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ADMINISTRATION OF A MATERNAL AND CHILD HEALTH SERVICE

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The development of medical and social sciences has introduced new factors in the definition of health. Since the health of the child cannot from henceforth be separated from the health of the mother and the family, it is becoming increasingly necessary - through the very fact of the development of medicine and of society - to ensure that the human being, during his development and growth, receives a specific type of medical and social assistance. The modern definition of paediatrics is itself the source of the programme of health protection for the child. There is a general agreement to-day that paediatrics is not a specialised branch of medicine but a general application of medicine as a whole to a particular period of life. In the development of the embryo and the foetus and, later in various phases of development of the child and of the adolescent, growth is regulated by complex factors; genetic, endocrine, biochemical, etc., which act in determined biological, psychological and social conditions. The health of children and adolescents, derives, therefore, from a combination of genetic and social factors. The security of the family and, consequently, also the physical and mental health of a child depend on these factors.

Specialised study of the problem of maternal and child health should not result in the fallacious conclusion that the health of the family does not present a unified problem. In other words, services designed to safeguard and improve the health of the mother, the child and the adolescent should be considered always as special branches of the general health protection of the family.

Medical science does not separate preventive protection from curative protection; it is, therefore, incorrect to speak of protecting a woman during pregnancy delivery and breast feeding. Nor is it correct to speak of applying prophylactic measures to safeguard the health of the infant, the young child, the pre-school and school child. The mother needs protection during the entire child-bearing period that is to say also during the period between pregnancies. It is, in fact, easy to understand that gynaecological or other illnesses may give rise to a condition which will be unfavourable to the later development of pregnancy. On the other hand, it is also incorrect to take preventive measures against the diseases while depriving the doctor charged with these measures of the possibility of studying the reactions of the organism of the child to harmful microbiological, social and other influences.

Consequently a maternal, child and adolescent health service should develop every branch of preventive and curative medicine in order to insure a harmonious physical and mental development of the new generations.

It is extremely difficult to suggest a uniform structure for services of this type which could be applicable in all countries of the world without consideration of their level of social, economic and cultural development. Even in highly developed countries, people live in urban, rural and semi-rural communities. It is the degree of development of the community which influences the quality of the health measure taken to safeguard the health of the population. The family doctor should not be considered, as is usually the case, as the product of an historical stage of development of medicine and of social evolution; although it is incontestable that he is found more and more frequently in rural communities where, for obvious reasons, he provides most types of health protection for the family. On the other hand, in the urban communities of many countries the economic condition of the family gives it increasingly a tendency to use the services of a general practitioner. This problem will further be investigated in the article on "The Integration of Prophylactic Services".

#### The Administration of Maternal and Child Health Services at the Local Level.

In most countries the organization of maternal and child health services on the local level affects the rural and semi-rural population whose development has reached relatively varied levels; urban communities are rare. But it would be incorrect to speak of the organization of maternal and child health services in urban

ral and semi-rural communities. In general, it would be more correct to divide country - especially if it is in the process of development - into rural districts which the administrative centre was in a semi-rural or rural community. Consequently, we shall use as an example in this article, the organization and administration of health services for mother, child and adolescent in a rural district whose administrative centre is in a semi-rural community. It is obvious that the villages of this district gravitate around the semi-rural community not only in political, administrative, cultural and educational matters but also in health matters. The rural community is in effect the focus of activity for the surrounding villages and the source of specialised planned control of the activity of rural health centres.

The maternal and child health service of such a district includes - under ideal conditions - at least three principal clinics: a clinic for the mothers, a clinic for infants, and a clinic for school age children. Each clinic must develop preventive and curative-preventive service based on the fundamental elements of vital statistics. The doctors, midwives and nurses must be able - through proper training - to engage, in their respective fields, in a methodical and planned activity to discover the characteristics of infantile morbidity and mortality, to fight disease and improve health. The qualified personnel must, therefore, be conversant with all the modern methods of prophylaxis and treatment of illness.

The clinic for women must ensure therapeutic and prophylactic assistance to women during pregnancy and during and after delivery. The control of the woman's health between pregnancies during the child-bearing period of her life is equally important and, in view of the specialised nature of the clinic, it should also maintain a control over the health of women who are past the age of child-bearing.

Midwives and doctors in the obstetric clinics work more efficiently in proportion to the clarity with which the aims of their work are formulated. These aims should be both preventive and curative.

