

# **Maternal and Child Health (MCH)**



# Global Efforts In Maternal And Child Health

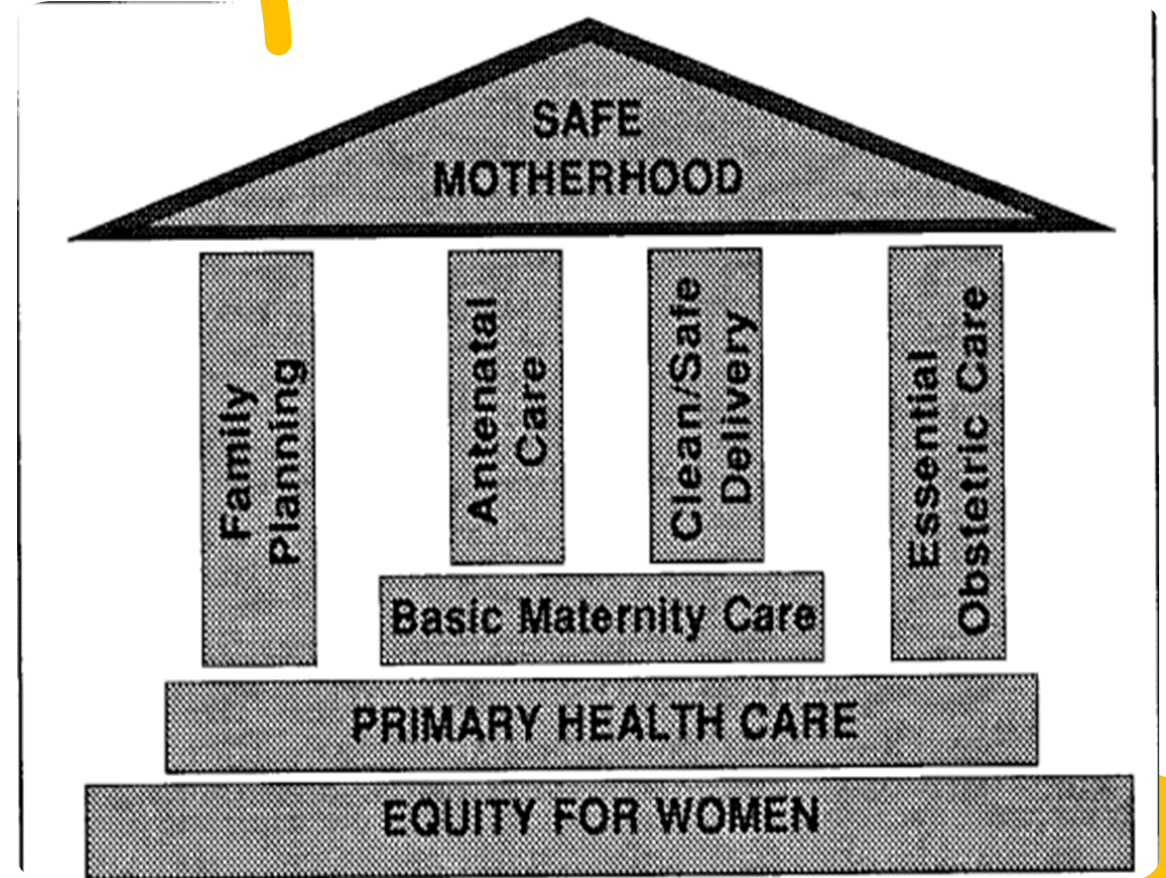
- Maternal and child health care is one of the main components of Primary Health Care (PHC) systems as declared at the **Alma Ata Conference** in 1978.



# The Safe Motherhood Initiative (1987)

Aimed to reduce maternal mortality by promoting access to skilled birth attendants, clean and safe delivery and emergency obstetric care.

Promoted basic services like Antenatal care and family planning.



