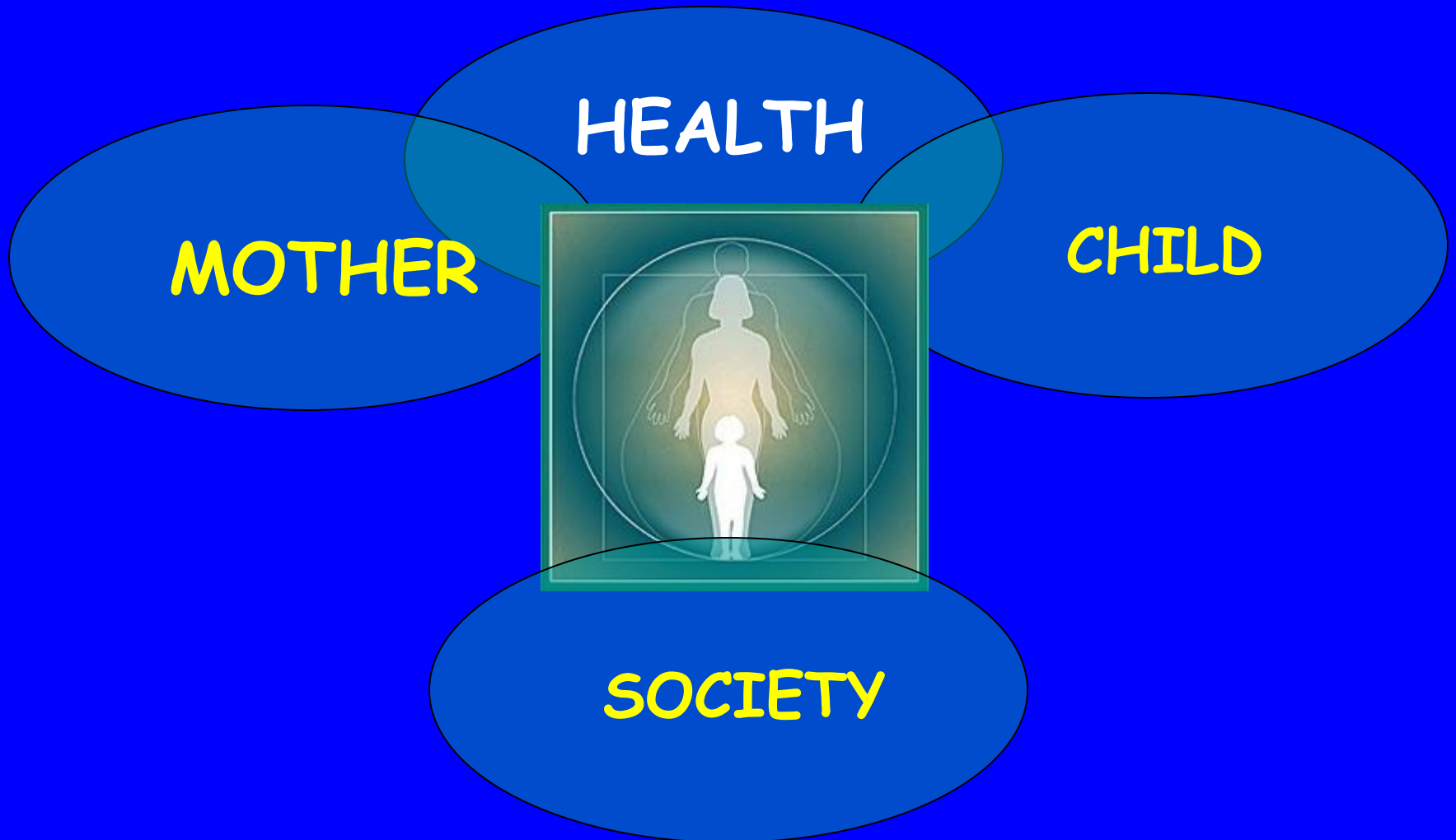


Maternal and children health.



