New Trends and Approaches in the Delivery of Maternal and Child Care in Health Services

Sixth Report of the WHO Expert Committee on Maternal and Child Health

chnical Report Series

World Health Organization, Geneva 1976

This report contains the collective views of an international group of experts and does not necessarily represent the decisions or the stated policy of the World Health Organization.

WORLD HEALTH ORGANIZATION

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WHO EXPERT COMMITTEE ON MATERNAL AND CHILD HEALTH

Geneva, 9–15 December 1975

Members

Dr Wilma Hercules de Aparicio, Chief, Maternal and Child Health, Ministry of Health, San Salvador, El Salvador

Dr E. Duenas Gomez, Head, National Paediatric Advisory Group, Ministry of Public Health, Havana, Cuba

Dr J. K. Harfouche, Professor of Maternal and Child Health, Chairman, Department of Community Health Practice, School of Public Health, American University of Beirut, Lebanon (*Vice-Chairman*)

Dr N. Kisljak, Professor of Paediatrics, Deputy Minister of Health of the Russian Socialist Federative Soviet Republic, Moscow, USSR

Dr M. K. Krishna Menon, Emeritus Professor of Obstetrics and Gynaecology, Madras, India (*Chairman*)

Dr M. R. G. Manciaux, Director-General, International Children's Centre, Paris, France (*Rapporteur*)

Dr O. Ransome-Kuti, Professor and Head, Department of Paediatrics, College of Medicine, Director, Institute of Child Health, University of Lagos, Nigeria

Dr J. Wright, Secretary-General Ministry of Public Health and Social Affairs, Ministry of Health, Niamey, Niger

Miss J. I. Yabes, Associate Professor of Public Health Administration, Institute of Public Health, University of the Philippines System, Manila, Philippines

Representatives of other organizations

United Nations Children's Fund :

Dr G. P. Sicault, Consultant, UNICEF, Paris, France

United Nations Development Programme :

Dr Abul Fazal Mohammed Burhanuddin, UNFPA Public Health Specialist, United Nations Development Programme, New York, NY, USA

International Federation of Gynaecology and Obstetrics :

Professor R. J. Vokaer, Free University, Brussels, Belgium

International Confederation of Midwives :

Miss A. Ebbs, Divisional Nursing Officer, Obstetrics and Gynaecology, Southampton and South West Hampshire Health District, Southampton General Hospital, England

International Paediatric Association :

Dr A. Mégevand, University Paediatric Clinic, Geneva, Switzerland

International Planned Parenthood Federation :

Dr A. Aroso, Chief, Department of Gynaecology of Santo Antonio Hospital, Oporto, Portugal

Population Council :

Dr G. I. Zatuchni, Associate Director, Population Council, Inc., New York, NY, USA

Secretariat

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Dr A. Petros-Barvazian, Chief, Maternal and Child Health, WHO (*Secretary*)

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Dr J. D. Wray, Visiting Professor, Maternal and Child Health and International Health, Harvard School of Public Health, Boston, MA, USA (*Temporary Adviser*)

Dr A. Zahra, Director, Division of Family Health, WHO

NEW TRENDS AND APPROACHES IN THE DELIVERY OF MATERNAL AND CHILD CARE IN HEALTH SERVICES

Sixth Report of the WHO Expert Committee on Maternal and Child Health

The WHO Expert Committee on Maternal and Child Health met in Geneva from 9 to 15 December 1975 to consider new trends and approaches in the delivery of maternal and child care in health services. Dr W. H. Chang, Assistant Director-General, opened the meeting on behalf of the Director-General and welcomed the members of the Committee and the representatives of the United Nations Children's Fund, the United Nations Development Programme, the International Federation of Gynaecology and Obstetrics, the International Confederation of Midwives, the International Paediatric Association, the International Planned Parenthood Federation, and the Population Council.

1. INTRODUCTION

The Expert Committee first reviewed the present worldwide trends in the health of mothers and children, using available information on mortality, and also discussed the importance of morbidity, growth and development, and reproductive health as indicators of health and the problems of collecting and analysing these data. The Committee felt that it was important to redefine health problems and adapt the delivery of care in the light of recent social and environmental changes in order to determine the kinds of care needed and the priorities for maternal and child care. This accords with the terms of the Constitution of the World Health Organization requiring WHO " to promote maternal and child health and welfare and to foster the ability to live harmoniously in a changing total environment ".[a]

[a] WORLD HEALTH ORGANIZATION. *Basic documents*, 26th ed. Geneva, 1976 (Constitution of the World Health Organization, Chapter II, Article 2 (*l*), p. 2).

In considering the wide range of activities covered by maternal and child health (MCH),[a] the Expert Committee focused mainly on the major problems of the *developing* countries and discussed the general principles and problems involved in achieving maximum coverage, particularly for large underserved populations and as part of primary health care. It was emphasized, however, that the classification of countries into " developed " and " developing " does not always correspond to the actual health situation since, in fact, " developing pockets " exist in many industrialized countries, and the converse is also true.

