



MCH – L-1
25-26

Objectives:

- Explain reproductive health and its components**
- Define MCH**
- Categorize the components of MCH**
- Determine the main objectives and elements of maternal health care (antenatal, natal and postnatal care)**
- List out the factors influence the utilization of MCH services**

Reproductive health

Is a state of complete physical, mental, and social well-being in all matters relating to the reproductive system. It spans a woman's entire life, from puberty and the onset of menstruation to menopause and beyond.

Main Components of Reproductive Health

- **Menstrual Health:** Managing the menstrual cycle, which typically occurs every 21 to 35 days, and addressing conditions like heavy bleeding or painful periods.

- **Maternal Health:** Ensuring a safe pregnancy and childbirth through prenatal and postnatal care.
- **Sexual Health:** Protection against sexually transmitted infections (STIs) like HPV, chlamydia, and HIV, often through regular screenings and safe practices.
- **Family Planning and Contraception:** Access to safe and effective birth control methods (e.g., pills, IUDs, implants) to decide the timing and spacing of children.
- **Fertility Management:** Addressing infertility, which affects roughly 1 in 5 women aged 15–49 who have not previously given birth

Maternal & child Health (MCH)

- **Maternal and child health (MCH) care is the health service provided to mothers (women in their child bearing 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.**
- **Maternal and child health” refers to the promotive, preventive ,curative and rehabilitative needs of pregnant women, before, during and after delivery of an infant and pre school children from birth to 5 years.**
- **Is one of the important elements of Primary Health Care.**
- **These services should be available affordable and accessible to all the target population in their communities.**

MCH Problems

- **Main health problems affecting the health of mother and child turn around:**

- 1. Malnutrition**

- 2. Infections**

- 3. Consequences of unregulated fertility**

- 4. Lack of health care and other services with poor socioeconomic conditions.**

Why ?

Special services for women and children.

AND

The reasons for combined services for women & children

6.6. million

DEATHS PER YEAR

for children under age five,
most of them preventable



289,000

maternal
deaths
per year



1- Mothers & children form the majority of the population in developing countries (In Iraq 11.16% of population are under five children and, 24.74% of them between 5-14 years . 24.7% of population are women in 15-49 years.)

2- Many of health problems faced by mothers & children are preventable .

3- Stress of pregnancy, lactation, growth & development

4- Mother & children represent the least powerful sector of the community .

5- Deaths of mothers & children is major determinant of mortality in developing countries

OBJECTIVES OF MCH SERVICES

1-Reduce Mortality: Lower the rates of maternal, neonatal, and child deaths.

2-Reduce Morbidity: Prevent and treat illnesses, complications, or disabilities related to childbirth and early childhood.

3-Promote Development: Support healthy physical, mental, and social growth in children.

4-Equity in Access: Ensure that vulnerable, low-income, or at-risk populations have access to quality healthcare.

Components of Maternal and Child Health

- ❑ **Maternal health**
- ❑ **Child health:** Care for infants (first 28 days), newborns, and children up to age five , and adolescence, covering growth monitoring, feeding, immunizations, and addressing special needs.
- ❑ **Preventive Services:** Comprises essential interventions like immunizations, nutritional counseling, and screening for diseases such as anemia and infections.

Organizational Activities OF MCH Services

- ❑ Complete health check up and care of the child and mother from conception to birth**
- ❑ Responding to the health problems of mothers and children**
- ❑ Providing health education to parents for taking care of their children**

Essential elements of MCH services in PHC center:

1. Pre-marital care ←

2. Antenatal care ←

3. Natal care (*)** ←

4. Post-natal care ←

5. Family planning ←

6. Care of new born ←

7. Child health care ←

8. Growth monitoring ←

9. Nutrition Rehabilitation ←

Women
Health

The diagram consists of two blue boxes on the right side. The top box is a rounded rectangle labeled 'Women Health' and has five black arrows pointing left to items 1 through 5. The bottom box is a rectangle labeled 'Child Health' and has four blue arrows pointing left to items 6 through 9.

Child Health



MATERNAL HEALTH

MATERNAL HEALTH CARE

Maternal health refers to a woman's health and well-being before, during, and after pregnancy and includes aspects of physical, mental, emotional, and social health.

The World Health Organization defines maternal health as: “the health of women during pregnancy, childbirth, and the postnatal period.”

