 **Sheet no :6**

**Refer to slide no :**

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Maternal and infant/child health care:

Pregnant woman is not a patient but she has **special needs** because she is under physiological stress, due to pregnancy.
Infant and child immunity is still under development; so they have **special needs** as well, like vaccinations, nutrition...
Elderly has **nutritional needs**, because they are prone to get many diseases due to poor immunity which makes them sensitive to environmental factors.
Pregnant women and children are also more sensitive to environmental factors, like food poisoning, due to stress in their immunity.
The younger the child the more sensitive he is to environmental factors.

There are certain objectives in maternal-child health care:
-Most important objective; **decrease the morbidity and mortality** through health promotion activities rather than curative interference.
Health promotion activities for pregnant lady are given through **antenatal care ((عيادة الحوامل**, and for the child through **wellbeing care** (in order to keep his growth).

-We should regulate the fertility of the woman by not having other baby after the 5th child, so that we can prevent pregnancy complications, and maintain the health of the woman during her reproductive stage, and during delivery and after delivery.

-To reduce unpleasant and unwanted pregnancy by common planning services (by regulating the fertility we are improving the health of the pregnant woman and the children when they are growing up)

-Promotion of reproductive health and physical, social development of child and adolescence within the family to increase political awareness on the need to develop comprehensive interceptive population and policy by using all available resources.

Why we have maternal and child health care?
Children less than 15 years = 37%
Mothers = 15%
**together they are more than 50%**

As we know, mother and child go through physiological changes.
For example; a woman with no diagnosis of diabetes, when she gets pregnant the diabetes will appear, also heart diseases and many psychological diseases might appear as well.
80% of women will have physiological **postpartum blues** which is feeling down (not the same meaning as depression), due to hormones. But women with past psychiatric illness or depression will have the attack immediately after delivery.
Pregnant women are more sensitive to physiologic changes because they are under physiological stress.

There are certain statistical figures which reflect the standers of Maternal-child health care:

-**Infant mortality rate** (less than 1 year old) is very important indicator. Infants won’t have strong immune system because it is still under development. (Per 1,000 live births)

**-Child mortality rate** (from 1 -4 years old), also important but infant mortality is more sensitive. The older the child grows the less sensitive he is for the disease and mortality.
There is a risk for the infant in the first hour of birth more than the first day, and the first day more than the first week, and the first week has higher risk than the first month, and the first month higher than the first year, and the first year is higher than the 5 years old child.

-**Vaccination rate** is also an important indicator, because infectious diseases are number 1 causes of death in children.

-**Maternal mortality rate** (Per 100,000 live births)

**-Percentage of mother vaccinated against tetanus**, also an indicator used in developing world.
Tetanus vaccine is given for a pregnant woman. It’s the only vaccine given to pregnant woman. It protects the coming baby from the tetanus and not the mother herself.
Tetanus can infect the mother through the blood, sand, or from any pollution, however, babies might get the infection by unsterilized instruments used during delivery (so instruments must be sterilized).
Tetanus can reach the baby mainly in home delivery (back in time traditional births were done by الدايه). But in hospitals everything is under sterilized conditions.
In Jordan this vaccine is not very essential, because 99% of deliveries take place in the hospitals.
 **-The rate of nurses or midwives,** we have more deficiency in midwives rather than doctors.

In Jordan the percentage of pregnant women that go to antenatal care is **80%** around 4-7 times.

Labor-Saved delivery:
We should ask:
When? Term, premature or postmature.
Where? Hospital, home, car..
Who attend the delivery? Doctor, midwife…

Women should receive **family planning services** at least for 2 years before the next pregnancy, in order for the body to get ready again for the physiological stress.