The Committee endorsed the aims of maternal and child health care defined in the Fifth Report—namely,

> " The objectives of maternal and child health (MCH) services begin with the immediate health problems of mothers and children and extend to health throughout life and to community health. Through concern with child development and the health education of parents and children, the ultimate objective of MCH services is lifelong health. The effect of careful and informed mothering on the health of the entire family and the relation of family health to community health are important factors in individual, community and national development ".[b]

The specific objectives of MCH can be summarized as the reduction of maternal, perinatal, infant, and childhood mortality and morbidity and the promotion of reproductive health and the physical and psychosocial development of the child and adolescent within the family.

The Committee recognized that the health of mothers and children is also closely related to the general health of the community and is directly influenced by the prevailing socioeconomic conditions. Thus, inputs from health and other sectors are essential for improving the health of mothers and children. Within the health sector, measures that improve public health generally will be of most benefit to mothers and children since they have additional requirements for reproduction, growth, and

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[a] The term " maternal and child health " used without qualification refers to the broad and currently accepted meaning of promotive, preventive, curative, and rehabilitative health care for mothers and children, and thus includes the subareas of maternal health, family planning, child health, school health, handicapped children, adolescence, and the health aspects of care of children in special settings such as day care.

[b] WHO Technical Report Series, No. 428, 1969 (*The organization and administration of maternal and child health services :* fifth report of the WHO Expert Committee on Maternal and Child Health), p. 5.

development, and are thus biologically more vulnerable to environmental influences and in need of special care. In addition to general health measures, specific health care interventions are required in pregnancy, childbirth, and childhood.

The Expert Committee discussed trends and new approaches in MCH care mainly in relation to three problem areas.

(1) *Recent knowledge of health problems in mothers and children.* This would include a better understanding of the multifactorial origins of the main health problems of mothers and children ; the constant interaction between the biological needs of the growing individual and the influence of the physical and psychosocial environment ; the importance of nutrition to overall health and fetal and childhood growth and development ; increasing knowledge about the prevalence and consequences of low birth weight ; the impact of fertility regulation on improved family health, particularly that of mothers and children ; and the possible importance of health and behaviour during adolescence to the future outcome of pregnancy.

(2) *New approaches in the delivery of care.* These would include development of national and local strategies for the delivery of an MCH "package" adapted to the needs of the population, special attention being given to nutrition, infection, and fertility regulation, the flexible and rational utilization of existing resources for improved MCH coverage within primary health care, active community participation, and the importance of an intersectoral approach linking health activities for mothers and children with the health-related activities of other sectors, from the family unit to the planning level. All other health system activities should be reoriented to provide support for integrated care at the primary level with emphasis on the special needs of mothers and children.

(3) *The reorientation of training and education for personnel at all levels.* Education and training should be made more relevant to the needs of populations and the tasks to be performed in primary health care. Conventional didactic training programmes based on curricula formulated in highly industrialized countries are inappropriate for developing countries. An alternative approach is highly desirable ; this would involve flexible training programmes adapted to local needs and based on in-service learning under realistic conditions. In addition, unconventional manpower resources in the community should be used to provide health care, particularly for mothers and children.

2. THE HEALTH STATUS OF MOTHERS AND CHILDREN: PRESENT SITUATION AND RECENT TRENDS

Maternal and child health status is assessed through measurements of mortality, morbidity, and growth and development. In many countries negative health indices (mortality rates in particular) are still the only source of information, making any comparison on an international basis of positive health indicators rather difficult. On the national level, mortality data are the most reliable indicators of maternal and child health and are available for a number of countries. Their major limitation as an indicator is that they are relatively insensitive, especially in more affluent areas where health criteria are highly refined, and other indicators of health are required to demonstrate the real health picture. Morbidity data are scarce, poorly standardized, and cannot be quantified; thus there is little scope for comparison of these data, even in areas where health statistics are well developed. Growth and development data constitute a comprehensive and sensitive indicator specific to child health before and after birth and can be used as a positive indicator of outcome of pregnancy and of child health. In recent years, health workers and scientists have given more attention to systematizing the collection, interpretation, and dissemination of data on growth and development, but much remains to be done in this field.

The roles of environmental and socioeconomic factors in morbidity, mortality, and growth and development have been further clarified during the last decade, and the multiple causation of the main health problems of mothers and children has been better documented, particularly for countries where data were not previously available. It is important to note in this connexion that, from the global point of view, the priority health problems of mothers and children are related to the synergistic effects of malnutrition, infection, and unregulated fertility together with poor socioeconomic conditions, including scarcity of health and other social services.

The Committee therefore reviewed available data on the present picture and recent trends of levels of maternal and childhood (various age groups) mortality and morbidity and also the main causes and major factors influencing mortality trends, highlighting some aspects of patterns of growth and development, both fetal and childhood (including adolescence). This information is summarized in the Annex to this report since the Committee felt that, in addition to serving as essential background material for the discussions on delivery of MCH care, the statistical tables and analyses are of considerable value for service,

teaching, and research purposes in public health, especially to maternal and child health.

