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THE INTEGRATION OF MATERNAL AND CHILD HEALTH SERVICES

by

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Purpose of Maternal and Child Health Services

1. To concentrate attention on vulnerable groups and their particular needs.
2. To ensure both curative and protective measures for these groups.
3. To study the particular hazards to which they are exposed from health, nutritional, social and environmental aspects.
4. To adapt available resources and to develop new resources for the avoidance of these hazards.
5. To work within the medical departments and to cooperate with other departments and with voluntary agencies for the purpose of improved maternal and child care.
6. To organize and cooperate in training programmes for professional workers and others and in educational programmes for the people in general.
7. To encourage research and observation in maternal and child health subjects, and in the collection of statistics and to promote constructive action as a result of these investigations and of progress in medical sciences.

The Purpose of Integration

Historical development in the more "advanced" countries has tended to produce hospitals which are self-contained units and to separate preventive and curative services.

The result is that the work of paediatricians and obstetricians in hospitals is often divorced from that of the "Maternal and Child Welfare Services".

This leads to insufficient work, inadequate follow-up, confusion and disappointment for the patients, frustration for the workers, and the extravagant use of personnel and of materials.

In some of the more "advanced " countries, certain attempts are being made to overcome the disadvantages inherent in this method by which "prevention" is divorced from "treatment". In countries where the medical and health services are **still** in a formative stage, it is obviously important that the pattern should grow, not on some inefficient and outmoded system, but on an organization which makes the best use of modern advances and which is appropriate to the area concerned and to its problems.

Methods of Securing Intergration

1. The appointment at medical headquarters of an adviser or an officer responsible for maternal and child health.

This officer should have good clinical experience particularly in paediatrics (which in many countries receives less attention than maternity work), and some experience of organization and public health work.

His or her duties should not be to build up a separate department, but to ensure that:

- (a) Special departments of obstetrics and paediatrics are established in hospitals, that they receive adequate support and that they function according to the needs of the people;
- (b) where no special departments exist, that mothers and children receive adequate attention;
- (c) **all** training programmes include sufficient time and experience in maternal and child health;
- (d) both preventive and curative aspects of maternal and child health are appreciated especially in respect to the care of individuals, whether it be in the home or in an institution;
- (e) research programmes and surveys that have any bearing on maternal and child health are well conducted.

2. Advisory Council

An advisory council or committee in maternal and child health should be established at a high level. This might include:

A senior representative of the Ministry of Health

A senior representative of the Ministry of Education

A senior representative of the Ministry of Community Development

A senior representative of the Ministerial Nursing Service

The Professor of Obstetrics or a senior obstetrician

The Professor of Paediatrics or a senior paediatrician

The Professor of Public Health or Social Medicine or a senior public health officer

Two or three representatives of voluntary organizations interested in maternal and child health

The Secretary might be the Adviser in maternal and child health.

This council might appoint sub-committees which could co-opt other members.

3. Vital Statistics

Efforts should be made to collect vital and other statistics which would demonstrate what were the chief age groups at risk from what causes. Sample surveys, or long-term observations over a restricted area would give valuable information at little cost and would be a help to the council in formulating policies.

4. Teaching Hospitals

The teaching hospitals should organize their training not only on orthodox lines developed in Europe and North America but adapted to the needs of local populations. In countries where the infant child and maternal mortality and morbidity is high and where the population pyramids show a large proportion of individuals in the lower age groups, more attention should be given to maternal and child health and to nutritional subjects, social medicine and environmental studies should be emphasized.

5. Other Hospitals

There should be efforts to improve accommodation and treatment for mothers and children, as in-patients and as out-patients. All hospitals should aim at the best possible follow up, and at using all their opportunities for health education. In order to do this they must collaborate with dispensaries, health centres, and with public health nurses and health inspectors.

6. Health and Welfare Centres and Dispensaries

In some places good results have been followed by the health and welfare centres being run as out-posts of hospitals, some of the hospital staff taking days on duty in these peripheral sub-stations. In any case the staff should do both preventive and curative work, according to the needs of the individuals attending. Special clinics may be held for maternal and child health, but treatment and advice must be given according to the diseases present and according to the "receptiveness". It is unwise to attempt to make a rigid distinction between "sick" and "well" in the conduct of the clinics. In this way early cases of disease go unrecognized and untreated. Methods of group teaching and individual teaching may be developed. In any case it is important to ensure that treatment for the sick is as sufficient as possible.

The system by which "Baby Clinics" are only held for the benefit of young babies should be abandoned and parents should be encouraged to bring their children for regular supervision up to and including school age.

7. School Health, should provide not only for routine medical inspection, but for treatment, for health education and for attention to nutrition and environmental sanitation.

Conclusion

The important factors in integration are:

1. Consistent medical attention for mothers and children both curative and preventive;
2. continuity of policy and of personnel employed in these services;
3. consideration of individual needs as well as those of the community as a whole;
4. collaboration with departments such as agriculture, education and community development;
5. rational development of training programmes both professional and others (such as teacher training and home economics);
6. better collection and use of statistics, surveys and research findings;
7. to explore and encourage all means by which the health and well being of families may be improved.