Maternal health under the Sustainable Development Goals (SDGs) is primarily addressed by SDG 3.1, aiming to cut the global maternal mortality ratio (MMR) to under 70 per 100,000 births by 2030

In most cases, maternal health covers the health care dimensions of family planning, preconception, prenatal(antenatal), and postnatal care in order to ensure a positive and fulfilling experience.

Each stage should be a positive experience, ensuring women and their babies reach their full potential for health and well-being.

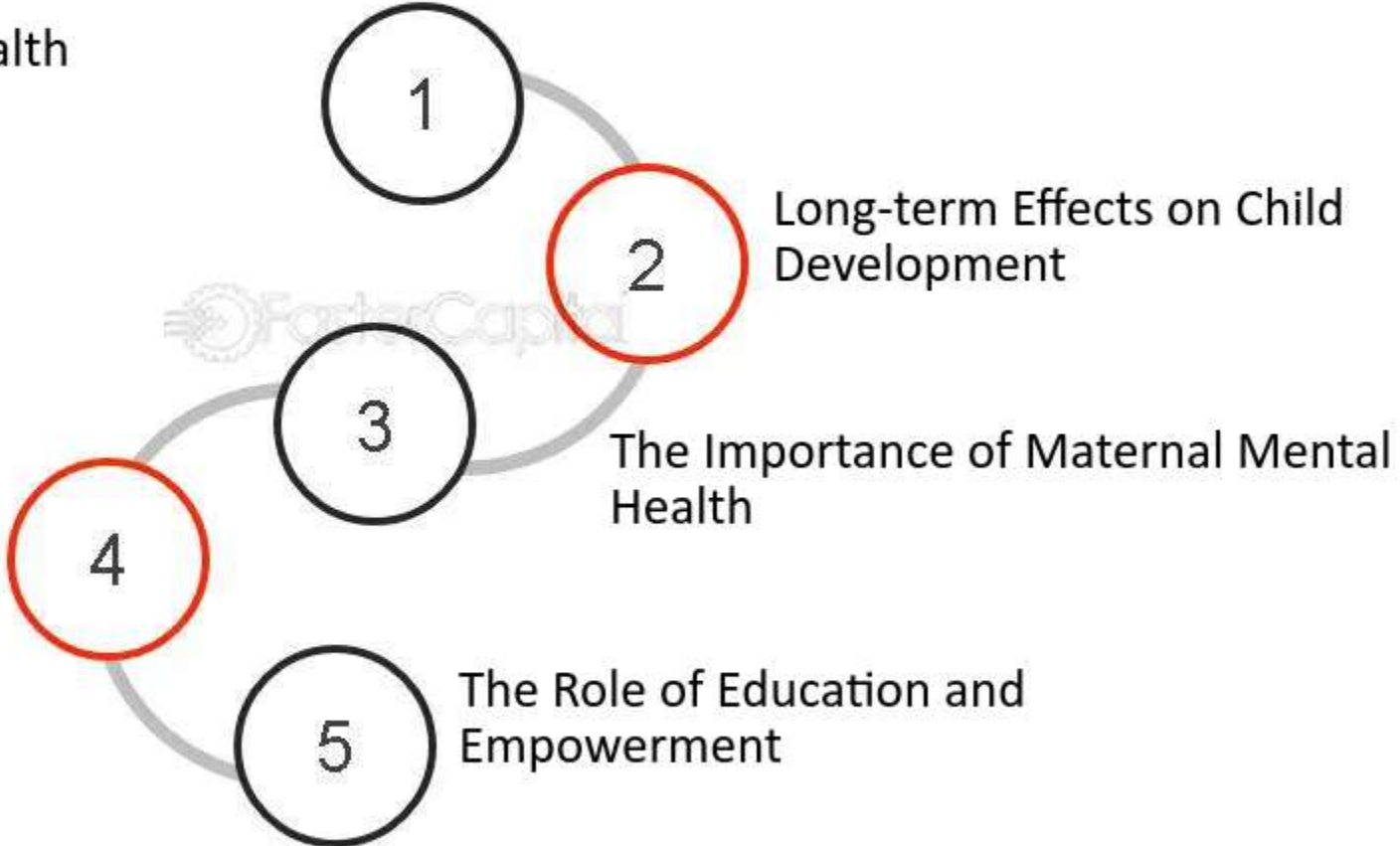
Why maternal health is important?

