

Infant and Child Care



Infant-Toddler Dev 7-D Richardson



Learning objectives

After this lecture, you will be able to:

1. Be familiar with the Well Baby Clinic concept.
2. Identify age specific mortality rates.
3. Identify the causes of perinatal mortality.
4. Describe the needs of the newborn.
5. Identify interventions utilised to reduce infant mortality.

Child Care

- ▶ The period of early childhood development is the most important period of life.
- ▶ In order to reach their full potential, children need appropriate support from families, education and healthcare professionals during this period.
- ▶ Research has consistently shown that good early childhood development will have a direct positive impact on a child's long-term health outcomes and will improve future opportunities and school attainment.
- ▶ Particularly important is the impact of this period on a child's emotional and social development, which is vital for their future confidence, communication, relationships, and mental health.

Child Care

- ▶ A child's brain develops in response to both genes and the environment. It is the interaction between the genes and environment that really shape the developing brain.
- ▶ While genes provide the initial map for development, it is the experiences and relationships babies and children have every day that literally shape their brains.
- ▶ Families have an extremely important ongoing influence on children's development. The community and service environments in which children and families interact also play a key role in supporting optimal development.

Infant and Child Care:



A-W.B.C (Well Baby Clinic).

- ▶ A Well Baby Clinic deals with the total well-being of every child.
- ▶ Well-baby exams are an important way to monitor baby's growth and development and check for serious problems.
- ▶ These regular check-ups also provide an opportunity to develop a relationship with baby's doctor.
- ▶ Baby's doctor will likely recommend the first well-baby exam within three to five days after birth.
- ▶ Additional well-baby exams will be needed every few weeks and, later, every few months for the first year.

Well Baby Clinic

- ▶ child's doctor will recommend a schedule for well-child visits. One example is for visits at ages:
 - 3 to 5 days old.
 - By 1 month.
 - 2 months.
 - 4 months.
 - 6 months.
 - 9 months.
 - 1 year.
 - 15 months.
 - 18 months.
 - 2 years.
 - 30 months.
 - 3 years.
- ▶ After age 3, well-child visits are usually scheduled yearly through the teen years.

Well-Baby Clinic

► WBC includes:

- 1- Physical Examination
- 2- Growth and Development
- 3- Vaccination
- 4- Nutrition
- 5- Health Education.

Infant mortality

- ▶ Infant deaths are divided into two groups: those occurring at less than 28 days after birth, referred to as **neonatal deaths**; and those occurring at ages 28 days and over but under one year, referred to as **post neonatal deaths**.

(Kurinczuk, Hollowell, Brocklehurst, & Gray, 2009)

Infant mortality

- ▶ Of the 7.1 million infants who die each year, approximately two-thirds die in the first 28 days after birth – the neonatal period.
- ▶ Ninety-eight percent of all neonatal deaths occur in developing countries.

Definitions

- ▶ Neonatal mortality (death < 28 days).
- ▶ Postneonatal mortality (deaths between 28 days and one year).
- ▶ Infant mortality (deaths between 0 and 12 months).
- ▶ Under-five mortality (the mortality of children under the age of five)
- ▶ Low birth weight (<2500 g).
- ▶ Preterm birth (<37 weeks gestation).

(Lassi et al., 2020)

Continued

- ▶ Neonatal mortality rates are especially sensitive to events during pregnancy, delivery and the neonatal period, and to the care given to mothers and their babies.
- ▶ Post neonatal mortality is thought to be influenced to a greater extent by parental circumstances, including their socioeconomic position, and the care they provide for their infant.

(Kurinczuk, Hollowell, Brocklehurst, & Gray, 2009)

Child and infant mortality

- ▶ The earlier a baby is born, in terms of completed weeks of pregnancy, the higher the risk of infant death.

Perinatal mortality (PNM)

- ▶ Perinatal mortality is the number of late foetal deaths (also called stillbirths) and early neonatal deaths (day 7) per 1000 births.

Causes of Perinatal mortality

- ▶ Low birth weight

Low Birth Weight (LBW)

- Low birth weight is an extremely important factor predisposing for PNM.
- Perinatal mortality rate for low-birth weight babies is five to thirty times higher than for fetuses or infants of normal weight.
- Premature birth (before 37 weeks of pregnancy) and fetal growth restriction are the most common causes of low birthweight
- Fetal growth restriction (FGR) is a term that describes an unborn baby who isn't growing at the normal rate inside the uterus. These babies usually have a low weight at birth. Causes include hypertension and syphilis.
- Low-birth weight infants who survive may have serious neurological problems and hearing and visual defects and may be subject to slow development throughout life.

