

FALL 2015: MHCH 722: Global Maternal and Child Health

Instructor:

Kavita Singh PhD, MPH

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Office Hours: contact instructor to select a meeting time

Credit: 3 semester hours

Prerequisites: Enrollment in graduate study in MCH or permission of instructor

Time and Location: Wednesday: 10:10am to 1:10pm in Rosenau Hall 228

Course Objectives:

- To gain substantive knowledge of the key issues in global maternal and child health.
- To understand the demography of MCH in developing countries
- To learn to think critically about programs, research and policy involving maternal and child health.

Competencies Addressed:

1. **Community and Informatics**
2. **Diversity and Cultural Competency**
3. **Leadership**
4. **Professionalism and Ethics**
5. **Program Planning**
6. **Systems Thinking**

Readings: should be done before the class session

Assignments:

- 1) Research Paper – 30%
- 2) Group Presentation – 30%
- 3) Participation/Attendance – 10%
- 4) Final Exam – 30%

Grading: In keeping with the School of Public Health policy the following grades will be used:

H (clear excellence), P+ (superior), P (good), L (low passing), F (failed)

Class Schedule

Date	Topic	Lecturer
8/19	Introduction to Global Maternal and Child Health	Kavita Singh
8/26	<u>Maternal Health</u> 1)Main Causes of Maternal Mortality 2)Antenatal Care, Skilled Delivery and Postpartum Care	Kavita Singh
9/2	Conceptual Frameworks in Maternal and Child Health	Kavita Singh
9/9	Infant and Young Child Feeding	Miriam Labbok MCH Dept
9/16	Key Measures in Maternal and Child Health	Kavita Singh
9/23	Under-nutrition During Pregnancy and in Children Under Five	Kavita Singh
9/30	Group Presentations	
10/7	Role of Poverty, Education and Gender Equality in Maternal and Child Health PAPER DUE AT THE BEGINIING OF CLASS	Kavita Singh
10/14	Leading Causes of Under-five Mortality: Pneumonia, Diarrhea and Malaria	Kavita Singh
10/21	Group Presentations	
10/28	Newborn Health and Postnatal Care	Shane Khan UNICEF and MCH Dept
11/4	Group Presentations	
11/11	Vaccine Preventable Diseases/Programmatic Approaches	Kavita Singh
11/18	Maternal and Child Health in Complex Emergencies	Dilshad Jaff
11/25	No class – Thanksgiving Break	
12/2	Prevention of Mother to Child Transmission of HIV	Kavita Singh

Honor Code

There is an expectation that students will follow the University's Honor Code. Academic honesty and integrity are principles that are followed at UNC and in this class. It is essential that assignments represent each student's own work. When unsure of whether or not to reference a paper, err on the side of citing the source. Please see UNC's statement on the honor code for more information.

Valuing, Recognizing, and Encouraging Diversity

Promoting and valuing diversity in the classroom enriches learning and broadens everyone's perspectives. Inclusion and tolerance can lead to respect for others and their opinions and is critical to maximizing the learning that we expect in this program. This may challenge our own closely held ideas and personal comfort zones. The results, however, create a sense of community and promote excellence in the learning environment. This class will follow principles of inclusion, respect, tolerance, and acceptance that support the values of diversity.

Diversity includes consideration of (1) the variety of life experiences others have had, and (2) factors related to "diversity of presence," including, among others, age, economic circumstances, ethnic identification, disability, gender, geographic origin, race, religion, sexual orientation, social position. Please see the SPH's website for more information on diversity and inclusion.

Course Evaluation

At the end of the fall semester you will be asked to fill out a course evaluation form. Your feedback and suggestions are valued and needed to make improvements in this course as well as other course

READING LIST: MHCH 722

<http://sakai.unc.edu/>

August 19^h: Introduction to Global Maternal and Child Health

Campbell, O. et al. (2006) “Strategies for reducing maternal mortality: getting on with what works” The Lancet 368: 1284-1299

Kerber, K et al. (2007). Continuum of care for maternal, newborn, And child health: from slogan to service delivery. The Lancet, 2007; 370:1358-1369

UNICEF (2014) Committing to Child Survival: A Promise Renewed. Progress Report 2012. UNICEF. New York.

August 26th: Maternal Health

Guliani, H. et al (2012). What impact does contact with the prenatal care system have on women’s use of facility delivery? Evidence from low-income countries. Social Science & Medicine, 74(12),1882-1890.

Harvey S et al. (2007). Are skilled birth attendants really skilled? A measurement method, some disturbing results and a potential way forward. Bulletin of the World Health Organization. 85: 783-790.