Not only does access to quality maternal healthcare ensure the good health of a mother – her good health also helps to ensure the good health of her newborn child and the rest of her family

Understanding the Importance of Maternal Health

The Impact on Infant Health

Socioeconomic Factors and Access to Maternal Healthcare



The Objectives of Maternal Health Services

Maternal health services focus on a continuum of care that extends from pre-conception through pregnancy, childbirth, and the 42-day postpartum period. The overarching goal is to achieve lifelong health for both the mother and the infant

The objectives include:

- ❑ Reduction of Mortality and Morbidity: Preventing deaths and illnesses related to pregnancy and childbirth, such as postpartum hemorrhage, infection, and high blood pressure.**
- ❑ Promotion of Health and Well-being: Enhancing the physical, mental, and social well-being of pregnant women. This increasingly includes maternal mental health screening for conditions like postpartum depression.**

- ❑ Ensuring Healthy Birth Outcomes: Providing quality antenatal care to identify high-risk pregnancies early and ensure the birth of a healthy, full-term infant.**
- ❑ Access to Skilled Care: Ensuring every birth is attended by a skilled health professional and providing access to emergency obstetric care when complications arise.**
- ❑ Informed Choice and Education: Providing information on nutrition, hygiene, and self-care, allowing women to make informed decisions about their healthcare and delivery options.**
- ❑ Family Planning and Reproductive Health: Regulating fertility through family planning services and treating reproductive tract infections or STIs.**
- ❑ Postnatal Recovery: Supporting the rapid restoration of the mother's health after delivery and providing guidance on breastfeeding and infant care.**

Pre-marital care

Premarital care (PMC) is a worldwide activity that aims to diagnose and treat unrecognized disorders and reduce the transmission of diseases to couples and children.

- **Premarital care (PMC) involves the promotion of health and well-being of a woman and her partner before pregnancy and is considered a primary preventive approach for couples planning for conception and an important step towards protecting society and allowing people to enjoy life**
- **PMC includes premarital health counseling and a general medical examination**

- **PMC can identify and modify, through prevention and management, some behavioral, medical, and other health risk factors known to impact pregnancy outcomes**

PMC may include the following

1. Complete medical and family history: thalassemia, TB, STD.

2. Full clinical examination

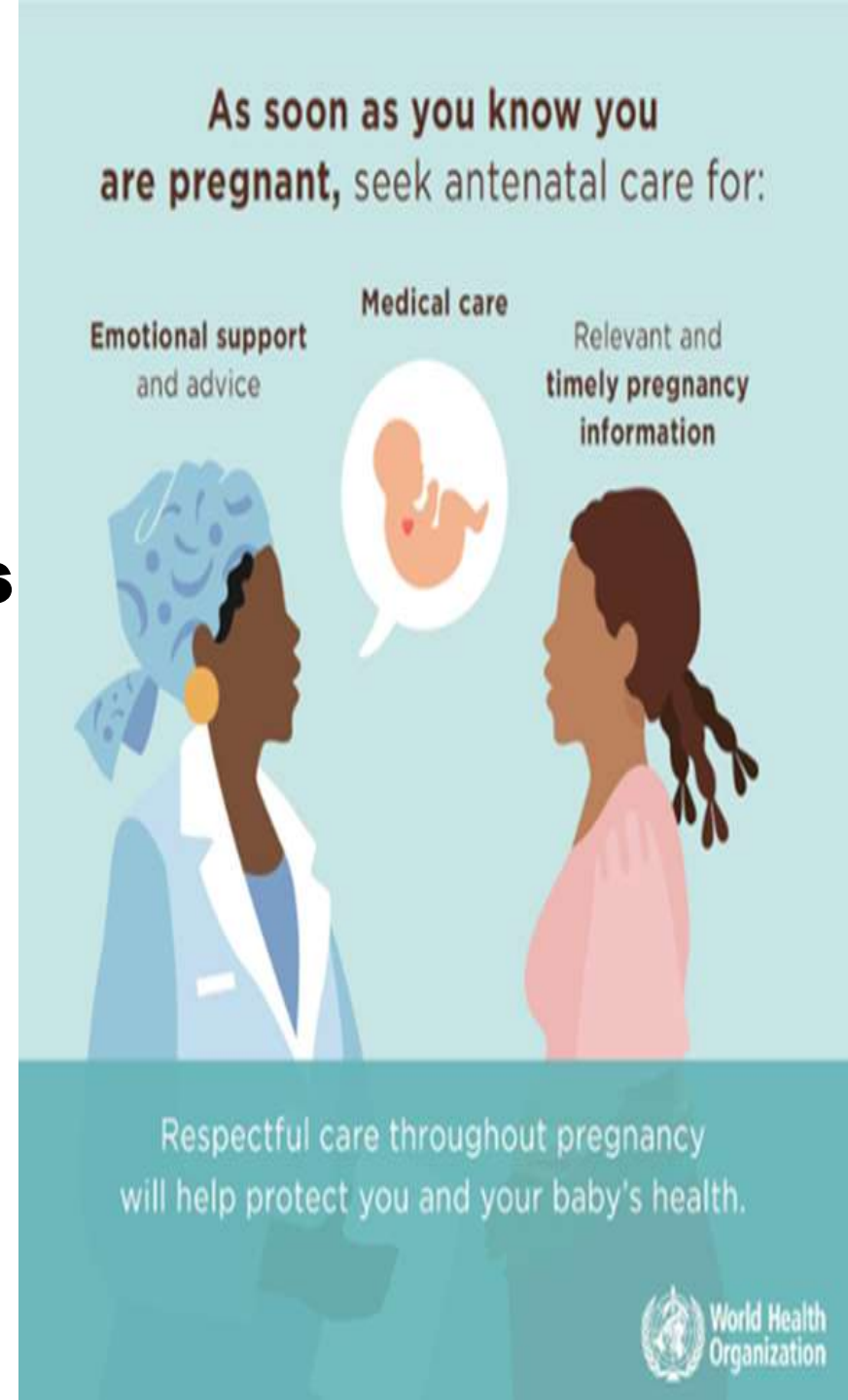
3. Health Education, sex education, counseling, Family Planning education & STDs prevention.