# Millennium Development Goals (MDGs) (2000-2015)

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- The MDGs included targets for improving maternal and child health, specifically:
  - Goal 4: Reduce child mortality.
  - Goal 5: Improve maternal health.
- Significant global efforts were mobilized to achieve these goals, leading to improvements in maternal and child health indicators



# SUSTAINABLE DEVELOPMENTAL GOALS (2016- ):

## Goal 3: Ensure healthy lives and promote well-being for all at all ages



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**3.1** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

**3.2** By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

**3.7** By 2030, ensure universal access to sexual and reproductive health-care services.







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- MCH care is the health service provided to mothers (women in their childbearing age) and children.
  - The targets for MCH are all women in their reproductive age groups, (i.e., 15 - 49 years of age) children, school age population and adolescents.
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# Definition

- MCH programs focus on health issues concerning women, children and families, such as:
  1. Access to recommended prenatal and well-child visits.
  2. Infant and maternal mortality prevention.
  3. Maternal and child mental health.
  4. Newborn screening.
  5. Child immunizations.
  6. Child nutrition.
  7. Services for children with special health care needs.



# Objectives and Targets of MCH Services

1. To reduce morbidity and mortality among mothers and children, through health promotion activities rather than curative interventions.
  2. To improve the health of women and children through expanded use of fertility regulation methods, adequate antenatal coverage, and care during and after delivery.
  3. To reduce unplanned or unwanted pregnancies through sex education and the wider use of effective contraceptives.
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# Objectives of MCH Services

4. To reduce perinatal and neonatal morbidity and mortality

GLOBAL TREND: congenital anomalies form a higher percentage of neonatal deaths in countries with low levels of neonatal mortality, whereas in countries with high levels of neonatal mortality, neonatal infections constitute a higher percentage of neonatal deaths<sup>1</sup>.

5. Promotion of reproductive health and the physical and psychosocial development of the child and adolescent within the family.

# Objectives of Maternal Child Health Services

6. To reduce the risk of sexually transmitted diseases (STDs), HIV infection and reduce risk of cervical cancer

7. To reduce domestic and sexual violence and ensure proper management of the victims

# Justifications for the provision of MCH Care (Why)?

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1. Mothers and children make up over half of the whole population. Children < 15 years are 34.3% of the population. Women in reproductive age (15 – 49) constitute around 20%.
2. Maternal mortality is an adverse outcome of many pregnancies.
3. About 80% of maternal deaths in developing countries are due to direct obstetric causes.

# Justifications for the provision of MCH Care (Why)?

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4. Most pregnant women in the developing world receive insufficient or no prenatal care and deliver without help from appropriately trained health care providers
5. Poorly timed unwanted pregnancies carry high risks of morbidity and mortality, as well as social and economic costs.
6. Poor maternal health affect women's productivity, their families' welfare, and socio-economic development.
7. Women with poor nutritional status are more likely to deliver a low-birth -weight infant.

# Justifications for the provision of MCH Care

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8. Majority of perinatal deaths are associated with maternal complications, poor management techniques during labour and delivery, and maternal health and nutritional status before and during pregnancy.
9. Majority of pregnancies that end in a maternal death also result in fetal or perinatal death.
10. Physiological changes that the mother and her child pass through.

# RISK ASSESSMENT IN PREGNANCY<sup>1</sup>

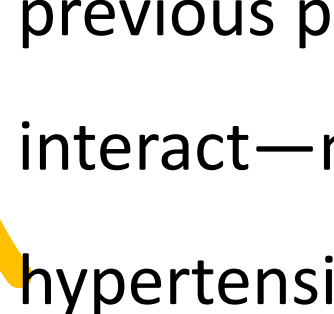
Risk refers to the possibility of danger, loss, or harm.

In healthcare, when we talk about a "high-risk pregnancy," it means that the mother, fetus, or both are more likely to face complications or poor outcomes compared to a typical, low-risk pregnancy.




# RISK ASSESSMENT IN PREGNANCY

Risk during pregnancy can come from various factors, including environmental conditions, inherited or chronic health issues (like diabetes or high blood pressure), infections, complications from previous pregnancies, and certain behaviors. These risk factors often interact—maternal age, for example, is linked to diabetes, hypertension, and poor outcomes like stillbirth.



