

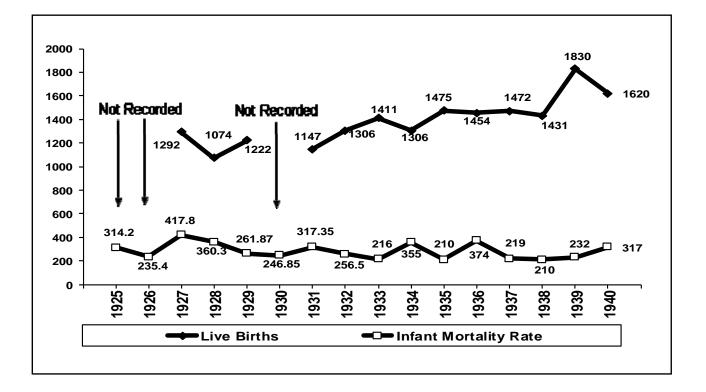


#### REDUCTION OF MATERNAL AND INFANT MORTALITY RATE (A HEALTH SYSTEM APPROACH)

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## REFLECTING ON PREVIOUS MATERNAL AND INFANT MORTALITY

Number of Births and Infant Mortality Rate (IMR) (1925 to 1940)		
Year	Number of Births	IMR
1925	*not recorded	314.2
1926		235.4
1927	1292	417.8
1928	1074	360.3
1929	1222	261.87
1930	*not recorded	246.85
1931	1147	317.35
1932	1306	256.5
1933	1411	216
1934	1306	355
1935	1475	210
1936	1454	374
1937	1472	219
1938	1431	210
1939	1830	232
1040	1430	217



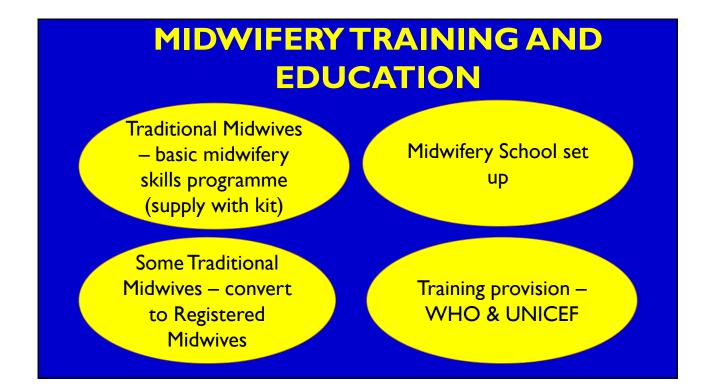
Number of Births and Infant Mortality Rate (IMR) (1946 to 1955)		
Year	Live Births	IMR
1946	683	110
1947	1854	133
1948	1647	139
1949	2073	128.3
1950	2316	136.9
1951	2805	80.92
1952	2809	103.9
1953	2903	113.3
1954	3332	99.6
1955	3600	102.5

## REFLECTING ON WHAT ACTIONS WERE TAKEN TO ADDRESS THESE









### **MIDWIFERY EDUCATION**

- Framework of the ICM Global Standards for Midwifery Education
- ICM Essential Competencies for Basic Midwifery Practice
- Work in partnership with women
- Give necessary support, care and advice throughout childbirth
- Care for newborn and infant



#### EXPANSION OF HEALTHCARE SYSTEM

Primary level – Primary Health Care (especially Maternal and Child Health Clinic – MCHC)

Secondary level – Referral to Hospital-based Clinic (Consultant Obstetrician – Maternal and Child Health Clinic in Hospital)

Tertiary level – Women and Children Centre (Labour, antenatal, postnatal and Children's wards)





#### **CURRENT HEALTH CARE SERVICES**

- Preventative measures, promotion of normal birth, detection of complications in mother and child, access medical care and carry out emergency measures
- Health counselling and education for women, family and community
- Antenatal education and preparation for parenthood
- Women's health, sexual/reproductive health and child care

Health Promotion/ Sustaining Health/ Prevention Of Illness & Diseases For Women, Her Fetus/Baby & Her Family



# TERIMA KASIH THANK YOU