

Maternal Neonatal and Child Health (MNCH) Integrated Package

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**Training Course in Reproductive
Health Research**

Vientiane, 25 September 2009

Outline

- What is the MNCH integrated package
- Why has been developed
- What is the content
- How it is organised
- Why integration is important for MNCH
- Challenges
- Next steps

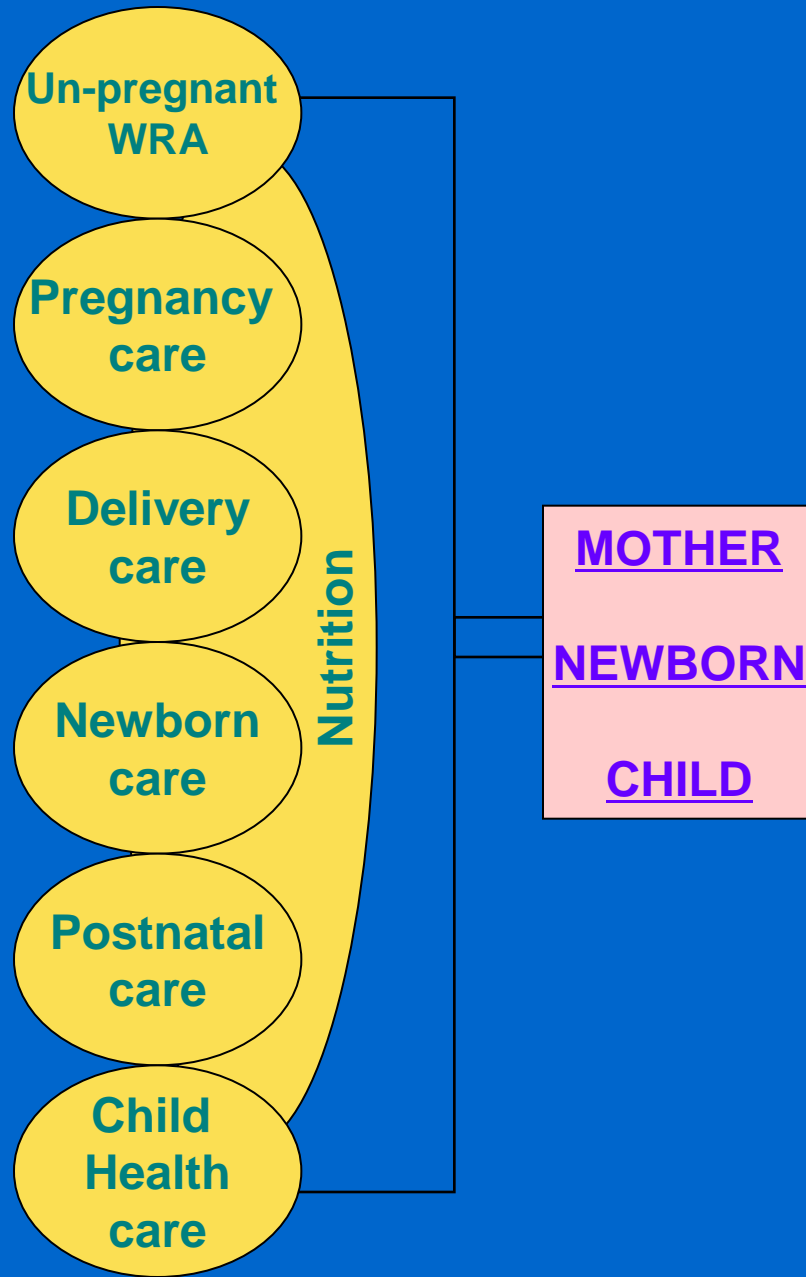
What is the MNCH Package?

- It is an integrated approach for the care of mothers, newborns and children
- It includes essential evidence based interventions likely to improve MNCH survival and nutrition
- It aims to coordinates all existing efforts and resources for MNCH and further for Primary Health Care (PHC) services
- It is a phased approach which is built on the existing structure with focus on improving the delivery system

Why to develop a MNCH package?