The tasks and duties of a clinic for women can be summarized as follows:-

It should organize regular antenatal visits for pregnant women; it should ensure qualified assistance to women during delivery and a control after child birth; it should organize regular home visiting for pregnant women, for post-natal care and for women suffering from gynaecological maladies; it should carry on a campaign

against abortion, sterility and cancer. The clinic should also have birth control centres. In addition, it should keep a record of all pregnant women, all deliveries and all new born children in its district and should collect and study the data on morbidity and mortality among women and new born children. The help which this clinic is called upon to provide for the women would be incomplete if other forms of health activity were not pursued simultaneously. The clinic can play a very valuable role in the fight against venereal disease and tuberculosis in pregnant women, in giving legal advice to pregnant women and to mothers, in health education among women and the whole population, in providing a welfare service for women, etc. The clinic should coordinate its activity with maternity hospitals and other maternity services and with the infant clinics. It should supply to the maternity services data on the evolution of pregnancies and receive from them data on deliveries; this antenatal and post-natal data information should be transmitted to the infant clinics. In this way the essential collaboration is established between the paediatric services which are the fundamental basis of maternal and child health services.

The clinic for women collaborates, from a planning point of view, with all midwives and doctors who work in its district; it also collaborates with all other bodies and establishments which work in the field of maternal and child health.

The infant clinic watches over the physical, mental and emotional development of the growth of the child. Its staff assumes the health protection of the infant which has, until then, been the responsibility of the obstetrician and midwife. But long before this, the paediatrician and the clinic nurse should have made contact with the future mother by assisting at the antenatal examinations starting from the eighth month of pregnancy and should have collected from the obstetric clinic the necessary information regarding the pregnancy. The collaboration between the obstetrician and the paediatrician is not only necessary during the period of development and growth of the new born infant but also that of the foetus at least for the last two months of the pregnancy (infant antenatal care). The infant clinic must also base its activity between preventive and curative medicine.

The tasks of the infant clinic can be summarized as follows:-

It should take, in its district, the medical and social measures appropriate to its function and should participate in the organization and implementation of such

measures as are designed to safeguard and promote the physical and mental health of children under seven years's age.

On the functional side, the activities of the clinic can be divided into preventive work and curative work. The preventive work should be strictly separated - in time and if possible in space - from the curative work so that sick children do not mix with healthy children, but the record card for the child should be the same for both the preventive and curative divisions of the clinic. The card should contain the complete record of all measures taken by the doctor and nurses to safeguard the health of the child; these measures should be formulated as part of the standard procedure of the clinic. The formulation of a standard procedure, as is well known, facilitates the clinical appreciation of the work of the clinic staff. The procedure should also include a concise survey of the information needed to complete the forms used by the clinic in transmitting regular reports to higher health authorities.

The clinic should give advice on the feeding, care and education of children; it should organize and carry out systematically vaccination and re-vaccination and take measures against epidemics in order to be able to combat effectively contagious diseases in children in such children's institutions as come within its competence.

In organizing home visiting, the clinic can help the family to improve the hygiene of the home and can take particular care of children born before term. Each clinic should have a well organized demonstration kitchen where mothers can be taught to prepare the different foods for infants, young children and pre-school children. In large clinics it would be desirable that milk banks should be opened. The clinic must also have an active health educational programme.

Through the intermediary of the curative division of the clinic, doctors and nurses visit sick children and organize the necessary treatment; they send the children to be treated in other health establishments; they arrange for convalescents to stay in convalescent homes; they arrange in good time, for the placement in healthy families or in children's homes of children whose health is in danger; they organize an emergency service for seriously sick children.

The clinic must also ensure health protection of children in welfare and educational establishments - creches and kindergartens - in its district. Consequently, this basic infant health service is interposed between the family and the hospital and constitutes, in the social, economic and cultural sphere, the principal

governing factor in the evolution of infantile morbidity and mortality. It governs finally, the intake of sick children into hospitals and determines, in consequence, the number of hospital beds necessary under given conditions, for the district which it serves.

It would be erroneous, however, to consider the infant clinic as a community health institution; its function, in the first instance, is to insure and improve the social and health protection of the child in the family which constitutes the basic unit of a community.

From the organizational point of view, the clinic should include the following units and divisions:-

- a consultation centre for infants, young children and pre-school children.
- a nursing service (general consulting rooms including an isolation room, specialists consulting rooms, dental room, etc.)
- administrative, financial, economic and technical service.