What are the services offered by the Primary Health Care?
1) **Maternal services**- include:
-Emotional and psychological support: it is the base of the pyramid.
-Equity (for all social classes)
-Basic health care
-Family planning
-Post abortion
-Antenatal care
-Saved delivery (When, where and who)
-Postpartum care, even though women who visit the clinic after delivery is less than who visit it while they are pregnant.
Most important service we offer after delivery is **family planning services** due to breast feeding and physiological stress that make her very weak.
All the services mentioned above are under the umbrella of saved mother.
 **2) Infant and child services**

Maternal services:
Should start **before marriage**, like counseling, controlling risk factors, past and recent medical history, **premarital health services** and preconception.
Sometimes the mother will have certain risk factors before pregnancy, like any chronic disease; diabetes, hypertension, bronchial asthma, psychiatric problem, depression… We have to control all these diseases, the social and psychological factors that affect pregnancy.
Age; **less than 20** or **older than 35** will put the woman in a risk. **The most proper age** for pregnancy is **25**.
Parity (the number of the previous deliveries); If it’s her 1st pregnancy then this put her at higher risk than a woman with her 3rd pregnancy for example. And if she is pregnant after the 5th child, then she is also at higher risk than a woman with her 2nd, 3rd, or 4th pregnancy.
History; Abortion, gestational diabetes, pregnancy complications…
Psychological and social counseling are very important in antenatal care, the base of maternal services, especially in her first pregnancy.
Conceptional care is during pregnancy.

**Delivery:**

As we already said we ask when? Where? And who?.
Pregnancy is about 9 months, 40 weeks.
Anything that is less than 36 weeks is considered premature.
Anything more than 42 weeks is considered postmature.
Most important care service is **family planning services.**

**Objectives of antenatal care:**
-Promote and maintain the physical, mental and social health of the mother and baby, by providing education about nutrition, personal hygiene…
-Detect and manage complication during pregnancy, whether medical, surgical or obstetric.
-develop preparedness and complications readiness plans, to get ready for the pregnancy and the delivery.
-Breast feeding should be promoted during pregnancy

Antenatal care is a systemic supervision woman during pregnancy to monitor the fetal growth.
Proper antenatal checkup help to identify any complications and prediction of any complications during pregnancy.
It’s important to ensure a normal pregnancy and delivery of a healthy baby from a healthy mother.
If the mother is healthy we will have a healthy baby, not healthy or ill mother will give ill baby.
Being a healthy mother will prevent complications, decrease maternal and infant morbidity and mortality, and decrease the stress and the worries of the mother.
Education is important also, and we should advise for family planning services.

\* Social class; Residency, education and the mother income are also important during pregnancy because if the mother is poor, this indicates that her nutrition is bad and the baby is not getting enough food for growth.

**Ultrasound:**
Used to monitor fetal growth.
Check the baby size
Show the position of the baby
Check that the baby is growing normally. For example: if the pregnant lady is in her 17th week but the baby’s size in the 10th week, we will have retardation in the growth.
Diabetic pregnant lady will end up with large baby.
By using ultrasound we can know how many weeks is the pregnancy, the size of the baby, movement of the baby, detect early abnormalities and the gender of the baby.

**Weight and height:**
Weight; if we have excessive increase in weight, it’s considered as the early complications of pregnancy. The pregnant lady will be more susceptible for hypertension, gestational diabetes and eclampsia.
The normal weight gain is **8-11kg,** though we can consider 15kg as normal.
In the first trimester there is no weight gain.
In the last 6 months the average of weight gain is **2kg per month.**We advise overweight women before pregnancy to lose weight, because obese women will get into complications during pregnancy and delivery.
Height; the longer the mother the larger the pelvic size
If the pregnant lady is shorter than 152cm, she will be at higher risk to end up with cesarean surgery.

Check blood Pressure (very important) and urine for proteins and glucose…

**Risk factors:**
-Age
-Height and weight
-Education
-Income
-Residency
-Parity; the risk is higher in the 1st pregnancy and after the 5th pregnancy.
-Past medical history; asthma, cardiac diseases, diabetes, hypertension, psychiatric diseases…
-Past obstetric history; premature labor, obstructive labor, stillbirth (during delivery the fetus dies)
-General condition of the woman; anemia, vitamins deficiency..
- blood pressure.

 GOOD LUCK ☺