

Child Health Services

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Objectives:

1. To know the main objectives of these health services
2. To be familiar with the main components of these services

Child care aims to ensure that the child, once born, grows satisfactorily through infant, pre-school, school and adolescent periods to full healthy adulthood

It seeks to provide all the services necessary for the promotion, maintenance, protection and restoration of health.

- Services for preschool children
- Services for school children

Services for preschool children

It is concerned with curative and preventive services for children between birth and school entry.

Why special services for preschool children in the developing countries are needed?

1. Large number of children. Children under five years of age make up about 20% of the total population
2. Health problems during this period are many and most of these problems are serious but preventable.
3. A very high mortality among young children in developing countries, deaths among under five children may constitute up to 50% of total deaths.
4. Disease among children especially in early age even if cured may leave disability with its great suffering and their rehabilitation is costly.

Objectives of preschool children services

- promote the health of children to ensure that they achieve optimal growth & development both physical and mental.
 - Protect children from major hazards by specific measures
1. Immunization against some infectious diseases.
 2. Chemoprophylaxis .
 3. Dietary supplements to prevent malnutrition.
 4. Education of the parents about health and nutrition.

- Treat diseases and disorders with particular emphasis on early diagnosis.

Main services :

1. Management of simple illnesses.
2. Monitoring and encouraging adequate growth.
3. Immunization against infectious diseases
4. Identification of children at risk .
5. Encouragement of family planning
6. Diet supplementation
7. Malaria prophylaxis
8. Health education .

Growth monitoring

Physical growth is an important indicator of the well being, health and nutritional status of the individual child and the population.

* Growth is a product of the continuous and complex interaction of hereditary and environmental factors

Two main purposes of growth monitoring:

1. To promote adequate growth of children .
2. To pick up those at particular risk .

How to assess the growth of a child?

The growth and development of each child should be carefully monitored

Indicators of growth of children-

Weight measurement is the most important single method of assessing the growth.

Whether or not a child is growing normally, can be decided on easily by comparing, the child's weight to "normal" or "standard" weights of a healthy reference population (children at the same age or height).

By plotting the weight on the weight chart, this weight chart is called growth chart (Road to health chart).

Weight measurements are evaluated by comparing them to the median weight, this comparison is expressed as a percentage of median (centile system), 97th, 50th, & 30th are the median weight.

When plotting the child's weight it is important to know the following:

1. The exact position of single weight can be misleading, the direction in which child's weight curve is moving is most important in assessing the child nutritional status.
2. The velocity of child's weight gain (rate of gaining wt.) is more important than his actual weight at any age.
3. If the child is not gaining weight or is losing weight, the curve will be flat or go down ward such a child need special care.
4. In a child with malnutrition the increase in the rate of wt. gain is the earliest evidence of recovery.

Standard growth curves:

- 1.Weight for age standard curve: the one most commonly used.**
- 2.Weight for height standard curve: the best way to identify wasted children.**
- 3. Height for age standard curve: indicate whether a child is stunted or not.**

Mid arm circumference it is a measure of body lean tissue. As compared to weight, it is not an accurate indicator of malnutrition & can't be used to monitor the progress of growth.

Skin fold thickness it is a measurement of subcutaneous fat tissue, it is a good indicator of the energy reservoir of the body.

Immunization

Each child should be immunized against the common communicable diseases for which vaccines are available.

Immunization program in Iraq

<u>Age</u>	<u>Vaccine</u>
First 24 hours	Hepatitis B
First week	BCG, OPV (0 dose)
2 Months	OPV (1st dose), Pentavalent (1st dose)
=[DPT+ Hepatitis B+ Hib],	Rota virus (1st dose) , PCV1
4 months	OPV (2nd dose), Penta2, Rota virus2, PCV2,
Injectable polio (1st dose)	

6 Months OPV (3rd dose),), Penta3, Rota virus 2, PCV3,
Injectable polio (2nd dose)

9 months Measles

12 months MMR

18 months OPV (1st booster), DPT (1st booster), MMR (2nd dose)

4-6 years OPV (2nd booster), DPT (2nd booster)

Children at risk

- Low birth weight.
- Many children in family.
- Poor growth in early life.
- Many episodes of infections.
- Children with only one parent.
- Twins and multiple births.
- Short interval between births.
- Early stopping of breast-feeding before 6 months.
- Poverty of family
- Children with congenital anomaly.

Chemo prophylaxis & Dietary supplements

In endemic areas of malaria chemo prophylaxis is usually recommended for the highly susceptible groups including preschool children.

Dietary supplements is another prophylactic measure to prevent common nutritional deficiencies such as Vt. A deficiency.

Some developing countries give food supplements to prevent or to treat malnutrition.

Health education

Should be part of all services of preschool children.