In the clinic building there should, therefore, be the following rooms:

- a room for the registration and classification of the children and separation of those with infectious diseases.
- isolation cubicles.
- a waiting room.
- consulting rooms for the doctors.
- a room equipped for minor operations.
- a demonstration kitchen
- a room for the milk bank
- a room for the director of the clinic equipped with a library.
- a room for the administrative, financial and technical staff.
- sanitary installations
- garage for children's carriages
- garage for cars

If the clinic is not in the same building with those for women and children it might also have rooms to house X-Ray equipment and laboratory. Communities with considerable material resources might wish to include in the clinic building a consultation room equipped with two entrances so that the sick children would not need to mix and that the two divisions of the clinic could function simultaneously.

Child health protection would be incomplete if it did not include protection of the school age child and the adolescent. There is no justification for an administrative and technical separation of school age and adolescent child health services from maternal and infant health services. When the child goes to school, he does not stop growing nor does he cease to be, as before, and as essentially, a member of the family unit. It is, therefore, undesirable that there should be a barrier between maternal and infant health services, child health services and general health services. It is equally undesirable that the health measures for school age children should be of a purely preventive nature. Protection for this category should be based as in other cases on the principle of the unity of preventive and curative medicine.

The basic health service for school children should implement appropriate health measures and should take part in the organization and implementation of measures designed to safeguard and improve the mental and physical health of school children and adolescents.

This definition forms the basis for the multiple and complex tasks of clinics for school age children. Before these are formulated, it is essential to determine whether the artificial classification of children into pre-school age and school age has any biological foundation. In other words, it is necessary to determine whether during the period of accelerated socialization undergone by the child on going to school, his health should also become the responsibility of a different doctor. As we have shown, the child does not stop growing when he goes to school; he only passes part of his time in special conditions imposed by the school environment. From the biological point of view and, consequently, from the organizational point of view, it would be preferable that the doctor who had followed the development and growth of the child since the first hours of his life outside the womb should continue to watch for it even after the child went to school. This procedure would not exclude the need for school age children's clinics in developed communities, but would rather imply the need for a new approach to the training of a paediatrician whose field of study would be widened. He should know the fundamentals of school health as well as paediatrics. In other words it would be better that a semi-rural community should have two paediatricians charged with the health protection of children up to the end of their school years than one paediatrician and one school doctor. In a school age children's clinic arrangements must be made for the examination of both sick and

healthy children. Before the children go to school, a check-up should be made on the state of health of the future pupils and appreciation of their physical, sensory and mental attitude for the courses. Such appreciation is an easy task for the paediatrician who has followed the development of the child during the years of attendance at the infant clinic.

The school clinic should continue to make analysis of the morbidity and mortality of school children. It is the clinic which should study the influence of school life and of teaching on the health of the child and which should take the necessary measures to remedy any defect in these programmes. The clinic should deal with vaccination, revaccination and take all necessary measures against infectious diseases. It should also arrange for systematic check-ups of school children in order to get a clear idea of the degree of development, of the food, and of the general state of health of the pupils. This would permit an early recognition of various physical, mental, sensory and behaviour defects in the children and enable those suffering from such defects to be sent, in good time, to appropriate health institutions or special schools. Anaemic, lymphatic and sickly children could be sent individually or in groups to convalescent homes and children whose health was in danger could be sent to the other families or to holiday homes. It should be through the clinic that a judicious selection is made of the children who should be sent to holiday homes and the doctors would be able to decide on the appropriate climatic region to which each child should be sent from the information at their disposal regarding the child's constitution and general state of health.

The children's clinic should arrange for regular visits of the staff (teacher etc) employed in educational, technical and health institutions for children. The clinic will give full health protection to school age children if its programme also includes the following items:

- health education amongst educational workers, parents and pupils.
- the organization of meetings between health educators, parents and teachers to discuss the physical, mental and emotional development of the children and the adolescents.
- assistance to the family to improve hygienic conditions in the pupils' homes
- collaboration with educational bodies in construction programmes for school buildings



- control of hygiene and conditions of work in schools and other establishments for school age children
- collaboration in the establishment of teaching programmes.
- collaboration in the organization and work of school canteens, etc.

Doctors from the child clinic should give medical aid to sick children. Through the clinic, sick children can be cared for at home or sent for treatment in other health establishments. In collaboration with other health institutions, the clinic should work to correct sensory, mental and physical troubles and should assume the treatment of pupils who, socially speaking, adapt themselves with difficulty to the school environment and show signs of behaviour defects, etc. All the work of the clinic should be based on exact information contained in health record cards which will permit a regular transmission of reports on its activity to the competent institutions and authorities.

#### Organization and structure of the children's clinic

As regards organization, the children's clinic should include the following services:

- a systematic service of visits and check-ups.
- a service for visits for sick children
- a dental Office.
- financial, administrative and technical services.

