

Pregnancy complications are the main cause of mortality

?when mortality occurs

A: .during pregnancy and 42 weeks after labor

?why we should know the complications

A: .to prevent mortality at early stages

***complication**

1/ anemia (could be cause by 3btype)

1: **hemodilution** >normal blood volume (4-5)

>during pregnancy (6)

2: bleeding

3: iron deficiency (the more she get pregnant, the more she get the deficiency)

{Sometimes folic acid deficiency}

Hemoglobin concentration in anemia

10-12(mild)

8-10(moderate)

<8(sever)

Symptoms of anemia

Pale, headache, shorten of breath, physical loss.

2/ gestational diabetes (سكري الحمل) (no symptoms)

: high risk :(obesity, already has diabetes, family history of it)

\$gestational diabetes affect the mother and fetus (the baby has extra growth retardation, over weight by 5kilos and he get hypoglycemia

So we should monitor the mother insulin levels

3/blood pressure (2 types)

1: essential hypertension (not curable)

She has it before pregnancy

2: pregnancy induced hypertension

Pregnancy cause the hypertension after 20weeks (70% get it after 30 week)

Curable

#signs of induced hypertension

(Edema, hypertension, proteinuria)

4/ Preeclampsia

Risk factors (obesity, increase weight)

Normal increase during pregnancy (8-11)

Risk increase (15-18-20-25)

Preeclampsia (could reach seizure) and to cure the situation, we have t terminate the pregnancy (usually after 30week)

5/ miscarriage (before 20 week)

Preeclampsia symptoms (start after 20 week)

When symptoms reach dizziness, headache then it is sever Preeclampsia

Premature (before 30 week)

Differences between Preterm and low weight pregnancy

Preterm (28-36) week

Low weight (after 36week, retardation in growth)

Most frequent morbidities in world (developing (نحفظ اول 6)

Arranged from most to least

*still birth (طفل ينولد ميت في اخر ساعات الحمل او اثناء الولادة)

· (in tubes, خارج الرحم Ectopic pregnancy)

Risk factor of anemia

Developing (56%)

Developed (18%)

World (51%)

Risk factors of maternal and anemia please refer to slides

Let's continue talking about maternal morbidity

**long time ago preeclampsia was the first cause of morbidity, but with the development it dropped and hypertension became first

In Jordan we still have high maternal morbidity

**you have to memorize the first 5-6 points of causes in Jordan

Hypertension dropped because of proper antenatal care

The morbidity situation:

In developed 10%

In Jordan 60%

(These are the total rate)

This indicates that Jordan is closer to the developing world

Things to keep in mind:

1-total morbidity rate: 60%

2- Morbidity during pregnancy: 41.3%

3- Postpartum: 18.7%

(these are in Jordan)

The more cesarean delivery surgeries the less developed we are!

Why? Because this means we have poor prenatal services

**notice that this could be selective cesarean, this leads to higher rates (this selective opinion is only in private centers not governmental)

The main way to have labor is natural way in Jordan, because in 1985 the study showed that cesarean surgeries causes high mortality rate

Anemia:

Prevalence rate of anemia is high!

*we can avoid enrollment by having a good pre-conceptional counseling

What should we do to drop the anemic rate? Give the women iron supplements (but the rate is still high)

**each country has its own policy >>1-priority, 2-the economic condition

Pregnant women are sensitive to infections:

1-because of low immunity

2- Her urinary tract become stasis (the most infectious agent her is bacteria- E.coli)

Maternal mortality:

Maternal: pregnancy +labor+42 days after labor

In developing world the highest cause of death is pregnancy related diseases!

How to decrease mortality?

1-good delivery

2- Rich antenatal care services

(We still have high mortality rates in comparison with developed countries)

** Poverty (important): due to poor hygiene, poor nutrition, poor education, some women are not subjected (the priority is mainly for the high risk group)

The risk of mortality of infants to be (still birth) is higher here!

99% of cases that are shown in the graph (worldwide) reflect the developing countries

*bleeding is still high cause of mortality in both Jordan and the world!

Indirect causes are only 20% >>like accidents, cardiac failure, cancer

So 80% are directly related to pregnancy so preventing these complications >>we can lower the mortality rate.

Why do we give high priority to maternal-child health?

1-they form more than half on the society

2-the difference between us and the developed is high

(Jordan is lower than the developed, but higher than developing)

Why the rate is so low in developed?

1-high quality of services

2-accessible (they reach those who can't go)

The goal in Jordan was to drop the rate to 70% by 2015, but it dropped to 50%

We notice that the drop in rates of developed are less because the original rate was low

Maternal mortality is considered a difficult indicator of health services:

1-it's complicated

2-needs high budget

(The percentage of maternal mortality in Jordan is imp)

Hemorrhage >>25%

Family planning and contraception:

Knowing the side effects and pregnancy complications let us know what contraceptive methods we should give our clients (if the patient had a history of ectopic pregnancy we can't put IUD)

Why do we need family planning??

