POST GRADUATE DIPLOMA
IN
REPRODUCTIVE AND CHILD HEALTH

(Self-financing mode)

Course Coordinator
Prof. D. K. Singh

DEPARTMENT OF SOCIAL WORK
FACULTY OF ARTS
UNIVERSITY OF LUCKNOW
LUCKNOW

ORDINANCES AND SYLLABUS OF

P. G. DIPLOMA IN REPRODUCTIVE AND CHILD HEALTH

DEPARTMENT OF SOCIAL WORK
University of Lucknow
Lucknow

Objectives:

The basic objectives of this course are as following-

RCH programme is a composite programme of services relating to child and maternal health, Adolescent health, HIV-AIDS, Family Planning, incorporating the inputs of Government of India as well as funding support from external donor agencies inducing World Bank, UNICEF etc. The concept of RCH course is to impart basic knowledge of reproductive health, need and methods of child care, reproductive health care, need of family planning and population scenario in India, need based, client centered, demand driven, high quality and integrated services to the masses. The purpose of the course is also to impart comprehensive and factual knowledge of full range of reproductive health care services, including family planning are accessible, affordable, acceptable and convenient to community and the knowledge of changing reproductive health needs over the life cycle and to do so in ways sensitive to the diversity of circumstances of local community.

DURATION:
The total duration of the course shall be one year divided in one year.

SEATS:
The total number of the student to be admitted to the course shall be 60

ELIGIBILITY:
Minimum qualification should be graduate in any discipline with 45% marks.

ADMISSION POLICY:
As per University norms.

COURSE CONTENTS:
The curriculum of the course shall consist of 4 theory papers and dissertation as under:

1. Theory Paper: There shall be 4 papers of 100 marks each

2. Dissertation / Project and viva-voce : 100 marks

ATTENDANCE:
Seventy five Percent attendances shall be compulsory.

FEE:
Fee of the course shall be 8,500.00 per year per student. It shall be revised from time to time by University of Lucknow.

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COURSE STRUCTURE

Paper No.	Title of the Paper	Max. Marks
Paper – I	Child Welfare and Development	100
Paper – II	Psychiatric Social Work And Health	100
Paper – III	Psyco –Somatic Factors of Health	100
Paper – IV	Disaster Prevention and Control Planning	100
Paper – V	Project Report/Dissertation/Viva	100
	Total Marks	500

Child development & welfare

Unit -I

Child development :Meaning & Significance, Developmental Stages, Developmental Process & Problems of Children, Especially in difficult Circumstances.

UNIT -II

Child welfare: Concept, meaning, Definition & Importance ,Need, Significance & Areas

Meaning and Role of groups in welfare of child.

UNIT –III

Rights of the children: UN Convention on the child ;

Role of, WHO Role of International & National organization in safeguarding to child rights: UNHRC, UNICEF, WHO, UNDP. Policies and programmes of the Indian government, Role of NGOs

UNIT -IV
Child Development Programmes; Child Marriage Restraint Act; Juvenile Justice Act; Child Labour Act (Prohibition and Regulation), and **others**

Psychiatric Social Work and health

UNIT -I
Psychiatric and Social work
Historical Development of Psychiatric Social work
Function & Duties of Psychiatric Social workers

UNIT –II
Practice of Psychiatric Social Work-Role & Functions
Psychiatric Social Work –Retrospect & Prospect

UNIT –III
Normal Behaviour: Meaning & Characteristics
Abnormal Behaviour: Meaning, Characteristic & Diagnostic Classification of Abnormal Behaviour

UNIT –IV
Theories and Models of Abnormal Behaviour: Psycho-social Theory, Humanistic Theory, Psycho-analytic Theory.

Psycho –Somatic Factors of Health

UNIT –I
Psycho –somatic factors of illness: Psycho – somatic Diagnosis-Meaning and importance; Steps in Psycho –Somatic Diagnostic; Diagnosis Aids; Psycho–Somatic Medicine; Types, Importance, Methods of application; Common Physical Diseases & Role of Medical Social Worker.

UNIT -II
Health care system in India: Structure, Changing Concepts of Health;
UNIT – III
Health Committees :Bhore committee, Mudaliar Committee, Chadde Committee, Mukharjee Committee, Kartar Singh Committee, Srivastava Committee; National Health Programmes ,Malaria Eradication Programme, Tuberculosis Control Programme, STD Control Programme& Immunization Programme
UNIT –IV
Yoga and Health : Application of Yoga in the Tre

REPRODUCTIVE AND CHILD HEALTH PROGRAMME

Review Of RCH-I And Associated Programmes
The Approach
Proposed strategies
Strategies directed towards Improvement Of Indicators

Mother And Child Health Programme(RCH)

The RCH programme has been defined as "People have the ability to reproduce and regulate there fertility ,woman are able to go through pregnancy and child birth safelyb ,the outcome of pregnancy is successful in terms of relation free from the fear of pregnancy and of contacting diseases". The concept of RCH is to provide need based ,client centered ,demand driven ,high quality and integrated services to the beneficiaries. RCH programme is a composite programme incorporating the inputs of Government of India as well as

funding support from donor agencies inducing World Bank ,UNICEF etc.

The component s of the RCH programme are maternal health services including immunization ,family planning ,adolescent health and care of RCH/STD and AIDS.

REVIEW OF RCH –I AND ASSOCIATED PROGRAMMES

The RCH –I programme was launched in April 1998 and was slated upto March 2005,with following objectives:

To decease the following key rates

A) Birth Rate-
B) Infant Mortality Rate.
C) Child Mortality Rate.
D) Maternal Mortality Rate

To Increase Couple Protection rate
Provide total care to pregnant woman.
Increasing Safe Delivery Rate
Providing Services for detection and treatment of RTI and STI
Decreasing the number of blindness case in children due to vitamin A deficiency.

