

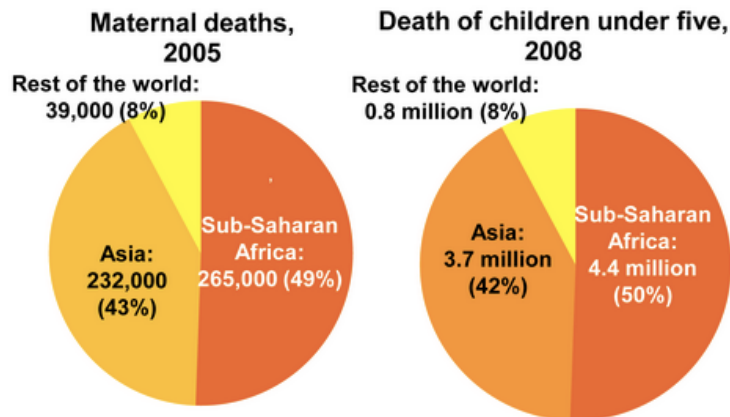
Maternal & Child Health

Obj. 13.7: Explain the risk factors and causes for maternal and child health problems.



The Burden of Maternal & Child Mortality

Regional distribution of the global burden for maternal & child mortality



Source: Kinney et al (2010) Sub-Saharan Africa's Mothers, Newborns, and Children: Where and Why Do They Die? <<http://www.plosmedicine.org>>

1. What region experiences the greatest proportion of maternal and child deaths?
2. Why do you think Sub-Saharan Africa and Asia, in particular, have the highest percentage of maternal and child deaths. List as many factors that might contribute to this problem as you can!



What is Maternal Health?

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. While motherhood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill-health and even death.

Source: http://www.who.int/topics/maternal_health/en/

Every day in 2013, about 800 women died due to complications of pregnancy and child birth. Almost all of these deaths occurred in low-resource settings, and most could have been prevented. The risk of a woman in a developing country dying from a maternal-related cause during her lifetime is about 23 times higher compared to a woman living in a developed country. Maternal mortality is a health indicator that shows very wide gaps between rich and poor, urban and rural areas, both between countries and within them. The major direct causes of maternal morbidity and mortality include hemorrhage (internal bleeding), infection, high blood pressure, unsafe abortion, and obstructed labour.

Source: http://www.who.int/gho/maternal_health/en/

Why do women not get the care they need? Poor women in remote areas are the least likely to receive adequate health care. This is especially true for regions with low numbers of skilled health workers, such as sub-Saharan Africa and South Asia. While levels of antenatal care have increased in many parts of the world during the past decade, only 46% of women in low-income countries benefit from skilled care during childbirth⁶. This means that millions of births are not assisted by a midwife, a doctor or a trained nurse. In high-income countries, virtually all women have at least 4 antenatal care visits, are attended by a skilled health worker during childbirth and receive postpartum care. In low-income countries, just over a third of all pregnant women have the recommended 4 antenatal care visits.

Other factors that prevent women from receiving or seeking care during pregnancy and childbirth are:

- o poverty
- o distance
- o lack of information
- o inadequate services
- o cultural practices

To improve maternal health, barriers that limit access to quality maternal health services must be identified and addressed at all levels of the health system.

Source: <http://www.who.int/mediacentre/factsheets/fs348/en/>

What is Infant & Child Health?

Poor infant and child health is a complex, multivariable problem. One major cause of infant morbidity (illness) and mortality (death) is hunger or nutritional deficiencies. The focus of this section will be on this particular aspect of infant and child health.

Key facts:

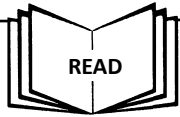
- Every infant and child has the right to good nutrition according to the Convention on the Rights of the Child.
- Undernutrition is associated with 45% of child deaths.
- Globally in 2012, 162 million children under 5 were estimated to be stunted and 51 million have low weight-for-height, mostly as a consequence of poor feeding and repeated infections; 44 million were overweight or obese.
- About 38% of infants 0 to 6 months old are exclusively breastfed.
- Few children receive nutritionally adequate and safe complementary foods; in many countries only a third of breastfed infants 6–23 months of age meet the criteria of dietary diversity and feeding frequency that are appropriate for their age.
- About 800 000 children's lives could be saved every year among children under 5, if all children 0–23 months were optimally breastfed.

Overview

Undernutrition is associated with more than one third of the global disease burden for children under 5. Infant and young child feeding is a key area to improve child survival and promote healthy growth and development. The first 2 years of a child's life are particularly important, as optimal nutrition during this period lowers morbidity and mortality, reduces the risk of chronic disease, and fosters better development overall.

Optimal breastfeeding is so critical that it could save about 800 000 under 5 child lives every year. In countries where stunting is highly prevalent, promotion of breastfeeding and appropriate complementary feeding could prevent about 220 000 deaths among children under 5 years of age.

Source: <http://www.who.int/mediacentre/factsheets/fs342/en/>



Kangaroo Care

Read the handout article, “Senegal: A leap forward on infant survival.” Then answer the questions below.

1. What is kangaroo mother care?
2. Why is kangaroo mother care helpful in Senegal?
3. What outcomes have been observed with the use of kangaroo mother care?
4. What made this intervention successful?

Source: Senegal: WHO (2014). A leap forward on infant survival <<http://www.who.int/features/2013/senegal-infant-survival/en/>>



Low-Tech Interventions for Maternal/Child Health

Research another successful intervention (of any kind!) that has been used in low-resource settings for improving maternal and child health outcomes. After you research, answer these questions:

1. Describe the intervention clearly.
2. What problem does it address? Why is it effective?
3. What outcomes have been observed with its use? (Provide actual data if possible).