Causes of low birth weight include:

- Short stature (height).
- Low pre-pregnancy weight.
- Inadequate weight gain during pregnancy.
- Anemia.
- preeclampsia.
- Gestational diabetes.
- Other infections during pregnancy. For example, women suffering from malaria in sub-Saharan Africa give birth to an estimated 3 million severely underweight babies.

Infant and child care

- ▶ B- Day Care of Children out-side the home Good childcare services are a primary need.
- ▶ C- Health of the school age child (School health)
- ▶ D- Care of adolescents: Youth Clinics (Psychological problems, Contraception, Smoking, Drug addiction etc.)
- ▶ E- Handicapped Children (Physically and Mentally).

Basic needs of a newborn that can help ensure a healthy start in life.

- ▶ **During labour and delivery, mothers and newborns need:**
- ▶ **Skilled attendance** – provide safe management of normal delivery and timely referral for complications.
- ▶ **Support and care** – promote family support and a baby and woman-friendly environment for birth and maternal and new-born care.

Continued

- ▶ **Infection control** – ensure clean delivery, including clean surface, hands, blade, and cord tie.
- ▶ **Management of complications** – identify and manage complications, including bleeding, high blood pressure, prolonged labour, and foetal distress

Jordanian Data

- ▶ **The 2017-18 JPFHS results showed that:**
 - Neonatal mortality was 11 deaths per 1,000 live births.
 - Infant mortality was 17 deaths per 1,000 live births.
 - 58% take place in the first month of life.

Interventions to Reduce Stillbirths and Newborn Mortality and Morbidity

- ▶ Addressing stillbirths and neonatal mortality requires interventions across the continuum of care (preconception, antenatal, intrapartum, immediate postnatal period, and after) (Black, Laxminarayan, Temmerman, & Walker, 2016).
- ▶ The **continuum of care** has recently been highlighted as a core principle of programmes for maternal, newborn, and child health, and as a means to reduce the burden of half a million maternal deaths, 4 million neonatal deaths, and 6 million children who die between the ages of 1 month and 5 years (Kerber et al., 2007).

Antenatal Interventions



- ▶ **Routine Antenatal Care (ANC) Visits**

Reduced antenatal visits may be associated with an increase in perinatal mortality, compared with standard care (Gaxiola, Dowswell, & Peña-Rosas, 2010).

Antenatal Treatment of Maternal Infections

- ▶ Maternal infections frequently have adverse effects on perinatal outcomes, and striking mortality reductions can be obtained by antenatal interventions related to tetanus, syphilis, and HIV.

Tetanus

- ▶ Neonatal tetanus infection results from umbilical cord contamination during unsanitary delivery, coupled with a lack of maternal immunization.
- ▶ Immunizing pregnant women or women of childbearing age with at least two doses of tetanus toxoid was estimated to reduce mortality from neonatal tetanus by 94 percent.

Syphilis

- ▶ Pregnant women with untreated syphilis have a 21 percent increased risk of stillbirths (Gomez et al., 2013).
- ▶ Congenital syphilis (CS) is a disease that occurs when a mother with syphilis passes the infection on to her baby during pregnancy.
- ▶ Up to half of all babies infected with syphilis while they are in the womb die shortly before or after birth.
- ▶ Treatment of syphilis with penicillin suggests a significant reduction in stillbirths, pre-term births, congenital syphilis, and neonatal mortality (Blencowe, Cousens, Kamb, Berman, & Lawn, 2011).

HIV

- ▶ Most children with HIV acquire it from their mothers, and Antiretroviral Therapy (ART) is vital in preventing vertical mother-to-child transmission.
- ▶ Short ART courses commencing before labor, with treatment extended to newborns during the first week of life, have been shown to significantly reduce mother-to-child HIV transmission

(Siegfried, van der Merwe, Brocklehurst, & Sint, 2011)

Treatment of Gestational Diabetes Mellitus (GDM)

- ▶ Optimal blood glucose control in pregnancy compared with suboptimal control was associated with a 60 percent reduction in the risk of perinatal mortality (Syed, Javed, Yakoob, & Bhutta, 2011).
- ▶ Lifestyle change is an essential component of management of gestational diabetes mellitus and may suffice for the treatment of many women. Medications should be added if needed to achieve glycemic targets (American Diabetes Association, 2019)



THANK
YOU