

Maternal and Child Health (MCH) LEC 1 Q:

1. Which of the following interventions is NOT part of the Safe Motherhood Initiative (1987)?

- A) Promotion of family planning
- B) Universal access to cesarean sections
- C) Ensuring access to skilled birth attendants
- D) Provision of emergency obstetric care

2. Maternal and Child Health (MCH) programs often face challenges in low-income countries. Which of the following is NOT a primary factor contributing to high maternal and neonatal mortality in these settings?

- A) Lack of access to skilled birth attendants
- B) Limited access to essential obstetric care
- C) High levels of access to advanced neonatal intensive care units (NICUs)
- D) Inadequate prenatal care and unplanned pregnancies

3. According to the Sustainable Development Goals (SDGs), the target for under-5 mortality by 2030 is:

- A) Less than 12 per 1,000 live births
- B) Less than 25 per 1,000 live births
- C) Less than 50 per 1,000 live births
- D) Less than 100 per 1,000 live births

4. Which of the following is NOT one of the key goals of SDG 3.7 (universal access to sexual and reproductive healthcare)?

- A) Access to family planning services
- B) Access to maternal and child nutrition programs
- C) Universal access to safe, effective, and affordable contraception
- D) Universal access to skilled delivery services

5. A high-risk pregnancy often requires closer monitoring. Which of the following maternal conditions is NOT considered a risk factor during pregnancy?

- A) Hypertension
- B) Diabetes mellitus
- C) Epilepsy
- D) Asthma

6. Which of the following maternal health indicators is most useful for evaluating the quality of antenatal care in a population?

- A) Antenatal Care Coverage (at least one visit)
- B) Maternal Mortality Ratio (MMR)
- C) Births attended by skilled personnel
- D) Prevalence of low-birth-weight infants

7. Teenage pregnancies (15-19 years) are linked to several negative health outcomes. Which of the following is NOT a typical consequence of adolescent pregnancy?

- A) Increased risk of preterm birth
- B) Higher likelihood of cesarean deliveries
- C) Greater risk of maternal hemorrhage
- D) Lower risk of pregnancy-induced hypertension

8. Obesity during pregnancy is associated with multiple risks. Which of the following is NOT an associated risk?

- A) Increased risk of gestational diabetes
- B) Higher likelihood of preterm birth
- C) Increased risk of cesarean delivery
- D) Decreased risk of pregnancy-related hypertension

9. Which of the following maternal health indicators helps measure the effectiveness of maternal healthcare services in low-resource settings?

- A) Maternal Mortality Ratio (MMR)
- B) Antenatal Care (ANC) visits by skilled personnel
- C) Number of hospital beds per 100,000 population
- D) Percentage of births attended by skilled healthcare professionals

10. The prevalence of anemia in women during pregnancy is considered a major indicator of MCH progress. Which of the following best explains its role in global health?

- A) Anemia in pregnancy has no impact on maternal health outcomes
- B) High prevalence of anemia often correlates with high maternal mortality due to associated complications
- C) Anemia is a concern only for women over 40 and does not impact younger women
- D) Anemia is a significant indicator of childhood malnutrition, not maternal health

11. Which of the following is a key determinant of neonatal mortality in high neonatal mortality countries?

- A) Access to prenatal care
- B) Availability of postnatal care services
- C) High prevalence of low birth weight infants
- D) High levels of education among women

12. The Total Fertility Rate (TFR) is commonly used as an indicator in MCH programs. Which of the following factors has the least impact on TFR?

- A) Access to family planning and contraception
- B) Maternal education and socioeconomic status
- C) Availability of skilled birth attendants
- D) Cultural attitudes towards fertility and family size

13. Maternal mental health is a key aspect of MCH programs. Which of the following is a common mental health issue associated with maternal health?

- A) Postpartum depression
- B) Generalized anxiety disorder
- C) Bipolar disorder
- D) Schizophrenia

14. The perinatal mortality rate is a critical indicator in MCH programs. Which of the following factors contributes most significantly to perinatal mortality?

- A) Poor access to neonatal resuscitation services
- B) Low vaccination rates for pregnant women
- C) Poor prenatal nutrition
- D) Inadequate access to postnatal care

15. According to WHO, skilled birth attendance is essential for reducing maternal and neonatal mortality. Which of the following is a key feature of skilled birth attendance?