If the clinic is not working as a corollary to a clinic for children of 0 to 7 years, it will be necessary if it is a large clinic, to provide rooms for specialists, Rays and a laboratory.

The clinic should contain the following rooms:

- a room for the registration and classification of the children and separation of those with infectious diseases.
- isolation cubicles.
- a waiting room.
- a dressing room
- a weighing room with card index
- a doctor's consulting room
- a room equipped for minor operations
- a room for the administrator. equipped with a library

- a room for the administrative, financial, economic and technical staff
- sanitary installations for the children and staff

The clinic should be administered by a paediatrician with a knowledge of hygiene.

Relations between the Maternal, Child and Adolescent Health Services with In-Ward Maternity Services - Obstetrics and Infant Health Divisions.

It is essential that the closest collaboration should be maintained between the maternal and child health services and the obstetric and infant health services. It is extremely difficult to maintain continuity in controlling the health of woman and child and adolescent without collaboration. The ideal solution would be a unified administration of these services; the directors of the clinics would be at the same time the heads of the corresponding departments. The medical personnel working in the clinic and the divisions administered by them would acquire a clearer idea of the lead by the woman and the child in the family environment and the divisions would become branches of the clinic. In this way, a contribution would be made towards the unification of preventive and curative medicine while, at the same time, the medical personnel would be given a wider outlook as they learn to consider human beings not only as physico-mental units but as psycho-sociological entities.

Relations between the Clinic and Political and Administrative Authorities of the district.

In most countries, there is a tendency to entrust the administration of the maternal, child and adolescent health services to a doctor already charged by the administrative and political authorities of the district with the responsibility for dealing with all problems concerning the health protection of the population. In countries where there is a rigid centralization, this doctor is responsible for health policy both to the administrative authorities of the community and to the administrative and health authorities of the district. In this case, it is usually felt that the health personnel working in the centre represent only, in fact, a local executive organ of the state health policy. This attitude towards the organization of a health service can have unfavourable consequences. It is, indeed, a mistake to make the administration of a health service follow a rigid and inflexible pattern because this procedure can only have the result of discouraging health workers and of excluding any possibility, on a local level, of bringing into action those groups which

an active interest in health problems. The regulations governing the administration of maternal and child health services on the local level should include provision, in various degrees, for the administrative autonomy of these services in accordance with the general economic, social and cultural development of the community. In other words, in so far as general conditions are favourable, the gynaecologists, paediatricians, chief midwives and chief nurses of the Centre should be able to take part in the consultative technical and planning council which would serve as a consultative body to the administrator responsible for the health service on all matters concerning maternal and child health. The tasks of the Centre on the local level can be summarized as follows:

- the Centre is responsible for maternal, child and adolescent health services in the community where it is situated.
- the Centre is responsible for technical and planning control of the health Centres in the villages of the district.
- it collects and analyses all the data concerning maternal, child and adolescent health services and submits reports to the consultative technical and planning council of the community which, after further analysis, transmits them to the higher administrative authorities.
- it makes a systematic appreciation of the maternal and child health programme within the district.

Functions of the Consultative Technical and Planning Council.

- establishing the general policy of maternal, child and adolescent health services in the community.
- elaboration of programmes adapted to the needs and possibilities of the community.
- participation in the work of the consultative planning councils of the district.
- collaboration with all bodies interested in maternal, adolescent and child health.

In rural districts organized as administrative units whose administrative centre is in a rural community, there is usually only one doctor who has the responsibility of dealing with all health problems. He is at the same time the only doctor of the health centre. It is essential that he should be assisted by a midwife and nurse. Although a general practitioner, he provides in the centre a service of consultations

for mothers, children and adolescents. In the rural communities, which make up the larger part of almost all underdeveloped countries, it is necessary by careful planning of the health centre buildings to make it possible for the doctor to hold examinations of women, children and adolescents in rooms specially provided for this purpose.

In many villages, it is the nurse or midwife who is solely in charge of the health protection of the population. In their multiple activities, this medical personnel needs systematic help from the doctor who should give them regular guidance in their work and carry out the medical visits needed by patients in the village.

No attempt has been made in this paper to study the organization of maternal and child and adolescent health services on the district (intermediary) and national levels. However, it would be highly desirable that in regulations governing the relations between the various administrative levels the principle should be laid down that these relations be based on technical and planning coordination rather than on technical and planning control. The regulations should, with respect to the health service, provide for the possibility that the maternal and child health service might pass to a higher level which would inevitably lead to a greater degree of technical and planning autonomy for that service. This could have no other result than the encouragement of the general development of the health service which would keep in step with the general, economic, social and cultural development of the country.