Healthy children need healthy mothers

WHO. Health definition.

- **WHO 2001: Health is a complete physical, mental and social well-being state and not only absence of disease or ailment.**
- **This medullar ideas conform the totality in health, although there are differences between ages, countries, cultures, classes and gender that prevent a homogenous consensus.**

Health.

- **Physical and mental health, and well-being/social health, cannot exist independent. It belongs to interdependent dimensions.**
- **Health and disease exist simultaneously and are mutually exclusive only if the health is defined restrictively**

Public health.

- **Like a science and art, Public health is to promote health, to prevent diseases and to prolong the life through organized efforts of the society.**
- **The gains in health have been obtained as a result of improvements in the economic income, education, water provision, nutrition, hygiene, house, health services and the result of new knowledge on the causes, prevention and treatment of diseases.**

PHEF and maternal/child health

**PHEF 1: Population health
monitoring and analyses**

PHEF 3. Health promotion.

**PHEF 2. Monitoring,
investigation
and control
of risks and damages**

**PHEF 4. Social
participation &
empowerment**

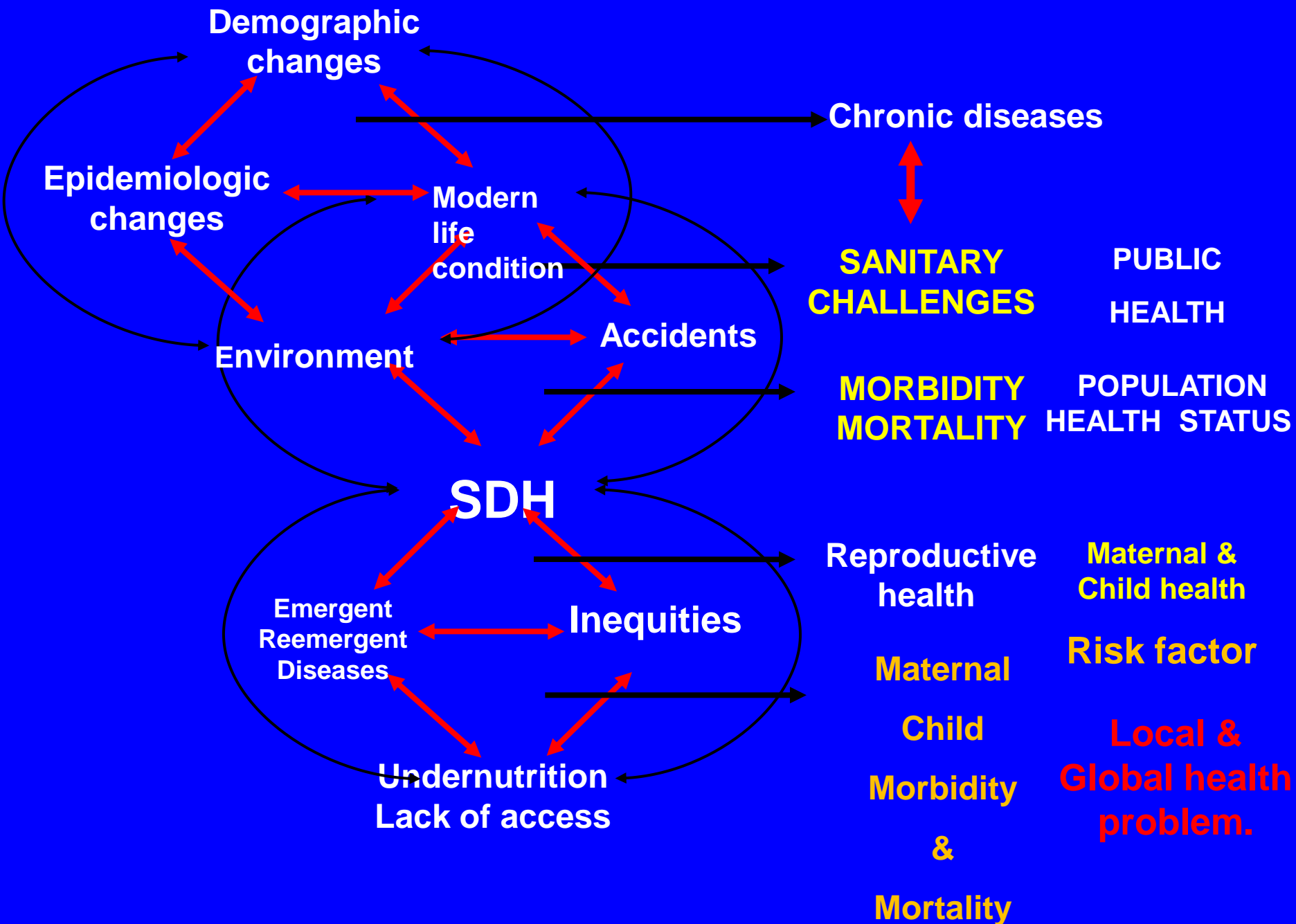
**PHEF 5. Development of
policies
and capacity of management.**