- A) Provision of safe, clean delivery services by trained personnel
- B) Immediate administration of pain relief medications during labor
- C) Administration of postpartum antidepressants to all mothers
- D) Immediate newborn vaccinations at the time of delivery

Answers:

1. B
2. C
3. B
4. B
5. D
6. A
7. D
8. D
9. D
10. B
11. C
12. C
13. A
14. A
15. A

1. Which of the following is a primary outcome targeted by the Safe Motherhood Initiative (1987)?

- A) Achieve universal access to family planning services
- B) Provide free cesarean deliveries in all low-income countries
- C) Reduce maternal mortality by improving access to skilled birth attendants and emergency obstetric care
- D) Eliminate all causes of preventable childhood mortality

2. The Alma Ata Declaration (1978) emphasized the integration of Maternal and Child Health (MCH) within Primary Health Care (PHC). Which of the following statements best describes this integration?

- A) MCH services should be offered only in urban areas with high population density
- B) MCH services are secondary to curative medical services and should be addressed after basic health needs are met
- C) MCH services must be accessible, affordable, and acceptable as part of comprehensive primary healthcare
- D) MCH services should only be provided by private healthcare providers

3. Under SDG 3, which of the following is the target for neonatal mortality by 2030?

- A) Less than 5 per 1,000 live births
- B) Less than 12 per 1,000 live births
- C) Less than 25 per 1,000 live births
- D) Less than 50 per 1,000 live births

4. The Maternal Mortality Ratio (MMR) in developing countries remains high. Which of the following contributes most significantly to the persistent high MMR in these regions?

- A) Insufficient availability of clean water and sanitation
- B) Lack of access to skilled birth attendants and emergency obstetric care
- C) Inadequate child nutrition programs
- D) Insufficient supply of immunization vaccines

5. Which of the following is NOT one of the key strategies for achieving the Sustainable Development Goal (SDG) 3.1, which aims to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030?

- A) Expanding access to skilled birth attendants in all settings
- B) Providing universal access to clean water and sanitation
- C) Ensuring universal access to quality sexual and reproductive health services, including family planning
- D) Increasing the availability of maternal health insurance policies

6. Which of the following WHO reproductive health indicators best reflects the effectiveness of maternal healthcare services?

- A) Antenatal Care Coverage
- B) Births Attended by Skilled Personnel
- C) Prevalence of Anemia in Women
- D) HIV Prevalence among Pregnant Women

7. Which of the following risk factors is NOT commonly considered in the risk assessment of pregnancy?

- A) Medical conditions such as diabetes and hypertension
- B) Obstetric history including previous stillbirths or neonatal deaths
- C) Socioeconomic status and level of maternal education
- D) Maternal age and weight

8. Which statement about the impact of maternal age on pregnancy risks is most accurate?

- A) Advanced maternal age (35+) is linked to a lower risk of preeclampsia and gestational diabetes
- B) Teenage pregnancies (15-19 years) have no impact on the rate of preterm birth
- C) Advanced maternal age increases the risk of preeclampsia, fetal growth restriction, and stillbirth
- D) Maternal age has no significant impact on perinatal outcomes if the mother is well-nourished

9. What is a significant consequence of obesity during pregnancy in terms of maternal health?

- A) Lower incidence of cesarean deliveries
- B) Increased risk of gestational diabetes, hypertensive disorders, and preterm birth
- C) Reduced risk of miscarriage and stillbirth
- D) Decreased risk of needing prenatal care

10. In the context of MCH programs, which of the following is most critical for preventing perinatal and neonatal mortality?

- A) Access to basic immunizations and maternal vitamins
- B) Skilled care during childbirth and emergency obstetric services
- C) Provision of nutrition supplements to all pregnant women
- D) Universal access to postpartum care

11. Which of the following best describes the Total Fertility Rate (TFR) indicator and its relevance in MCH monitoring?

- A) TFR is an unreliable indicator of maternal health because it is influenced by cultural and socio-economic factors
- B) TFR reflects the average number of children born to a woman in her lifetime and can help track population growth and fertility trends
- C) TFR is only used to measure the effectiveness of contraceptive programs, not maternal health outcomes
- D) TFR is a measure of the prevalence of low birth weight and neonatal deaths in a population

12. Antenatal care coverage is a key WHO indicator for monitoring MCH progress. Which of the following best describes its importance?

