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REPORTS OF SMALL-GROUP DISCUSSIONS

Report No.1

ASSESSMENT OF NEEDS

1. The condition of living is an important point which must be looked for in assessing MCH services.
2. Observation when registration is not available is helpful in assessing the MCH needs with collection of statistical data will give more accurate configuration to these needs.
3. Assessment of degree of training of personnel in the present services, the available services and hospital beds in the community allocated to mothers, children, ... etc., this gives an index to the community resources available to meet the MCH needs.
 4. For proper and effective development of MCH services, proper maintenance of statistics is essential. Surveys are helpful as well, as for example determination of total birth and total neo-natal death rate without mentioning the causes. Such rate could be established by local staff who do not need too much technical training.
5. We should link the benefits out of registrations and births and deaths with basic essential needs of the individual in the community e.g. :
 - a) offering free medical treatment to those registered;
 - b) offering of training and midwifery bags and refills will encourage the midwife to register birth;
 - c) advantage to children; those getting birth certificates will have priority to be admitted to schools;
 - d) the advantages vary according to the capacity of the country.

Report No.2

ADMINISTRATION OF MCH PROGRAMMES

This subject was discussed with a view to finding the best way to organize and administer the medical, nursing and midwifery resources and personnel for the improvement of the health of mothers.

The following conclusions were reached :

1. The questions which have to be decided by the administrators before, to determine the best approach in his area
 - a) a knowledge of the population in the area;
 - b) a knowledge of the social and cultural background in which he is operating;
 - c) some knowledge of mortality and morbidity data;
 - d) the availability of trained personnel.
2. Local Cooperation of People

In the proper development and implementation of all national plans and special public health and MCH services, it is essential that as much cooperation as possible of general public be sought. This will not only educate the public, but will also provide an impetus to the development of voluntary organizations which will then undertake to develop and provide services for various communities, independently and voluntarily. With limited means of various countries, unless the public is educated and encouraged to participate in the various national developmental plans, and specially MCH services, it is neither possible to implement the various MCH plans nor is it possible to expand MCH services.

The organization of the Centres, based on the simplest pattern, may be envisaged as follows :

- a) In the very small villages or small localities, the MCH activities should mainly be carried out by the midwife under the supervision and guidance of mobile units (medical officer specialized in MCH, midwife and social worker)
- b) All these Centres or health stations should be under the authority of a regional centre, of a more complex type, and specialized in MCH, including

a paediatrics service (preventive and curative) and a maternity service (gynaecology and obstetrics), with a programme of home visiting and home confinement, and health education in the Centre.

At the village or community level, a unit or health station, including: a visiting room, and a waiting room, to be used, as may be required, and in accordance with a fixed time-table, as an infant clinic, an MCH clinic or even as a general medicine clinic.

Such a station should be staffed as follows: a medical officer (with some paediatrics background or with an MCH training in a regional or a national Centre), a midwife, a health visitor or an assistant health visitor.

- c) Finally, at the national level, a highly specialized Centre with a highly qualified staff and up-to-date treatment and research facilities (laboratory, X-ray, etc.), which would be also a demonstration and training Centre for all MCH personnel.

3. Regarding how much time should be devoted to:

a) Curative activities in the MCH Centres

After a long discussion the group concluded that at the present stages of development of various countries, it is essential that adequate time be devoted to curative activities of the MCH Centres, with a view to making the babies healthy first.

With the expansion of the MCH Services and the establishment of more hospitals, specially children's hospitals, the curative activities in the centres will automatically reduce and preventive activities will increase.

b) Regarding educational activities in the MCH Centres:

i) Education of mothers is a continuous process. In addition to the instructions given to mothers during clinics, more time should be provided for mothers classes, viz. mothercraft classes.

ii) Education of the staff engaged in the MCH Centres requires proper use of personnel time. The medical staff can do this by proper delegation of duties to nursing staff.

The hospital is important in the education of both mothers and working staff.

c) Follow up activities

Follow up activities are very important. Thus medical care and teaching can be done in the surroundings where the family normally lives.

d) Regarding in-service training of staff

The group is of the opinion that staff discussions are very valuable as a means of giving all members of the staff the feeling that they are members of a unit.

e) Milk distribution

Milk distribution although important, the time devoted to it must be carefully controlled and should be only on a temporary basis. Attempts should be made to dispense with it gradually and to get the mothers to shift to local products.

g) Record keeping

Here also the time given to record keeping must be carefully controlled. Care should be taken to prevent the abuse of statistics, e.g. weighing records, taking up too much time in a busy clinic.

4. Liaison can be maintained at all levels and also a two-way exchange of knowledge and ideas by committees, reports and periodical conferences.

5. The various types of administration and organization of maternal and child health work that have proved successful in different circumstances.

In the opinion of the group the best way of administering MCH services actually depends on :

a) policy of the country;

b) level of development.

Thus if a country's level of development is low and its economic means and personnel are limited, it is best that all the services are controlled, planned and directed from top, i.e. the national level. But if the level of development is high, it is better that the regions should be autonomous in their activities to meet the local needs, within the framework of the general policy of the nation.

Report No.3

INTEGRATION OF MCH SERVICES

The following conclusions were reached

That urban and rural conditions be considered separately, because of the following reasons :

- 1) Rural areas depend upon urban areas for certain services, especially those concerned in training and supervision, viz. sanitarian aids attached to urban centres can be made available to rural centres.
- 2) In the case of Urban Centres in most instances ante-natal clinics carry out delivery services. So integration is unnecessary. But integration of educational, social welfare and agricultural service is essential. The cooperation with outside practitioners whether doctors, health visitors midwives is very important. This may be done by :
 - a) offering clinic facilities;
 - b) by giving him good reports;
 - c) by giving him the opportunity to handle his own cases in the clinics.

Nutritionists

There is no doubt that a nutritionist is valuable in the education of doctors, nurses, health visitors and midwives. But these people should pass on their knowledge to mothers through the midwife.

International Staff

International staff often belong to different agencies, viz. WHO, FAO, UNESCO and ICA. The host governments should accept the responsibilities for conducting all these people by periodical meetings.

MCH and Sanitarians

The sanitarians should be supplied by the Public Health Departments, as reports, by the Public Health Nurses and Health visitors require.

MCH workers in hospitals

- a) The hospital paediatrician is an MCH worker. The question of training paediatricians in preventive aspects is, however, important.

- b) Nursing liaison with patients in hospitals and the collection of reports is important. If nurses are not available for this purpose, voluntary helpers can be used.
- c) The clinics should arrange for an allocation of beds for their own mothers and children in hospitals. When hospitals are situated at a distance, this has to be done by reference letters form "Referrel".

Rural Centres

In cases of rural centres, since they are always situated at a distance from the hospitals :

- 1) Admissions of mothers and children into hospital have to be done by "referrel".
- 2) For advancing techniques, refresher courses are essential
- 3) The hospitals will have to send back reports of admission and discharge to the centres.
- 4) On receipt of reports from the hospital, the patient should be followed by home visits.

Thence the necessity of making some recommendations, for example :

- a) The need for a social training of paediatricians.
- b) The need for a closer relationship between the Ministry of Health and the University.
- c) The need for the University students attendance at the MCH Centres.

Regarding co-ordination of work of an MCH worker, social welfare worker, home economist, without over-lapping, the group is of the view that public health nurses health visitors and midwives should be trained in these fields by these specialists and that the advice given to mothers should be through the nurse-midwife or whatever similar staff is available.

The social services which are necessary for MCH work to assist the family as a whole, should operate through MCH Centres. Thus the MCH Centre becomes a community reference centre, with a social worker responsible for the reference work.