**PHEF 6:
Evaluation and
promotion of the
equitable access
to the services**

**PHEF 7. Quality of health
services**

**PHEF 8.
Impact reduction
of emergencies
and disasters**

**FESP 9.
Researching &
development**



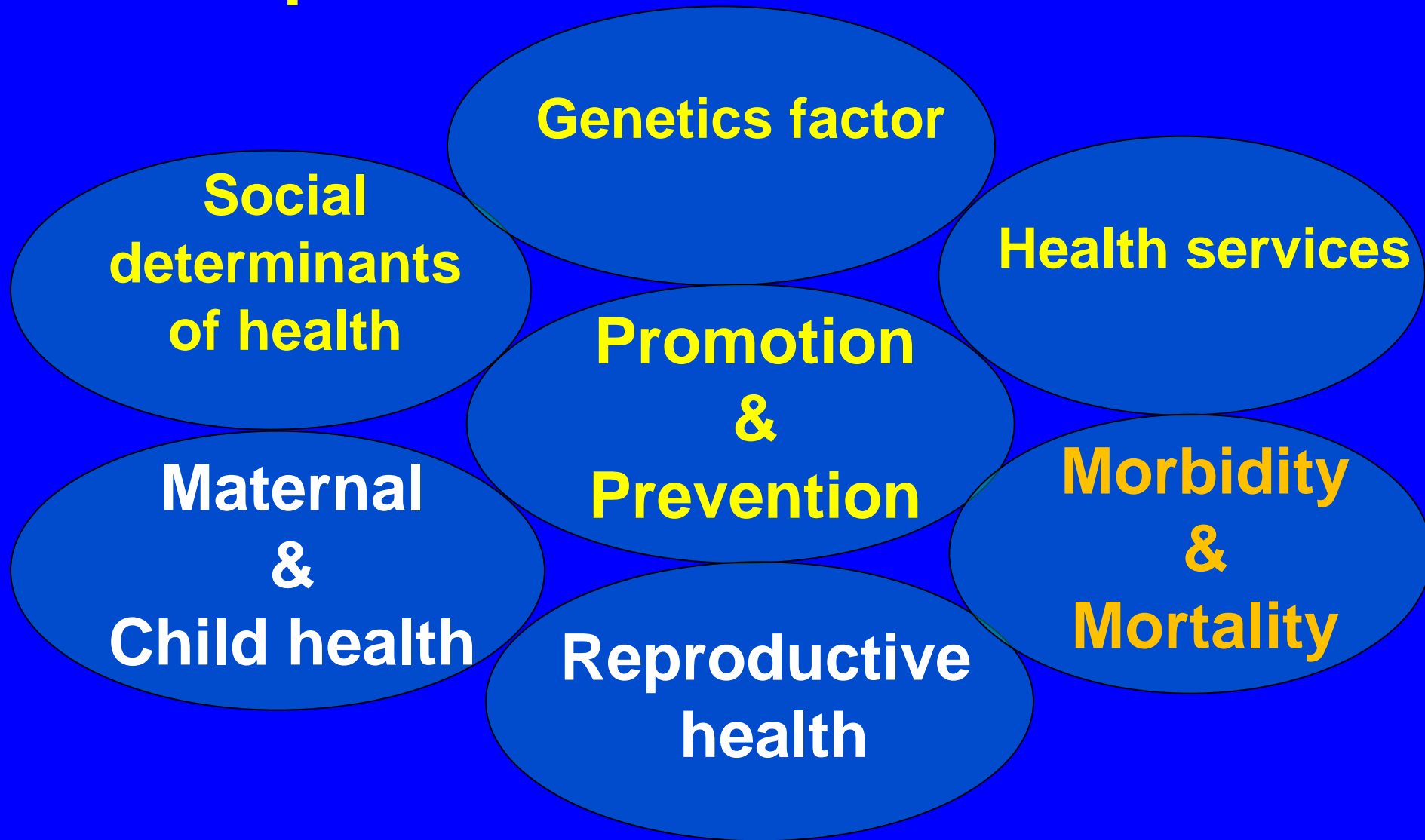
Public health challenges.

