

Tikrit University

College of Nursing

Clinical Nursing Sciences



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Community Health Nursing

(Maternal and child health)

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Maternal and child health

pregnancy, childbirth, and the Maternal Care: Is the health of women during pregnancy, childbirth, and the postpartum period. It encompasses the health care dimensions of family postpartum period. planning, preconception, prenatal, and postnatal care.

Pregnancy, also known as gestation, is the time during which one or more offspring develops inside a woman. A multiple pregnancy involves more than one offspring, such as with twins....

Pregnancy is divided into three trimesters, each lasting for approximately 3 months.

Number of visits during pregnancy

- Monthly visits during the first two trimesters (from the 1st week to the 28th week)
- Fortnightly visits from the 28th week to the 36th week of pregnancy
- Weekly visits after 36th week to the delivery, from the 38th week to the 42nd week.

What are some factors that make a pregnancy high risk?

1.Existing Health conditions

Chronic disease. Such as, hypertension Pregnancy-related high blood pressure (called gestational hypertension), diabetes (called gestational diabetes) , kidney disease, thyroid disease, obesity, and anemia (lack of healthy red blood cells)

2. Age

First-time pregnancy after age 35 years and pregnancy before age 20 years.

3.Lifestyle Factors

Alcohol use. Drinking alcohol during pregnancy can increase the baby's risk for fetal alcohol spectrum disorders (FASDs), sudden infant death syndrome, and other problems.

Tobacco use. Smoking during pregnancy puts the fetus at risk for preterm birth, certain birth defects, and sudden infant death syndrome (SIDS).

Drug use. Research shows that smoking marijuana and taking drugs during pregnancy can also harm the fetus and affect infant health.

4.Conditions of pregnancy

Multiple gestation. Pregnancy with twins, triplets, or more fetuses, called multiple gestation, increases the risk of infants being born prematurely (before 37 weeks of pregnancy). When a woman who didn't have diabetes before pregnancy develops diabetes when she is pregnant. Preeclampsia and eclampsia. Preeclampsia is a sudden increase in a pregnant woman's blood pressure after the 20th week of pregnancy. It can affect the mother's kidneys, liver, and brain

Objectives of MCH care:

1. Reduce maternal mortality and morbidity
2. Reduce per natal and neonatal mortality and morbidity
- 3.Regulate fertility so as to have wanted and healthy children when desired
- 4.provide basic maternal and child health care to all mothers and children
- 5.Promot and protect health of mother
- 6.Promot and protect physical growth and psycho-social development of children.

Types of MCH Services

Maternal health is the **Health of women during pregnancy, childbirth and postpartum period** and maternal health care services are antenatal care (ANC), delivery care and postnatal care (PNC) services

Perinatal Care

The care of women and a fetus or newborn given before, during, and after delivery from the 28th week of gestation through the 21 day after delivery.

I: Prenatal care, also known as antenatal care, is a type of preventive healthcare.

It is provided in the form of medical checkups, consisting of recommendations on managing a healthy lifestyle and the provision of medical information such as maternal physiological changes in pregnancy, biological changes, and prenatal nutrition including prenatal vitamins, which prevents potential health problems throughout the course of the pregnancy and promotes the mother and child's health alike

At the initial antenatal care visit and with the aid of a special booking checklist the pregnant women become classified into either normal risk or high risk.

Physical examinations generally consist of:

- Collection of (mother's) medical history
- Checking (mother's) blood pressure
- Mother's height and weight
- Pelvic exam
- Obstetric ultrasounds are most commonly performed during the second trimester at approximately week 20. Ultrasounds are considered relatively safe and have been used for over 35 years for monitoring pregnancy.

Among other things, *ultrasounds are used to:*

1. Diagnose pregnancy (uncommon)
2. Check for multiple fetuses
3. Assess possible risks to the mother (e.g., miscarriage, blighted ovum, ectopic pregnancy, or a molar pregnancy condition)
4. Check for fetal malformation (e.g., club foot, spina bifida, cleft palate, clenched fists)
5. Determine if an intrauterine growth retardation condition exists

6. Note the development of fetal body parts (e.g., heart, brain, liver, stomach, skull, other bones)
7. Check the amniotic fluid and umbilical cord for possible problems
8. Determine due date (based on measurements and relative developmental progress)

II: Childbirth, also known as **labour and delivery**, is the ending of pregnancy where one or more babies leaves the uterus by passing through the vagina or by caesarean section.

period begins immediately after

III: The postpartum (or postnatal) period begins immediately after childbirth as the mother's body, including hormone levels and uterus size, returns to a non-pregnant state. The terms puerperium, puerperal period, or immediate postpartum period are commonly used to refer to the first six weeks following childbirth.

Infant caring in the acute phase

Within about 10 seconds the infant takes its first breath and the caregiver places the baby on the mother's chest. The infant's condition is evaluated using the **Apgar** scale.

The Apgar score is determined by evaluating the newborn baby on five criteria which are summarized using words chosen to form an acronym (Appearance, Pulse, Grimace, Activity, Respiration).

Maternal-infant postpartum evaluation

Recognizes the postpartum period (the "fourth trimester") as critical for women and infants. as of 2018, recommends that postpartum care be an ongoing process. They recommend that all women have contact (either in person or by phone) with their obstetric provider within the first three weeks postpartum to address acute issues, with subsequent care as needed. A more comprehensive postpartum visit should be done at four to twelve weeks postpartum to address the mother's mood and emotional well-being, physical recovery after birth, infant feeding, pregnancy spacing and contraception, chronic disease management, and preventive health care, health maintenance and family planning.

The major elements of postnatal care include:

- Counseling and health education on recognition of danger signs and appropriate care-seeking (for both mother and newborn)
- Counseling and health education on routine care practices such as exclusive breastfeeding and good environment care practices.

Why is effective postnatal care so important?

The time when effective postnatal care can make the most difference to the health and life chances of mothers and newborns is in the early neonatal period, the time just after the delivery and through the first seven days of life.

However, the whole of the neonatal period, the birth from birth to the 28th day after, is a time of increased risk

Danger signs for the mother and newborn

Early identification and referral/management of emergencies for mother and baby. Appropriate detection, management, or referrals are necessary to save mothers and babies in the event of life-threatening complications.

Danger signs for the mother

- Excessive bleeding
- Foul smelling vaginal discharge
- Fever with or without chills
- Severe abdominal pain
- Excessive tiredness or breathlessness
- Swollen hands, face and legs with severe headaches or blurred vision
- Painful, engorged breasts or sore, cracked, bleeding nipples

Danger signs for the newborn

- Convulsions
- Movement only when stimulated or no movement, even when stimulated
- Not feeding well
- Fast breathing (more than 60 breaths per minute), grunting or severe chest in-drawing
- Fever (above 38°C)
- Low body temperature (below 35.5°C)
- Very small baby (less than 1500 grams or born more than two months early)
- Bleeding