Because we have a high growth rate and high fertility rate (now it dropped by 50-70%)

The goal is to reduce fertility rate less than 3 >>but this is not always true and available because of cultural wise!

Family planning services were limited because of embarrassment related to this subject, now it's opened to discuss

The chart about mortality >>use of contraceptive ways decreased the infant mortality

(In the slides you have to memorize the highest, lowest, 2012)

- the use of contraception is an indicator of planning and fertility

The most important rates by 2016

Total, modern, traditional

**the modern are the highest >>because those who recorded the numbers went to the clinic to use modern ways mostly and those who use the traditional way won't go to the clinic

19% is supposed to be higher but as we said those who recorded went for the modern ways

Source of contraception methods:

1-non-governmental

2-private sectors (mainly)

Jordan is the highest in region

Infant and child care :)

Perinatal care services are important to have a healthy pregnancy, thus preventing congenital abnormalities. This is also carried out by good nurseries

WBC: well baby clinic

To follow up the child from birth until five years of age

What's the difference between develop and growth?

Developmentally

Growth: physically

Vaccinations: are important because infectious diseases are on the top of the list for morbidity

Day care centers: services for those under 5 above 2

**its imp to make sure that u put your child in a good nursery (this is covered in rich countries)

Children in age (6-18) have school health

Handicaps>>should be taken care of mentally and physically

Perinatal and newborns care reduce the mortality rate (because the mortality is at highest at birth)

75% die in the first week

Perinatal: last week of pregnancy +first week of birth

It's important to know who's attending the labor:

In some cases in high risk so we need specialist (as in preterm)

Why home deliveries are dangerous?

- 1- No infectious control
 - 2- No management of complications
- (These are in developing world)

Psychological support: warmth and breast feeding

7 out 13 mortality happen Perinatal

Low birth and >>retardation, less than 2.5 kg

Premature >>didn't complete 40 weeks

Complications among pregnancy >>in developed countries they reach those who don't come to the clinic (that's why they have a low mortality rate)

Causes of Perinatal mortality:

The top of the list: low birth

Diarrhea cause mortality because of dehydration and hypovolumic shock

We use ORT (oral rehydration therapy)

Normal children have long periods of time between each visit and the next one so the total is (7-8)

If abnormal they have to visit more

****infant morbidity:**

Infant morbidity rate: we talk about the first year

Low birth, premature >>on the top of the list

Hyperbilirubinemia >> more in premature and low birth (in severe cases we do blood transfusion)

The more time the child spend in hospital =higher morbidity

Premature, low birth >>low immunity (fragile morbidity)

Feeding problems: not able to suck milk, failure to thrive

Child health diseases:

In Jordan

ARI: acute respiratory infection

Fever: because of infection

The most common cause >>anemia (we have high rates, so we need to give high priority for preventive services) like iron, school health...

ARI: in developing countries (malnutrition is a cause)

The more septic are bacterial causes

In viruses don't memorize rate :)

High risk:

Large families >>easy transmission of infection

The latest in order at higher risk

Breast feeding is important for immunity against GII (diarrhea)

Diarrhea: cause dehydration and shock (infants are more sensitive to this)

In severe cases we give him IVI

It's spreaded: 1-contamination 2-orofecal

Non-infectious are not related to GT, RT

****infant mortality:**

Neonatal: first month

Postnatal: end of first month-first year

Infant: first year

Child mortality:

Early: 1week

Late: one week-1mont

In developing the infectious are #1

Even its world wide

In the graph>>don't memorize all rates only extremes

In Jordan:

1-perenatal: especially premature are the most imp

Infant mortality is in Jordan close to developed

Memorize whatever related to 2012

The rate of infant mortality is 4 times higher than child

Communicable diseases are most imp in infant mortality

(Infectious diseases should be reported)

Vaccinations:

*imp preventive services

In developing world as the infectious diseases are the cause of mortality, we need vaccine

How do vaccine work?

Training immunity against foreign bodies

Incubation period: from the time of entrance till the first symptom

We have two type:

Live vaccine>>may cause infection

Killed >>safe

How serious is the disease determine the vaccine program

The most common cause of diarrhea: Rota virus

Hepatitis b+c>>only by blood

Vaccinations in developing world still is not covered

The first line of defense in immune system is skin

The long lasting immunity is the acquired one

Infectious diseases cause long life disability like polio

Tetanus, diphtheria >>caused by toxins so we give toxoids

Tetanus is transmitted to newborn when we cut the umbilical cord

Tetanus in Jordan is almost not present

Pertussis is droplet infection

Polio: orofecal

BCG: TB

DPT: diphtheria, polio, tetanus

MMR: mumps, measles, rubella