- **Actual sanitary challenges requires to implement new strategies of public health that prevent the diseases appearance and promote total development of health.**
- **These challenges exist due to the priority of diseases treatment services by on promotion programs and primary prevention of diseases.**

Reproductive health.

- **Implicit the right to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice.**
- **Women right of access to appropriate health care services to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.**

Reproductive health universe.



Maternal health.

- **Health of women during pregnancy, childbirth and the postpartum period.**
- **Motherhood, for too many women it is associated with suffering, ill-health and death.**
- **Haemorrhage, infection, HBP, unsafe abortion and obstructed labour still are major direct causes of maternal morbidity and mortality.**

Maternal health care.

- **Is a concept that encompasses family planning, preconception, prenatal, and posnatal care.**
- **Goals of preconception care can include providing education, health promotion, screening and interventions for women of reproductive age to reduce risk factors that might affect future pregnancies.**

Maternal prenatal care.

- **Prenatal care is the comprehensive care that women receive and provide for themselves throughout their pregnancy.**
- **Women who begin prenatal care early in their pregnancies have better birth outcomes than women who receive little or no care during their pregnancies.**

Maternal postnatal care.

- **Postnatal care issues include recovery from childbirth, concerns about newborn care, nutrition, breastfeeding and family planning.**
- **Time just after delivery is especially critical for newborns and mothers, especially during the first 24 hours. Two-thirds of all maternal deaths occur in this postnatal period;.**

Maternal health and developing countries.

- **Most women do not have a good access to the health care and sexual health education services.**
- **A woman in sub-Saharan Africa has a 1 in 16 chance of dying in pregnancy or childbirth, compared to a 1 in 4,000 risk in a developing country – the largest difference between poor and rich countries of any health indicator.**

Maternal health and developing countries.

- **At the level of preconception and prenatal care, pregnancy complications and childbirth are the leading causes of death among women of reproductive age.**
- **Less than one percent of these deaths occur in developed countries, showing that they could be avoided if resources and services were available.**

Maternal & child health.

- **There are birth-related disabilities that affect many more women and go untreated like injuries to pelvic muscles, organs or the spinal cord.**
- **At least 20% of the burden of disease in children below the age of 5 is related to poor maternal health and nutrition, as well as quality of care at delivery and during the newborn period.**

Maternal & child health.