- To respond to the health and nutrition needs of women, newborns and children under 5 years old
- To accelerate progress towards the achievement of MDG 1, 4 and 5
- To improve efficiency, quality and utilisation of the MNCH services

What is the content of the MNCH package?



Evidence based interventions likely to improve survival, health and nutrition of women, babies and children

Most interventions are already implemented by existing programs (MCH, EPI, nutrition), but some are new or require some changes and new is the concept of integration

They will be delivered along the continuum of care

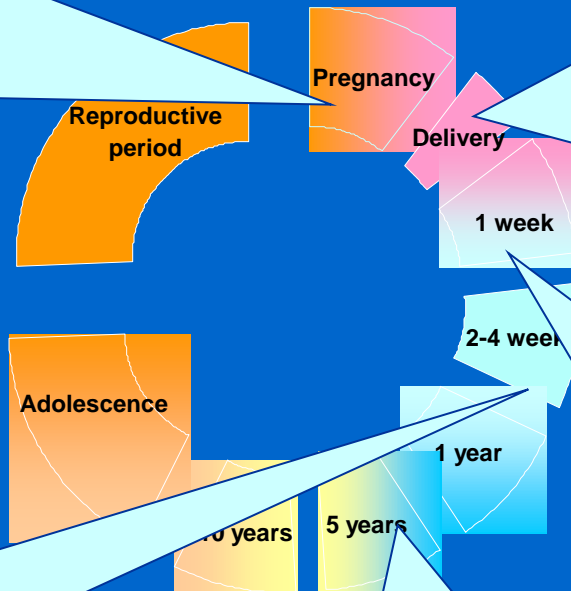
Priority actions for maternal, newborn and child health along the life cycle

PREGNANCY

- Tetanus toxoid immunization
- Nutrition (iodine, iron, balanced energy-protein supplementation)
- Management and prevention of maternal infections (STIs, malaria)
- Detection of maternal complications (eclampsia)
- Breastfeeding counseling

LATE NEONATAL PERIOD

- Exclusive breastfeeding
- Appropriate hygiene
- Recognition of danger signs
- Prevention and management of illness



DELIVERY

- Basic care for every delivery (clean, safe, emergency obstetric care)
- Early detection and prompt management of complications, including neonatal resuscitation