4. Laboratory investigation blood group and Rh, HIV, HB&C

5. Immunization

ANTENATAL CARE

- ❑ **Antenatal care is the care received during pregnancy from skilled health personnel.**
- ❑ **The World Health Organization defines antenatal care (ANC) as “care before birth”, and includes:**
 - **Education**
 - **Counseling**
 - **Screening and treatment to monitor and promote the well being of mother and child.**



Antenatal care (ANC) is the care of the woman during pregnancy. **The primary aim of ANC** is to promote and protect the health of women and their unborn babies during pregnancy so as to achieve at the end of a pregnancy **a HEALTHY MOTHER** and **a HEALTHY BABY**.

Objectives of ANC

- 1-To ensure that the pregnant woman in a good health status before pregnancy**

- 2-To ensure that the pregnant woman and her unborn child are in the best possible health prior to delivery**

- 3-To ensure that all pregnant women understand**
 - (I) The complications of pregnancies that may lead to death**
 - (II)The best approach to safe delivery**
 - (III)The best way of bringing up their babies.**

Basics of ANC

1. Ante-natal examination
2. Risk screening and assessment
3. Preventive measures
4. Health education

ante-natal follow-up should be:

Adequate: which includes **quantity & quality**

Quantity

- ❑ Time of onset of first contact → 1st trimester
- ❑ No. of contacts →

Quality antenatal care will:



Encourage women to seek skilled care at childbirth



Reduce stillbirths, childbirth complications and newborn deaths



Help women get care and counselling for HIV, malaria, TB and other conditions

Quality antenatal care should be available for all women to ensure a positive pregnancy experience.

WHO guidelines now recommend a minimum of 8 contacts to improve maternal and newborn health by allowing more consistent monitoring and timely interventions for complications.

Key Aspects of the 8-Contact Model:

- **Early First Contact: The first visit should be before 12 weeks of gestation.**
- **Second Trimester: Two contacts, around weeks 20 and 26.**
- **Third Trimester: Five contacts at weeks 30, 34, 36, 38, and 40.**

For Post-Term Pregnancies: An additional visit is recommended at 41 weeks if the pregnancy goes beyond 40 weeks.

WHO is recommending early pregnancy ultrasound before 24 weeks.

One ultrasound scan before 24 weeks of gestation (early ultrasound) is recommended for pregnant women to :

- **To estimate gestational age**
- **Improve detection of fetal anomalies and multiple pregnancies**
- **Reduce induction of labour for post-term pregnancy**
- **Improve a woman's pregnancy experience.**



Components of ANC

Antenatal care provides an essential link between women and the health system and offers essential health care services in line with national policies, including

- **Counseling about the danger signs of pregnancy and delivery complications and where to seek care in case of emergency**
- **Counseling on birth preparation, emergency readiness, and the development of a birth plan**
- **Providing advice on proper nutrition during pregnancy**
- **Detecting conditions that require additional care and providing appropriate treatment for those conditions**
- **Detecting complications that influence choice of birthing location**

- **Supplying Iron and Folate supplement**
- **Providing treatment for conditions that affect women's pregnancies, such as malaria, tuberculosis, hookworm infection, iodine deficiency, and sexually transmitted infections, including HIV/AIDS**
- **Providing tetanus toxoid immunization**
- **Providing information about breastfeeding and contraceptives**

Schedule of Tetanus Toxoid (WHO)

- ✓ **TT1: At end of 1st trimester**
- ✓ **TT2: Four weeks after TT1**
- ✓ **TT3: Six months after TT2**
- ✓ **TT4: One year after TT3**
- ✓ **TT5: One year after TT4 or during next pregnancy**

What is a high-risk pregnancy?



