Maternal and Child Health

In Myanmar, emphasis has been placed and a lot of inputs have been invested for improving maternal and child health services. The Ministry of Health has been planning and implementing the interventions to improve the health status of mothers, newborns and children. Recognizing the importance of universal access to reproductive health in achieving the Millennium Development Goals, the National Reproductive Health Policy was developed in 2002 supported by two consecutive Reproductive Health Strategic Plans.

For fulfillment of the objective - to improve the health status of mother and children including newborn by reducing maternal, neonatal and child mortality and morbidity, the following core strategies were laid down.

- Setting enabling environment;
- Improving information base for decision making;
- Strengthening health systems and capacity for delivery of reproductive health services;
- Improving community and family practices

The following activities were needed to be strengthened in order to achieve the Millennium Development Goals 4 and 5 regarding maternal, newborn and child health.

- Providing proper antenatal care
- Promoting skilled and institutional delivery and post natal care
- Expansion of post-abortion care and quality birth spacing services
- Ensuring Emergency Obstetric Care
- Providing Essential Newborn Care
- Strengthening adolescent reproductive health
- Promoting male involvement in reproductive health
- Focusing cervical cancer screening, early diagnosis and treatment
- Promoting referral system and community volunteers
As 70% of the country total populations reside in rural area, resources and interventions need to be centered to rural residing beneficiaries, who are mothers, newborn babies and under five children in rural area.

1. **Providing proper antenatal care**
   Standard frequency of antenatal care for all pregnant mothers is at least four visits with quality care by skilled birth attendants and targeted antenatal care interventions need to be strengthened.

2. **Promoting skilled and institutional delivery and post natal care**
   Immediate and effective skilled care before, during and after delivery can make the difference between life and death for both mother and newborn. The standard skill and attitude towards good postnatal care is mandatory in both facility-based and primary health care setting.

3. **Expansion of post-abortion care and quality birth spacing services**
   To prevent unsafe abortion, quality birth spacing services plays a major important role and it needs to be expanded in all townships.

4. **Ensuring Emergency Obstetric and Newborn Care**
   The majority of maternal mortality is found to be preventable. It points out that Emergency Obstetric Care facilities and activities are needed to be strengthened.

5. **Providing Essential Newborn Care**
   Most of the under one deaths occur during newborn period. Essential newborn care is crucial requirement in reducing neonatal mortality.

6. **Strengthening Adolescent Reproductive Health**
   In accordance with the changing social and economic policies, it calls for provision of special attention to ‘young people’ segment of the community, focusing on reproductive health within the present demographic and socio-economic context.
7. Male Involvement in Reproductive Health
Workshops on men’s role in reproductive health, and information materials on men’s role in the family and reproductive health have been developed and utilized.

8. Focusing Cervical Cancer screening, early diagnosis and treatment
Cervical cancer is one of the leading causes of all cancer related deaths in women between 40 to 60 years age group and it is the time to focus on screening and early diagnosis followed by treatment for cervical cancer.

9. Promoting Referral System and Community Volunteers for mothers and children
It is a real challenge that limited access of the people to the Maternal and Child Health (MCH) services and information especially in rural remote areas. Delay referral of mothers and newborn need to be overcome by community based or innovative interventions. Volunteers namely: Maternal and Child Health Promoters (MCHPs) were developed at the community level to enhance community initiative for the maternal and child health promotion with defining their roles as “Bridging mothers to health care providers”.

Challenges

- Inadequate Health Work Force at different levels
- Over workload of BHS especially Midwives
- Infrastructure development (ambulance, communication tools, facilities)
- Regular and systematic Monitoring and supervision mechanism
- Reporting status
- Harmonization of data and activities
- Linkage of health service provision
- Less health expenditure
- Geographical and coverage gaps
## Maternal Health related Indicators

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<tbody>
<tr>
<td>Maternal Mortality Ratio (per 100,000 LB)</td>
<td>420</td>
<td>350</td>
<td>290</td>
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<td>Proportion of Skilled Birth Attendant (%)</td>
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<td>Contraceptive Prevalence Rate (%)</td>
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<td>Adolescent Birth Rate (%)</td>
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<td>Antenatal Care Coverage (%)</td>
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<td>Unmet Need for Family Planning (%)</td>
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HMIS - Health Management Information System
FRHS - Fertility and Reproductive Health Survey