in Calf muscle.

Baby Friendly Hospital Initiative

1. A written bf policy routinely communicated to staff
2. Train staff in skills to implement policy
3. Inform pregnant women about benefits and management of breast feeding
4. Help mothers initiate bf within 30 minutes of delivery
5. Show mothers how to initiate and maintain bf

6. Give newborns no food or drink other than breast milk unless medically indicated

7. Practice rooming in: allow mothers and infants to stay together

8. Encourage breast feeding on demand

9. Give no pacifiers

10. Foster establishment of support groups and refer mothers to them

FOR THE BABY:

- Improved growth and nutrition status
- Less likely to die
- Increased bonding
- Lower risk of chronic diseases (diabetes, heart disease, asthma, some cancers)
- Less diarrhoea and respiratory infections
- Lower risk of overweight/obesity
- Less ear infections, GI disorders, skin conditions and SIDS
- Improved cognitive and motor development

FOR THE MOTHER:

- Mother less likely to become pregnant in early months
- Faster maternal recovery and weight loss post partum
- Lower risk of maternal cancers (ovarian and breast cancer)
- Less post-partum depression

Dietary and lifestyle recommendations for breastfeeding women.

- During breastfeeding, the mother needs to drink water, milk and juices as needed to quench thirst
- It is recommended that mothers distribute their food intake into at least five meals a day
- A varied diet including all food groups is recommended
- Avoid or reduce consumption of caffeinated drinks to the extent possible , sugar and fat
- Avoid alcohol and tobacco
- During breastfeeding, avoid diets with intakes of less than 1800 calories a day

