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. Under the leadership and guidance of the National Health Committee, 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 three 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. Myanmar committed FP 2020 in 2013 November at Ethiopia to reduce unmet need for family planning and to increase contraceptive prevalence rate.

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 including Comprehensive and Basic Emergency Obstetrics Care (CEmOC and BEmOC) 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. **Establishing Community Health Volunteer**

   The Ministry of Health aims to assign one midwife in one village. But there is scarcity of resources and DOH will train auxiliary midwife to assign them in the village with absence of midwife. Maternal and Child Health care will be improved by giving the trainings, refresher trainings, provision of supply, monitoring and supervision of health volunteer under the guidance and coordination of Township Medical Officer.

10. **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

Indicators	1990	1995	2000	2001	2005	2006	2007	2008	2009	2010	2011	2012	2013	2015
Maternal Mortality Ratio (per 100,000 LB) Source: UN Estimation	520	380	300		230								200	130
Proportion of Skilled Birth Attendant (%) Source: HMIS MICS, IHLCA					57.9	63.5	64.1	67.0	64.4 70.6	64.8 77.9	67.1	67.9	72	80
Contraceptive Prevalence Rate (%) Source: FRHS MICS, IHLCA				37			41 (all) 38 (modern)		46	39.5				50
Adolescent Birth Rate(%) Source: FRHS				17.4			16.9							15
Antenatal Care Coverage (%) Source: HMIS, MICS, IHLCA					63.1	63.9	64.6	68.2	70.6 83.1	73 83.3	74.3	74.8	82	80
Unmet Need for Family Planning (%) Source: FRHS, IHLCA				19.1			17.7			24.2				10

HMIS - Health Management Information System
FRHS - Fertility and Reproductive Health Survey
MICS - Multiple Indicator Cluster Survey
IHLCA - Integrated Household Living Conditions Survey in Myanmar