- A) Antenatal care coverage directly correlates with the maternal mortality rate but does not influence child mortality outcomes
- B) High antenatal care coverage is necessary but not sufficient to reduce maternal and neonatal mortality in low-resource settings
- C) Antenatal care coverage is important only for detecting congenital anomalies and does not affect maternal or fetal health outcomes
- D) Antenatal care coverage is irrelevant if birth attendants are trained and if emergency obstetric care is available

13. Teenage pregnancies (ages 15-19) are associated with various risks. Which of the following risks is NOT typically elevated in this age group?

- A) Increased risk of preeclampsia and eclampsia
- B) Higher rates of low birth weight and preterm birth
- C) Lower rates of cesarean deliveries
- D) Increased risk of maternal morbidity and mortality

14. The prevalence of anemia in women is an important indicator of maternal health. Which of the following best explains its role in MCH programs?

- A) High prevalence of anemia in pregnant women typically correlates with higher rates of preterm birth and fetal growth restriction
- B) Prevalence of anemia is unrelated to maternal health outcomes and has no impact on maternal mortality
- C) Anemia is primarily a concern in postnatal women and not during pregnancy
- D) Anemia in pregnancy is only associated with nutrition-related factors, such as iron deficiency, and not with other systemic conditions

15. Which of the following statements about the link between maternal health and socio-economic development is true?

- A) Poor maternal health has no significant effect on the socio-economic development of a country
- B) High maternal mortality correlates with lower productivity, economic instability, and poor child welfare
- C) Socio-economic development has no impact on the provision of MCH services in low-income countries
- D) Improving maternal health does not affect the education and employment outcomes for children in the community

Answers:

- 1. C
- 2. C
- 3. B
- 4. B
- 5. D
- 6. B
- 7. C
- 8. C
- 9. B
- 10. B
- 11. B
- 12. B
- 13. C
- 14. A
- 15. B

1. The Safe Motherhood Initiative (1987) aimed to reduce maternal mortality by ensuring access to skilled birth attendants and emergency obstetric care.

True / False

2. The Alma Ata Conference (1978) emphasized that Maternal and Child Health (MCH) services should be integrated into Primary Health Care (PHC) and be universally accessible to all.

True / False

3. The Millennium Development Goals (MDGs) (2000-2015) focused on reducing maternal mortality but did not include specific targets for child health.

True / False

4. Goal 3 of the SDGs aims to reduce the global maternal mortality ratio to <70 per 100,000 live births by 2030.

True / False

5. The target group for Maternal and Child Health (MCH) programs only includes women aged 15-49 years and does not include children or adolescents.

True / False

6. MCH programs include services for pregnant women, newborns, and children, but do not focus on mental health or nutrition for mothers.

True / False

7. A primary goal of MCH services is to reduce morbidity and mortality among mothers and children by providing curative interventions over health promotion.

True / False

8. Risk assessment during pregnancy helps predict complications and allocate resources effectively to improve care and reduce costs.

True / False

9. Teenage pregnancies (15-19 years) are associated with increased risks of preterm birth, low birth weight, and preeclampsia.

True / False

10. Obesity during pregnancy is linked to a decreased risk of gestational diabetes and hypertension.

True / False

11. WHO reproductive health indicators include the Prevalence of HIV among pregnant women but do not include the number of cesarean sections in a population.

True / False

12. Antenatal care coverage is a key indicator of MCH progress because it helps monitor the percentage of women receiving at least one skilled visit during pregnancy.

True / False

13. The prevalence of anemia in women is an indicator of maternal health that is directly related to higher maternal mortality in developing countries.

True / False

14. The Total Fertility Rate (TFR) is a measure of the number of live births per 1,000 women of reproductive age and is not related to maternal health outcomes.

True / False

15. According to the Safe Motherhood Initiative, skilled birth attendants are essential for improving maternal outcomes, but access to clean water and sanitation is less critical.

True / False

Answers:

1. **True**
2. **True**
3. **False**
4. **True**
5. **False**
6. **False**
7. **False**
8. **True**
9. **True**
10. **False**
11. **True**
12. **True**
13. **True**
14. **False**
15. **False**

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