The complications leading to maternal death can occur without warning at any time during pregnancy and childbirth. However, some can be screened and prevented. That is why it is crucial to ensure monitoring and identifying high risk pregnancies through antenatal care which should be available for every pregnant girl and woman.

❖ **Central purpose of antenatal care is to identify ‘High Risk’ cases as early as possible and give skilled care to them.**

All pregnancies carry risks.

The definition of a “high-risk” pregnancy is any pregnancy that carries increased health risks for the pregnant person, fetus (unborn baby) or both.

People with high-risk pregnancies may need extra care before, during and after they give birth.

This helps to reduce the possibility of complications.

A high-risk pregnancy may be one that involves chronic health problems, such as diabetes or high blood pressure; infections; complications from a previous pregnancy; or other issues that might arise during pregnancy.

What causes high-risk pregnancy?

Factors that make a pregnancy high risk include:

- **Preexisting health conditions.**
- **Pregnancy-related health conditions.**
- **Lifestyle factors**
- **Age (being over 35 or under 17 when pregnant).**



**Pre-existing
Medical
Conditions**



**Maternal
Age**



**Multiple
Pregnancies**



**Pregnancy
Complications**



**Lifestyle
Factors**

Assessment of risk pregnancy :

- **During ante-natal care women are classified according to the risks associated with the pregnancy**
- **Risk assessment in pregnancy helps to predict which women are most likely to experience adverse health events and enables providers to administer risk-appropriate perinatal care.**
- **High risk pregnant women are advised for more frequent antenatal contacts and they must deliver in a hospital**

ASSESSING RISK IN PREGNANCY

A risk factor is the name given to any condition, past or present, which is known to be associated with increased maternal and/or fetal morbidity.

Epidemiological
risk factors
Social
circumstances

Maternal Age
Parity
General risk
factors
Social
circumstances

Obstetric
History

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

DM
Anaemia
HT
UTI
Heart disease
Obesity and
overweight
Epilepsy

Medical
Conditions

Complications
arising in
pregnancy

أستمارة الحامل

رقم الاسرة
رقم الحامل

التاريخ : / /

Notes for Special care: Colour letter (R) in red pencil here	العمر		8		الاسم				
	العمر				اسم الزوج				
	هاتف	دار	زقاق	محلة	حي	محافظة	العنوان		
	هاتف	دار	زقاق	محلة	حي	محافظة	عنوان اقرب شخص		
الاولاد			درجة القرى للزوجين	ثقافة الزوج	ثقافة الزوجة	مهنة الزوج	مهنة الزوجة	تاريخ الزواج	العمر عند الزواج
اناث	ذكور	احياء							

R

1 Medicals History

Diabetes
Hypertension
Renal Disease
Heart Disease
Epilepsy

Tuberculosis
Drug Sensitivity
Smoking
Blood Transfusion
Previous Surgery

5 Family History

Diabetes
Hypertension
Multiple Pregnancy
Congenital Anomaly
Mental Retardation

8 Menstrual History

Menarche L M P Cycle EDD Days Rhythm Was she :
- on pills Yes No
- or lactating Yes No
before L M P ?

9 Past Obstetric History

No.	Date	Duration of Pregnancy	Type of labour	Presentation	Newborn			Complication			Place of Delivery	Birth attendant
					Sex	Alive	wt	Tox	APH	P.P.H.		

1 Present Pregnancy

General Examination
Stature (slim, Normal, full)
Anaemia
Heart
Respiratory System
Breast

Teeth
goiter
Blood Pressure
Weight
Height

6 Investigation

Hb
VDRL
Blood group
Urine
Others
Gm.
Rh
TPHA %
Antibody

Natal Care (DELIVERY CARE)

Natal care is referred to the care given to a woman during childbirth.

Delivery care according to (WHO) is centered on a "positive childbirth experience," which prioritizes safety, dignity, and clinical excellence through three key phases: intrapartum (labor), immediate delivery, and postnatal care.