Maine, D and Rosenfield, A. (1999). The Safe Motherhood Initiative: Why has it Stalled? American Journal of Public Health. 89(4): 480-482.

Singh, K et al. et al. (2014) Acknowledging HIV and Malaria as Major Contributors to Maternal Mortality in Mozambique. International Journal of Gynecology and Obstetrics. 27(1):45-40.

September 2nd: Conceptual Frameworks in Maternal and Child Health

Mosley, W.H., Chen, L. (1984) “An Analytical Framework for the Study of Child Survival in Developing Countries” Population Development and Review 10 (suppl): 25-48.

Thaddeus, S., Maine D. (1994) “Too far to walk: Maternal mortality in context” Social Science and Medicine 38(8): 1091-1110.

UNICEF’s Conceptual Model on Maternal and Child Under-nutrition
<http://www.unicef.org/nutrition/training/2.5/4.html> - UNICEF model

September 9th: Infant and Young Child Feeding

UNICEF (2006) Celebrating the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding. UNICEF.

September 16th: Key Measures in Maternal and Child Health TBD

September 23rd: Nutrition During Pregnancy/Children and Nutrition

Black et al. (2013). Maternal and child undernutrition and overweight in low-income and middle income countries. The Lancet. (382): 9890: 427 – 451.

Scrimshaw NS. (2003) Historical concepts of interactions, synergism and antagonism between nutrition and infection. Journal of Nutrition. 2003, 133(1):316S-321S.

UNICEF (2013) Improving Childhood Nutrition: The Achievable Imperative for Global Progress. UNICEF. Geneva

October 7th: The Role of Poverty on Maternal and Child Health Outcomes

Adato, M., Basset, L. (2009) Social protection to support vulnerable children and families: the potential of cash transfers to protect education, health and nutrition. AIDS Care, 21(SI):60-75.

Allendorf, K (2010). The Quality of Family Relationships and Use of Maternal Health-care Services in India. Studies in Family Planning 41(4): 263-276

Glassman, A. et al. (2013). Impact of Conditional Cash Transfers on Maternal and Newborn Health. Journal of Health Population and Nutrition, 4 (Suppl 2), S48-S66

Singh, K et al. (2012). Maternal Autonomy and Attitudes Towards Gender Norms: Associations with Childhood Immunization in Nigeria. Maternal and Child Health Journal 17(5):837-41

October 14th: Main Causes of Under-five Mortality: Diarrhea, Pneumonia and Malaria

WHO (2014) Roll back Malaria: The Contribution of Malaria Control to Maternal and Child Health. Geneva. WHO.

UNICEF (2012). Pneumonia and Diarrhea. Tackling the Deadliest Diseases for the World's Poorest Children. New York.

October 28th: Newborn Health and Postnatal Care

Darmstadt GL et al. (2005). Evidence-based, cost-effective interventions: How many newborn babies can we save? The Lancet. 2005;365(9463):977-988.

WHO (2014) Every Newborn Action Plan. Geneva.

November 11th: Vaccine Preventable Diseases/Program Approaches

Arifeen, S. E., et al. (2009) Effect of the Integrated Management of Childhood Illness Strategy on Childhood Mortality and Nutrition in a Rural area in Bangladesh: A Cluster Randomized Trial Lancet 274(9687):393-403

Mohammadi, D. (2012) The Final Push for Polio Eradication. The Lancet. 380: 460-462.

Rohde, J et al. (2008) 30 years after Alma-Ata: has primary health care worked in countries? Lancet, 372(9642):950-961.

Storeng, K.T. (2014). The GAVI Alliance and the ‘Gates approach’ to health system strengthening. Global Public Health, 9(8), 865-879

November 18th: Maternal and Child Health in Complex Emergencies

TBD

December 2nd: HIV During Pregnancy/PMTCT

Barker, P et al.(2011) Antiretroviral drugs in the cupboard are not enough: the impact of health systems' performance on mother-to-child transmission of HIV. Journal of Acquired Immunodeficiency Syndrome.56(2): e45-48.

Decock, K. et al. (2002) “Shadow on the continent: public health and HIV/AIDS in Africa in the 21st century”. The Lancet (360): 67-72.

Turan J & Nyblade L. (2013) HIV-related Stigma as a Barrier to Achievement of Global PMTCT and Maternal Health Goals: A Review of the Evidence. AIDS and Behavior. 17(7):2528-39.

Chi BH et al. (2013). Antiretroviral Drug Regimens to Prevent Mother-To-Child Transmission of HIV: A Review of Scientific, Program, and Policy Advances for Sub-Saharan Africa. Curr HIV/AIDS Rep 10(2):124-33.