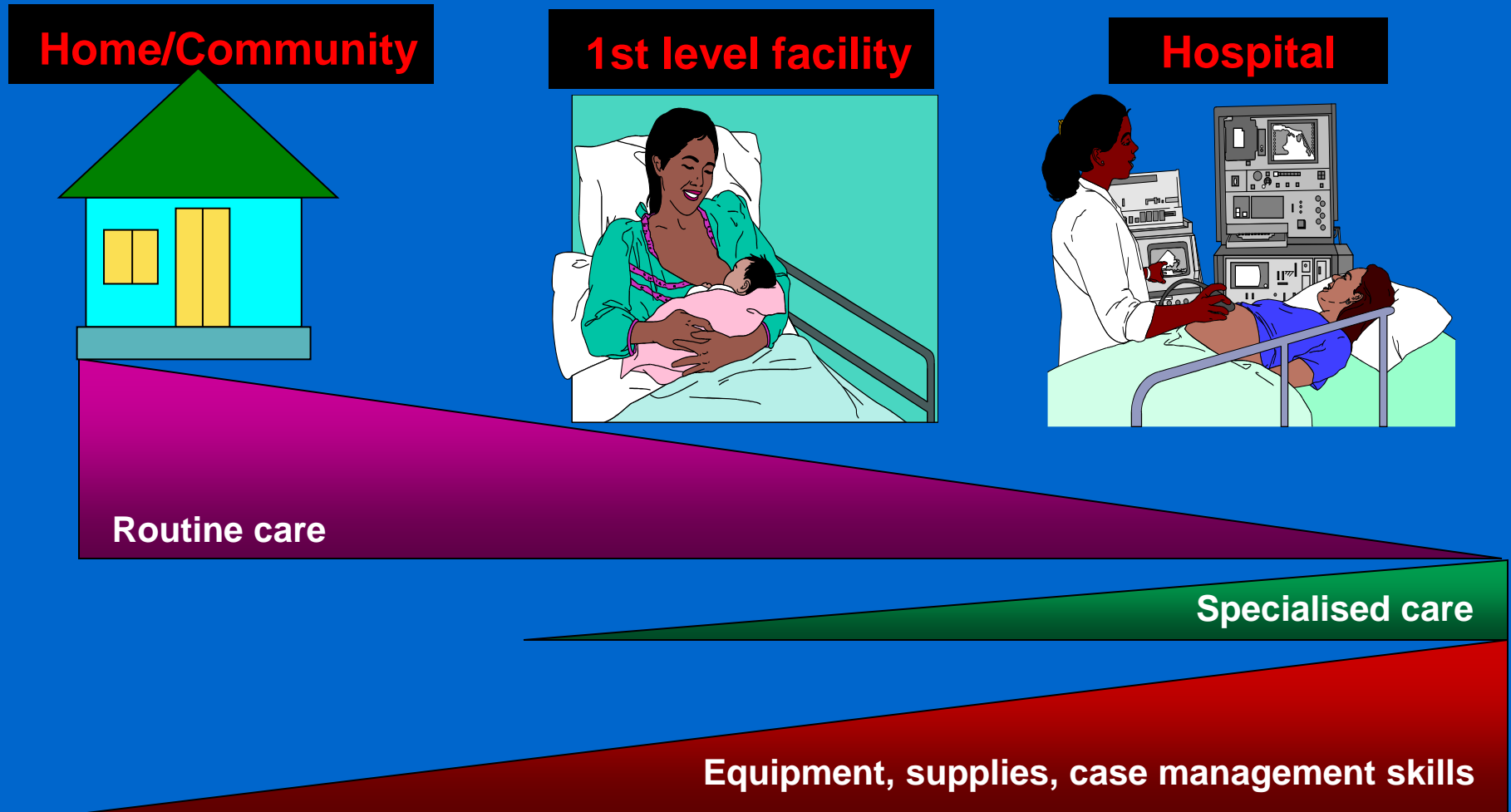
EARLY NEONATAL PERIOD

- Essential care for every newborn (drying, warming, prophylactic eye care, prevention of hypoglycemia)
- Early detection and treatment of complications
- Special care for babies with special needs

CHILDHOOD

- IMCI
- Prevention and management childhood illnesses
- Immunization
- Nutrition interventions

Provide care from home to the referral level



What is the content of the MNCH package?

Care of un-pregnant WRA	Community	Outreach	HC	DH B	A	CH/ PH
Information or counselling	O	O	O	O	O	O
Condoms and oral contraceptives	O	O	O	O	O	O
Injectable		Δ	O	O	O	O
IUD			Δ	Δ	O	O
Vasectomy, tubal ligation				Δ	O	O

O: Essential services Δ: Optional services

Pregnancy care	Com	OR	HC	DH B A		CH/ PH
4 routine antenatal care visits		Δ	O	O	O	O
De-worming	O	O	O	O	O	O
Iron & folate supplementation	O	O	O	O	O	O
Two doses of TT immunization or at least three in the past		O	O	O	O	O
Use of insecticide-treated bed nets from prenatal to postnatal	O	O	O	O	O	O
Monitoring progress of pregnancy and assessment of maternal and fetal well being			O	O	O	O
Detection of pregnancy problems (e.g. anaemia, hypertensive disorders, bleeding, mal-presentation, multiple pregnancies)			O	O	O	O
Syphilis testing			O	O	O	O
STI/HIV risk assessment and counselling			O	O	O	O
Information and counselling on self care at home, nutrition, sexual activities, breastfeeding, family planning, healthy lifestyle	O	O	O	O	O	O
Mobilization of delivery in health facility, birth and emergency planning, advice on danger signs and emergency preparedness	O	O	O	O	O	O
Back up antenatal care if complications				Δ	O	O
Treatment of abortion complications				Δ	O	O