WHO estimates that 15% of births/pregnancies experience "major obstetric complications.

Three quarters of all maternal deaths occur during delivery and immediate post- partum period.

Therefore, the WHO recommends skilled attendant at every birth that can:

1. Provide good quality care on an ongoing basis ,care should be hygienic , safe and kind.

2. Readiness to deal with complications for mother and baby such as prolonged labor, antepartum hemorrhage, convulsions, malpresentation, prolapse of cord, etc.

3. Refer on time and safely when higher level care is needed

4-Care of the baby at delivery- resuscitation, care of the cord, care of the eyes.

WHO recommends that a woman not be discharged before 24 hours after birth.

Regardless of the place of birth, it is important that someone accompanies the woman and newborn for the first 24 hours after birth to respond to any changes in her or her baby's condition.

Globally in 2022, 14 percent of deliveries were not attended by skilled health personnel. Newborns are most vulnerable during the first hours and days of life, yet this critical window is being missed.

POSTNATAL CARE(PNC)

Postnatal period is defined by the WHO as the period beginning one hour after the delivery of the placenta and continuing until six weeks (42 days) after the birth of an infant.

(PNC) is the care given to the mother and her newborn baby immediately after the birth and for the first six weeks of life

Why Postnatal Care(PNC) is important ?

- **The postnatal period is a critical phase in the lives of mothers and newborn babies.**
Many complications can occur in the first 24 hours.
- **Most maternal and infant deaths occur during this time.**
- **This is the most neglected period for the provision of quality care.**

When to start PNC

WHO recommends mothers and new born should received PNC in health facilities for at least 24 h after birth, if birth in health facility

If birth at home the 1st postnatal contact should be as early as possible within 24h of birth.

At least three additional contacts are recommended for all mothers and new born on:

 **Day 3 [48-72hr]**

 **Between days 7-14 after birth**

 **Six weeks after birth**

The first weeks following childbirth are an important and special time

All women and babies should receive care in health facilities during the **first 24 hours after birth.**

Three additional postnatal care contacts should occur in the **first 6 weeks.**



Aims of Care in the Postpartum Period

Care during the postpartum period aiming the following:

1-Support of the mother and her family in the transition to a new family arrangement, and response to their needs.

2-Prevention, early diagnosis and treatment of complications of mother and infant, including the prevention of vertical transmission of diseases from mother to infant.

3-Referral of mother and infant for specialist care when necessary.

4-Support of breastfeeding.

5-Counseling on maternal nutrition, and supplementation if necessary.

6-Counseling and service provision for contraception, birth spacing.

7-Immunization of the newborn and mother

The most frequent reported health problems in the postpartum period are :

Infections (genital infections)

✓ **Bladder problems**

Frequent pelvic and headache pain

Hemorrhoid and anemia

Constipation

Depression , anxiety ,postpartum depression (PPD) is a significant concern, with prevalence rates estimated at 37.4% among mothers attending PHCs in Iraq.

Breast problems

Postnatal Care Services in Iraq

The mother visits the PHC centers at least once during the 6 weeks following delivery, where the mother receives physical examination, ferrous sulfate tablets if anemic, vitamin A (200,000 IUs) and may receive counseling on breast-feeding and family planning through health education, and immunization according to the national schedule.

Globally, only 65 per cent of mothers and 68 per cent of newborns received a post-natal health check within the recommended time period.

The factors are known to affect the use of maternal health services across the world:

- ❖ **Maternal education**
- ❖ **Woman's age**
- ❖ **Employment and income**
- ❖ **Socio-economic status**
- ❖ **Residence (i.e. rural/urban)**
- ❖ **Parity**
- ❖ **Distance to health facilities**
- ❖ **Exposure to the media**

A third of women do not have even four of a recommended eight antenatal checks or receive essential postnatal care, while some 270 million women lack access to modern family planning methods

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

- **Health system failures that translate to**
 - 1-poor quality of care, including disrespect, mistreatment and abuse**
 - 2- insufficient numbers of and inadequately trained health workers**
 - 3- shortages of essential medical supplies**
 - 4- the poor accountability of health systems**

- **Social determinants** , including income, access to education, multiple demands on women's time
- **Harmful gender norms and/or inequalities** that result in a low prioritization of the rights of women and girls, including their right to safe, quality and affordable sexual and reproductive health services
- **External factors** contributing to instability and health system fragility, such as climate and humanitarian crises.

ANY QUESTION



**improve maternal
health**

References

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