

## **Maternal, prenatal and newborn**

- Maternal and infant population is a primary facet of CHN.

### **Global overview:**

- 600.000 women die yearly rt pregnancy causes.
- 99% of them in developing countries.
- 80% of maternal death related to direct causes.
- Infant mortality rate in 1955 is 148/ 1.000
- Infant mortality rate in 1995 is 59/ 1.000
- In 1997 adolescent age 15-19 give birth to 17 millions infant
- Both teen age mother and infant at higher risk
- Prenatal transmission of HIV

## **Risk factors for pregnant women and infants**

### **a. Lifestyle:**

1. smoking,
2. inadequate nutrition,
3. low pregnancy wt,
4. high alcohol consumption

### **b. sociodemographic:**

1. low maternal age.
2. Poverty
3. Educational level.

### **c. Medical gestational history:**

1. Primary parity.
2. Multiparity
3. Uterine abnormalities.

## **Complications of childbearing.**

1. pregnancy induced hypertension
2. gestational diabetes mellitus
3. post partum depression
4. Fetal or infant death.

## **Planning for health of maternal- infant population**

- Understand population to whom you will design program
- Agreement between pregnant and CHN about needs
- Two important consideration:
  1. Specific needs identified through data collection and client input.
  2. Developmental stage of population being served.
- Vital statistics help planner to identify problem and segment of population where problem occur.

## **Health program for maternal – infant population.**

- Major focus is teaching
- Include subject of pregnancy , postpartum.
- Comprehensive assessment ( physiologic emotional status, social support system, access to medical care.

## **Types of health program**

### A. clinic program

1. prenatal care
2. postpartum care
3. newborn care
4. immunization

### b. Home visits

1. Teaching.

c. Self – help group:

- peers come together to meet common needs.
- provide many benefits, participate , express feeling
- Acceptance of responsibility for health promoting behaviors.
- For prenatal population (prenatal changes, adaptation to pregnancy, labor).
- Term peer counseling in some settings of self-help.

d. school based programs

1. Pregnancy of teen agers.
2. FP
3. Immunization
4. PHC for ill and injured

e. High risk clinic

1. For pregnant women considered at risk.
2. Pregnant less than 15, or more than 40

f. information services

- Provide safe and cost effective prenatal postpartum care.
  - Telephone providing information about community resources.
1. Information line to help parents in postpartum regarding infant care and nutrition.
  2. Handbook: obtain written material, video of program classes.

**CHN and maternal infant health**

- Three roles:
  1. Special professional role.
  2. Educator role.
  3. Clients advocate.

1.Special professional qualities

- a. Educational background.
- b. Solid understanding of nursing process
- c. Effective communication
- d.
- e.

## 2. Role of educator

- effective teaching
- meeting needs of target
- Detect teaching methodologies appropriate to client.
- Teaching aid should be appropriate.

## 3. Advocate role

- Knowledge of community resources
  - a. developmental social services
  - b. Supplemental food program for women, infant , child.
  - c. FP services
  - d. child birth classes

## **Evaluation of maternal – infant health programs**

- 1. Did program meet client needs.
- Did program meet goals and objectives
- Was the program cost effective.
- Program long term impact on population health

### **Methods of evaluation:**

- Vital statistics provide an important data base for evaluation
- Measuring the quality through performance, improvement program.
- Cost effective mechanisms for assessing programs.