- **Yearly 8 million babies die before or during delivery or in the first week of life.**
- **Further, many children are tragically left motherless each year.**
- **These children are 10 times more likely to die within two years of their mothers' death.**

Maternal and child health and disease

- **Maternal and child health and disease has multi-factor origin and can exist of sequential and continuous form.**
- **Bad maternal conditions account for the fourth leading cause of death for women after HIV/AIDS, malaria, and tuberculosis**

Maternal death.

- **Death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.**
- **Burden of maternal mortality is an important input to health decision-making.**

Burden of morbidity and mortality in maternal period.

- **Global burden of disease in pregnancy woman (GBDPW) analysis provides a comprehensive and comparable assessment of mortality and loss of health due to pregnancy and its risk factors in all regions.**
- **Is assessed using the disability-adjusted life year (DALY), that combines years of life lost due to premature mortality.**

Maternal death.

- To facilitate the identification of maternal deaths in circumstances in which cause of death attribution is inadequate, a new category has been introduced:
- **Pregnancy-related death** is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the cause of death.

Maternal mortality.

- **Critical indicator of population health reflecting the overall state of maternal health as well as quality and accessibility of PHC available to pregnant women and infants. Maternal mortality ratio is measured per 100 000 live births.**
- **Measuring maternal mortality accurately is difficult except where comprehensive registration of deaths and of causes of death exists.**

Maternal mortality.

- **Maternal deaths are clustered around the intrapartum (labour, delivery and the immediate postpartum); the most common direct cause globally is obstetric haemorrhage.**
- **Other major causes are: obstetric haemorrhage; anaemia; sepsis/infection obstructed labour; hypertensive disorders and unsafe abortions.**

Children health.

- **Child's health includes physical, mental and social well-being too.**
- **Each year more than 10 million children under the age of five die.**
- **At least 6.6 million child deaths can be prevented each year if affordable health interventions are made available to the mothers and children who need them.**

Underlying causes of Child illness and death.

- **Poverty: More than 200 million children under five live in absolute poverty, on less than \$1 per day.**
- **Under-nutrition and malnutrition: At least 200 million children under five are malnourished.**
- **High fertility and short birth intervals.**

Infant mortality

- **Critical indicator of population health reflecting the overall state of maternal health as well as quality and accessibility of PHC available to pregnant women and infants.**
- **Infant Mortality Rate (IMR): number of infant deaths per 1,000 live births in a population.**

Other indicators.

- **Neonatal Death:** Death of an infant less than 28 days after birth (<28 days).
- **Postneonatal Death:** Death of an infant between 28 days and one year after birth (28-364 days).
- **Low Birthweight (LBW):** Birth weight less than 2,500 grams and **VLBW** 1500.

Neonatal mortality.

- The most to be preventable are those related to preterm birth and LBW, which represent approximately 20 percent of neonatal deaths.
- Postneonatal death reflects events experienced in infancy, including SIDS, birth defects, injuries, and homicide. SIDS is the leading cause of postneonatal death.

Neonatal mortality.

- **Most neonatal deaths usually occur in the first 24 hours of life, and three-quarters of neonatal deaths occur in the first week after birth.**
- **Most newborn deaths are preventable through affordable interventions. To address the high burden of newborn deaths care must be available during pregnancy, labour and postpartum.**

Fetal death.

- **Fetal death often is associated with maternal complications of pregnancy, such as problems with amniotic fluid levels and blood disorders.**
- **Also when birth defects, such as anencephalus, renal agenesis, and hydrocephalus, are present.**

Fetal death.

- **Rates of fetal mortality are 35 percent greater than average in women who use tobacco during pregnancy and 77 percent higher in women who use alcohol.**
- **Targeting prenatal risk screening and intervention to high-risk groups is critical to reducing this gap.**

Some conclusions.

- **Maternal, neonatal and child mortality has been very persistent in a global context.**
- **Now 38 percent of all child deaths (4 million) occur in the first month of life.**
- **More than 10 million children under 5yr die each year. Most result from preventable and treatable causes. That's 30,000 children a day.**
- **Most of these children live in developing countries**