Childbirth care	Com	OR	HC	DH B A		CH/ PH
First level delivery care including partograph, AMTSL, injectable antibiotics, oxytocin, magnesium sulphate, neonatal resuscitation			O	O	O	O
Back up EmONC including above plus vacuum extraction, manual removal of placenta, manual vacuum aspiration				O	O	O
Back up/comprehensive EmONC including above all functions plus Caesarean Section, blood transfusion					O	O
Newborn care	Com	OR	HC	DH B A		CH/ PH
Immediate newborn care (thermal protection, cord care, assess breathing, initiation of exclusive breastfeeding, infection prevention, eye prophylaxis)	Δ	Δ	O	O	O	O
Neonatal resuscitation	Δ	Δ	O	O	O	O
Information and counselling on home care, breastfeeding, hygiene, advice on danger signs, emergency and follow-up	O	O	O	O	O	O
Immunization according to the national guidelines (BCG, HepB)			Δ	O	O	O
Special newborn care				Δ	O	O

Postnatal care	Com	OR	HC	DH B A		CH/ PH
Information and counselling on home care, breastfeeding, hygiene, advice on danger signs, emergency and follow-up	O	O	O	O	O	O
Routine postpartum maternal care (up to 6 weeks)		Δ	O	O	O	O
Postnatal newborn care (within 7 days)	Δ	Δ	O	O	O	O
Child health care	Com	OR	HC	DH B A		CH/ PH
Promotion of breastfeeding and complementary feeding	O	O	O	O	O	O
Micronutrient supplementation	O	O	O	O	O	O
Routine immunization of the child		O	O	O	O	O
TT+2 immunization to women of reproductive age to protect neonatal tetanus		O	O	O	O	O
Outpatient care of the sick child (IMCI)		Δ	O	O	O	O
Hospital care of the sick child (IMCI)				O	O	O
Community IMCI	O					
Use of insecticide-treated bed nets	O	O	O	O	O	O
De-worming	O	O	O	O	O	O

Why integration is important for MNCH service delivery?

- To reduce missed opportunities – particularly important when coverage is low and needs high
- To reduce duplication of efforts – particularly important when resources are limited
- To make better use of resources (infrastructure, staff and client's time, funds) – important when quality is low

Status of integration of MCH-FP-EPI-Nut services (% of opportunities that provided services)

During ANC

N=94

Services	Iron/ folate [†]	TT2+* [†]	Discuss delivery places [†]	Advise Breast feeding	Advise Nutritio n	Advise FP	Malaria informa tion
%	90	56	70	91	88	73	77

Missed opportunities

[†] Data of Vientiane C are not included since these questions were not asked

* Mothers who already received TT 5 times at first visit to ANC are excluded.

Status of integration of MCH-FP-EPI-Nut services (% of opportunities that provided services)

During delivery attendance*

N=77

Services	Mother with Vit.A*	Advise Excl. BF	Advise cord care	Advise PNC	Advise FP
%	47	80	78	66	29

Missed opportunities

* Attended by health facility staff regardless place

* * Data of Vientiane C are not included

Status of integration of MCH-FP-EPI-Nut services (% of opportunities that provided services)

During PNC and EPI

Service contact opportunities		Simultaneous services provision				
		Mothers' iron	Mothers' Vit.A	Advise EBF	Weigh baby	Advise FP
PNC (N=51)		73	40	84	68	68
EPI	At facility (N=66)			71	55	58
	Outreach (N=56)			61	38	57

Missed opportunities

Constraints

- Insufficient Health System Capacity
- Fragmented Responsibilities
- Lack of Investment and out-of-pocket expenses
- Availability and quality of services
- Access and utilization of services
- Insufficient Human resources
- Poor Knowledge and Practice at Household level
- Not enough community participation



**Thank you
for your attention**