3. SOCIAL AND ENVIRONMENTAL CHANGES

3.1 Social changes

The Committee acknowledged that the range of environmental factors influencing the health of mothers and children is broad and complex. They felt, however, that attention should be focused on those social aspects of the changing environment that play an ever-increasing role in the determination of maternal and child health.

Throughout the world, social and economic developments are producing profound changes in the nature of the social environment of mothers and children. In the developing countries particularly, a growing section of the population is being increasingly caught up in a cycle of poverty and ill-health that touches on every aspect of their lives and affects the vulnerable groups, i.e., mothers and children, most seriously. At the same time, it is becoming obvious that maternal and child health delivery systems as traditionally conceived, designed, and provided are far from being able to meet the wide range of needs of mothers and children whose situation, aggravated by poverty, places them at high risk from debilitating disease and death. In both urban and rural areas malnutrition, undernutrition, communicable diseases, unregulated fertility, and the complications of pregnancy, childbirth, and early infancy take a high toll of life and restrict potential productivity.

If MCH care programmes are to be effective in the contemporary, changing social environment they must concern themselves not only with the immediate causes of morbidity and mortality but, more importantly, with the types of social organization and the values, aspirations, and particular problems that characterize the lives of underserved populations. There is no other period in the human life span when beliefs, customs, and values affect health and health care as much as they do at the time of pregnancy, childbirth, and childhood.

3.2 Environmental changes

3.2.1 *Urbanization*

The problems manifested in inner city and peri-urban slums and their ramifications are not new in developing countries but they are

increasing along with rapid urban development. Newcomers to cities from rural, agricultural areas usually move into the poorest sections of cities. Sanitation is poor in these areas and the populations are especially vulnerable to communicable diseases. This situation is exacerbated by widespread nutritional deficiencies, common to all poor people.

Unplanned migration to cities, motivated by the desire for employment but not always justified by the demand for labour or the standard of living the available jobs provide, has accelerated rapidly in recent years. The newcomers, underemployed, economically insecure, and socially disorganized, form the basis of a massive population that is marginal, if not external, to the health and other social services where these exist and are available.

Urban life dictates involvement in a cash economy, which for the majority of people means depending upon regular employment or self-employment for an income level commensurate with food and housing costs. For a poor mother it means limited access to food, limited possibilities for providing adequately for her children, and hence an immediate need to enter the labour market. Women in traditional economies have always constituted a significant part of the labour force ; in fact, they provide vital support for the family. However, urban industrial labour imposes special demands on the working mother. Distances between home and workplace, inflexible working hours, and inability to supervise children while working result in a radical departure from traditional child-rearing practices, which affects the health of both mother and children. In urban areas there is an almost universal trend from extended to nuclear family systems, and also some changes in childbearing and child-rearing patterns. There are limited alternatives for child care for these families, a major one being day-care services for children. Ideally, this is a useful development but for various reasons day-care centres have often been inadequately planned, serviced, or supervised and in many situations they are simply not provided at all (see Day care, p. 23).

In many developing countries where young, single people form the majority of those migrating to the cities, leaving home often means a break with cultural and social traditions in courtship, marriage, and reproductive patterns. In traditional cultures preparation for family life, including sex education, and also the responsibilities of child-rearing were often assumed or shared by elders and governed by a complex system of rites and informal teaching. Much of this has been eroded with little to replace it. This is one of the factors in the growing problem of early unplanned reproduction and weakened family ties.

3.2.2 *Rural areas*

It is estimated that between 60% and 70% of the world's population currently lives in rural areas and that for a high proportion there are no organized health services of any kind. In many cultures traditional and indigenous systems of medicine have been evolved but for the most part these have not been able to meet the health needs of mothers and children.

The various changes that have taken place throughout the world in agricultural production systems and growing demands on food supplies have worsened the health situation in rural areas. Subsistence-style farming, for instance, has been largely replaced by cash crop agriculture geared to external markets rather than to the needs of the rural population. This has contributed significantly to changed nutritional habits and in many cases has severely impaired the ability of rural people to satisfy their own nutritional needs.

Often, because of their isolation, relatively weak political representation, and poor community economic circumstances, rural areas have not developed adequate water and sanitation facilities and depend on transportation and communication systems that are not really adequate for their needs. The loss of young people through rural–urban migration, which is both a response to and precursor of unsatisfactory rural living conditions, has deprived many communities of essential local resources and in so doing has reduced the political strength of these areas and limited the possibility of their attracting the types of service and development they require.

Women are often heavily involved in the work patterns of rural agricultural areas. In many societies they have historically been a principal source of field labour as well as fulfilling domestic duties and bearing and rearing children. Their status in traditional social systems is typically low and they enjoy few opportunities for self-improvement or social development. Changes in rural environments, especially the rationalization of agricultural production systems, have in many instances served to place additional burdens on women and have inevitably contributed to modification of child-rearing patterns.

While communications between villages and cities is often limited, many aspects of modern life have been gradually introduced into rural areas. Infant-feeding patterns, for instance, are changing and commercially prepared infant foods are gaining ground in some places. For mothers in rural areas, however, the cost of such foods often represents a significant part of their earnings and limits the possibility of using that