10 Lactogenic Foods That Can Increase Milk Supply

Fenugreek

Oatmeal

Almonds

Spinach

Salmon

Asparagus

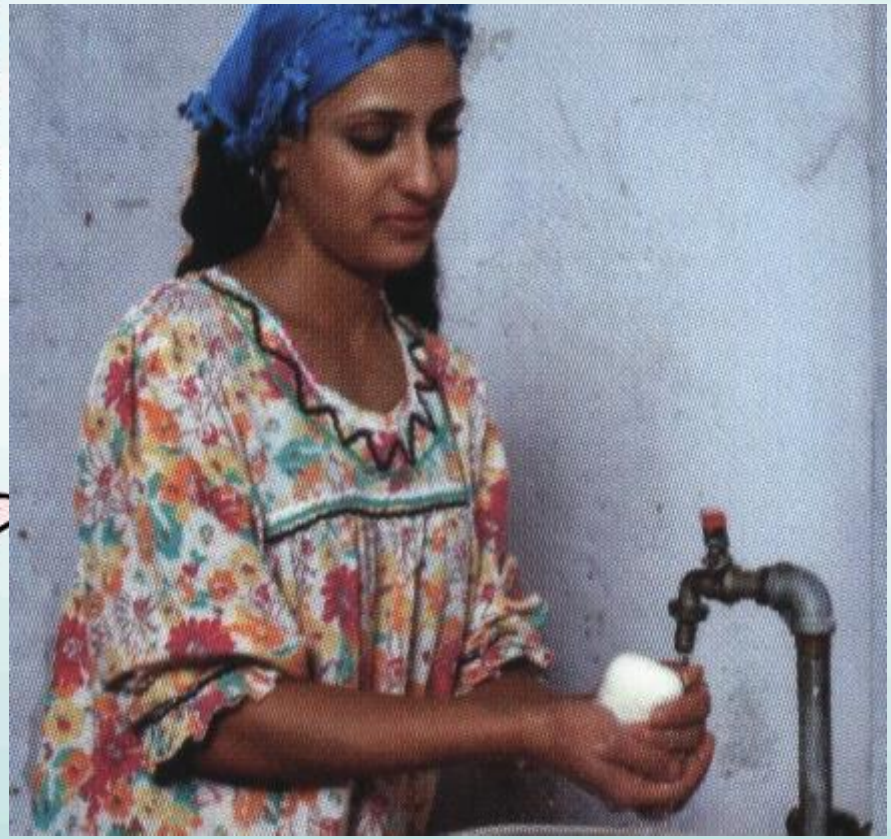
Bananas

Carrots

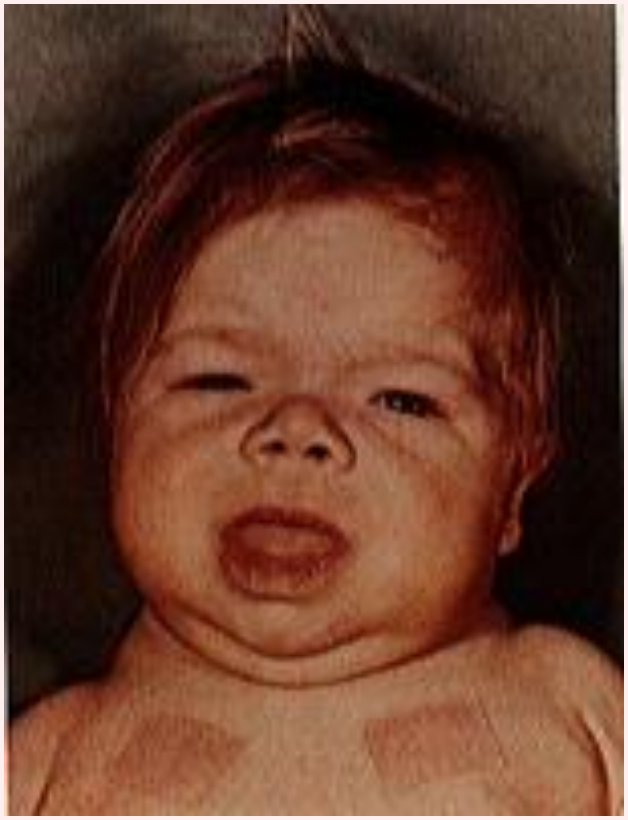
Fennel seeds

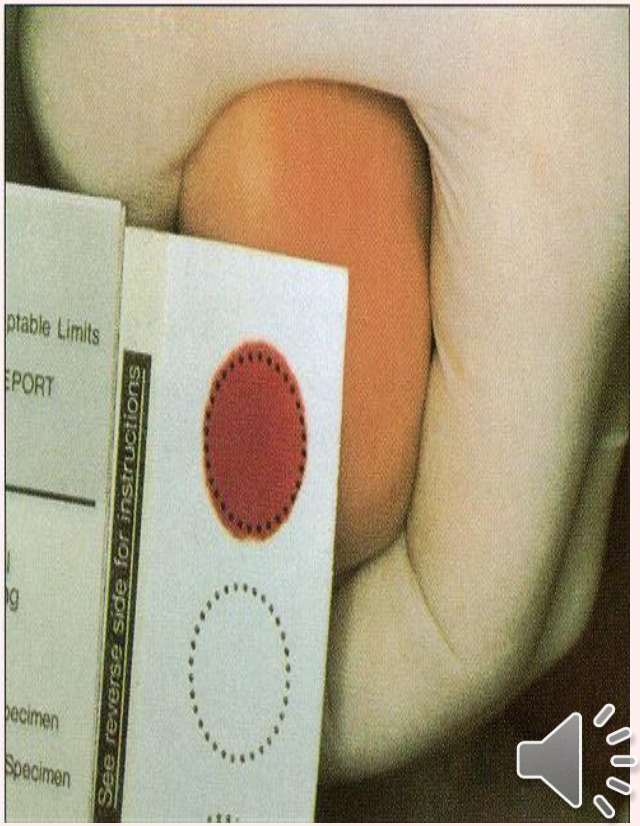
Coconut Water

Personal Hygiene



Early detection of thyroid hormone deficiency for neonate





Thank You