# Why Assess Risk?


- Risk assessment helps predict which women are most likely to face health complications during pregnancy. By identifying those at higher risk, resources can be directed where they are needed most, while avoiding unnecessary interventions for others. This approach leads to better care, improved health outcomes, and reduced costs.
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# Risk factors

## Medical conditions

1. Diabetes mellitus
  2. Anemia
  3. Hypertension
  4. Urinary tract infection
  5. Heart disease
  6. Epilepsy
  7. Variety of problems related to drug usage and conditions treated.
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# Risk factors related to past obstetric history

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1. History of operative delivery.
2. History of a stillbirth or neonatal death.
3. Previous ante-partum hemorrhages.
4. Previous post-partum hemorrhages.
5. History of low-birth-weight infant

## Previous Cesarean Birth

- The cesarean birth rate has seen a significant increase.
- This rise has been attributed to several factors, including advancements in medical technology, such as electronic fetal monitoring, a decline in operative vaginal births, and the belief that a prior cesarean delivery would prevent a woman from having a successful vaginal birth in subsequent pregnancies—a concept known as vaginal birth after cesarean (VBAC).

# Epidemiological risk factors

1. Maternal Age.
2. Maternal weight
3. Social circumstances

# Impact of Maternal Age on Pregnancy Risk





- A woman's age at pregnancy affects her risk profile. Advanced maternal age (35 and older) is linked to higher risks of maternal mortality, preeclampsia, poor fetal growth, fetal distress, and stillbirth compared to women aged 25–29.
  - Teenage pregnancy (ages 15–19) increases the likelihood of complications like postpartum hemorrhage, and preeclampsia.
  - Both early and late pregnancies are also associated with higher rates of preterm birth.
- Birth is considered premature, or preterm, when it occurs before the 37th week of pregnancy. A normal pregnancy lasts about 40 weeks.

# Impact of Overweight and Obesity on Pregnancy


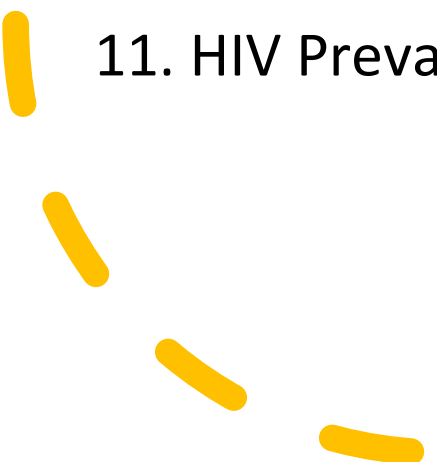
- Entering pregnancy with overweight or obesity can lead to more intensive care needs. These conditions increase the likelihood of gestational diabetes, hypertensive disorders, preterm birth, cesarean delivery, miscarriage, stillbirth, and other complications.
- Women with overweight or obesity often face weight stigma in daily life and healthcare, including negative attitudes from providers. Studies show that women with higher BMI may report lower quality of care during and after pregnancy due to weight bias.

# WHO's short list of reproductive health indicators for global monitoring<sup>1</sup>

- Indicators are markers of health status, service provision or resource availability, designed to enable the monitoring of service performance or program goals.
- Reproductive health affects the lives of women and men from conception to birth, through adolescence to old age, and includes the attainment and maintenance of good health as well as the prevention and treatment of ill-health

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1. Total Fertility Rate (TFR): Total number of children a woman would have by the end of her reproductive period if she experienced the currently prevailing age-specific fertility rates throughout her childbearing life (JPFHS<sup>1</sup> 2023 TRF in Jordan is 2.6)
  2. Contraceptive Prevalence Rate (CPR): Percent of women of reproductive age (15-49) who are using (or whose partner is using) a contraceptive method at a particular point in time
  3. Maternal Mortality Ratio (MMR): Annual number of maternal deaths per 100,000 live births
  4. Antenatal Care Coverage: Percent of women attended at least once during pregnancy, by skilled health personnel, for reasons relating to pregnancy
  5. Percent of Births Attended by Skilled Health Personnel
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7. Availability of Comprehensive Essential Obstetric Care: Number of facilities with functioning comprehensive essential obstetric care per 500,000 population
  8. Perinatal Mortality Rate (PMR): Number of perinatal deaths per 1,000 total births
  9. Low Birth Weight Prevalence: Percent of live births that weigh less than 2,500g
  10. Prevalence of Anemia in Women
  11. HIV Prevalence among Pregnant Women
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**Thank you**

