

MATERNAL AND CHILDREN DISEASE

Introduction :

When planning for a year, sow corn

When planning for a decade, plant trees

When planning for life, teach men. (Chinese proverb)

Mothers and children constitute a priority group in any community. In sheer numbers they comprise approximately 64% of total population. In India, women of child bearing age (15-44years) constitute 22%, and children under 15 years of age 42% of total population. By virtue of their number, they (mothers & children) are the major consumers of their health services in whatever form.

Mothers and children not only constitute a large group but they are also a vulnerable or special risk group. The risk is connected with child bearing in the case of women; and growth, development and service in case of infants and children. 50% of death in developed world are occurring among people over 70 years. The same proportion occurring among the children during first five years in the developing countries.

In the past, maternal and child health services were rather fragmented and provided in piecemeal as personal service by different agencies, in different ways, in separate clinics.

In early 1960's there was a understanding that "problems affecting the health of mother and child are multifarious in origin; the strategy developed to provide M.C.H. care service was an integrated package". i.e. MCH / HP services and integration with basic health service.

Mother and children are one unit because of following reasons.

- 1) During antenatal period the foetus obtains all building materials and oxygen from mother's blood.
- 2) A healthy child, there is less chance of premature birth, still birth or abortion.
- 3) Certain diseases affect child if mother suffers from (e. g. syphilis, German measles, AIDS etc.) those.
- 4) After birth, the child is dependent upon mother, His growth, development are dependant upon the mother.
- 5) Mother is the 1st teacher of a child.

concept of preventive obstetrics gained momentum. Aim of obstetrics and preventive are same i.e., to ensure a good health of mother and child during pregnancy and puerperium.

concept of social obstetrics i.e., interaction between the environment and human reproduction has gained currency during last few decades. Factors are marriage, child bearing, child spacing, family size, fertility pattern, level of education, economic status, customs and beliefs, role of women in the society etc.

The aims of Prevention of disease, promotion of physical, mental and social well being of children. It is divided into antenatal and postnatal paediatrics.

Antenatal paediatrics includes :

- Ensuring adequate nutrition of mother during pregnancy.
- Prevention of communicable diseases.
- Education/ preparation of mother for delivery and breast feeding.

Post natal paediatrics includes :

- Periodic medical checkup of infants
- Nutritional supervision
- Immunisation
- Accident prevention
- Psychological supervision etc.

concept of social paediatrics is the application of the simple social medicine on paediatrics. It is concerned with the social factors which influence child health, Such as:-

- a) Health and happy parents
- b) Clean and healthful house
- c) Balanced & nutritious diet
- d) Play / amusement / love / affection / security / company of children / educational opportunities.

Maternal And Children Diseases

A) Malnutrition :

Adverse effects of Malnutrition are maternal depletion, low birthweight, anaemia, toxæmias of pregnancy, P.P.H. etc. in the case of mother, and susceptibility to infections, retarded growth & development in the case of child.

The nutritional status of pregnant women can be improved either by giving education on nutrition, distributing nutritional supplements, providing constitutional Homeopathic treatment to those who are suffering from malnutrition despite taking proper and regular diet, or indirectly by treating homeopathically, improving environmental sanitation, providing clear drinking water and education.

B) Infection:

In a pregnant woman infection is likely to retard the foetal growth; besides embryopathy, abortion, puerperal sepsis are all possibilities. On the other hand, the child might suffer from diarrhoea, respiratory infection, skin infection, P.E.M. etc.

Infections can be prevented by prevention and treatment of mother and child, educating mothers about oral rehydration therapy, practice of personal hygiene, sanitary measures etc.

C) Uncontrolled Reproduction :

Reproductive health care includes education on sexuality & hygiene, education, screening and treatment of U.T.I and gynaecological problems resulting from sexuality, age, multiple birth and birth trauma, counselling about Sexuality, contraception, abortion, infertility, infection diseases. choice among contraceptive methods safe menstrual regulation, and abortion for contraceptive failure or non- use. prenatal, supervised delivery and post- partum care.

The adverse effects of uncontrolled reproduction as found in India are ignored by the mass because of low literacy and awareness. Adoption of family planning methods at both govt & private sector level is the best possible solution.

From the above study, it is envisaged that recommendations from the meeting on the eve of I.C.P.D. Cairo, 1994, are the inputs into the process of National policy and programme planning. Discussions, debates, deliberations are going on over the need for a Reproduction Health Approach.

To my mind, it is like "old wine in new bottle with absence of major ingredients like child health and addition of new ingredients like sexual health" We can take a new dimension but cannot leave an old one i.e. child health.