The Approach

Under RCH-II, the approach is to provide all RCH related services within approachable reach of the people. Broadly, the services intended to provided are:

1 Emergency obstetric care at CHCs /FRUs

Majority of the maternal death are due to obstetric complications, which are generally unpredictable. Hence , the availability of emergency obstetric care & services is of utmost importance. It is necessary to provide such services, to prevent maternal mortality

II 24-hour delivery care at BPHCs

To promote institutional deliveries, the availability of round the clock delivery services is proposed to be made available at the BPHs.

III Clinical & Non clinical services at Sub-Centers

Sub Centers are peripheral outputs. Currently their functions are limited to carrying out preventive and promotive activities of health & family welfare. It is proposed to extent the facilities at the these centers.

IV Non- Clinical services at villages

At present there is a lack of mobilization of the mass at the grass –root level. The availability of Non –Clinical services, such as registering of pregnancies, motivation pregnant mothers to have regular antenatal check ups, taking of Iron & Folic Acid tablets, etc., are proposed to be provided.

Proposed Strategies

In order to reach the above goals various strategies for the following have been envisaged:

Improving access to health facility & provider;

Improving qualities of services; and

Capacity building of all stakeholders so as improve services delivery.

Strategies directed towards Improvement of indicators

Maternal health

I 24 hours delivery services with 130 functional FRUs providing EmOC, hiring of professional.

II 2-3 PHCs in each district providing 24 hour delivery with basic EmOC services.

III Referral transportation services to BPL families for complicated delivery cases.

IV Orientation meetings for promotion of birth preparedness, safe motherhood practices & recognition of danger sings of pregnancy , labour , post natal & children for timely referral.

V TAB training for safer deliveries and timely referral

VI providing safe MTP services at CHCs/PHCs.

VII Improving RTI/STI services at minimum of block level facility.

Newborn Care & Child Health

I Provision of essential newborn care.

II Promoting home based newborn care.

III Timely identification of high riskn newborn and their referral .

IV Institutional newborn & child care services .

V promotion of exclusive breast feeding for the first months

VI Skill up – gradation of services providers on EBF

VII Improving routine immunization services

VIII Treatment of childhood illness through IMCI guidelines

IX Coordinstion with ICDS for better MCH services including immunization .

X Coverage of urban slums through specific urban RCH intervention

Adolescent health

I Imparting health , hygiene and family life education through school teachers to school going adolescents

II Vocational traning & FLE for non – school going adolescent by NGOs at selected Sub – centers.

III Making health services available at adolescent health clinics at selected PHCs

IV Weekly distribution of IFA tablets to adolescent girls

Population stabilization

I Skill up – gradation of medical & paramedical staff on various sterilization techniques , such as laparoscopy , minilap , vasectomy & NSV .

II Conduction Cu T 380 A Camps on fixed day at Sub – Centers .

III Organising RCH Camps.

the term "maternal and child health" (mch) includes all matter all matters pertaining to physical and mental health and the medical care of woman through out reproductive cycle and children of all ages from conception to adolesence. mch is the currently accepted approach of preventive , promotive , curative and rehabilitative health care for mothers and their children . it also intends immunization , nutrition , growth monitoring and identification and treetment of minor ailments.

MOTHER AND CHILD AS ONE UNIT

mother and child are considered as one unit. it is because during the antenatal period the foetus is part of the mother. the oeriod of development of the feotus in the mother's

womb is about 280 days, during this period the feotus obtains all the building materials and oxygen from the mother's blood, the health of mothers during pregnancy is reflected upon the health of the new born. A healthy mother gives birth to a healthy baby , there is less chance for a premature birth , still birth or abortion .After birth the child is dependent upon the mother for feeling , growth & development and education specially in Oral , Anal and Oeidipal stages of Socialization .

MAIN CAUSES OF MATERNAL MORTALITY

Maternal Mortality is defined as death of women while pregnant or within 42 days of termination of pregnancy regardless of site or duration of pregnancy from any cause related or aggravated by the pregnancy or its management.

MMR-MATERNAL DEATH PERONE LAKH LIVE BIRTH

At present MMR of our country is 407 per Lakh.

IN UTTAR PRADESH

- Every 15 minutes a women dies.
- 3800 maternal deaths per year.
- For every Maternal death 20 mothers start leading a life in the morbid conditions because of pregnancy related complications.
- Almost half of the deaths occur at home and another 10 – 15 % the way to hospital.

Other Important Causes of maternal Mortality

- Poor maternal health and nutrition.
- Short spacing between pregnancies.
- Under – utilization of health care facility.

Most of these deaths can be prevented by better pre-natnal, intra –natel ,post-natal care and through proper nutrition education and planning.

ANTENATAL CARE

It is preferred and advised that all females should have ptemaritle medical check up, especially with regard to blood examination for S.T.S blood group (ABO) and Rh (D) factor.

A healthy mother and healthy child are the basic objectives of the MCH services. For this purpose right from the time of conception onwards all the expectant mother should remain under medical supervision to maintain their own health and to ensure normal development of the feotus. Thus all expectant mother should attend the MCH centre for antenatal check up as soon as the pregnancy is diagnosed . There should be monthly visit to the center for check up during the first 7 months of pregnancy ; there – after the visit are twice a month upto 8^{th} or 9^{th} months , followed by weekly visits . The main aims if antenatal care are:

- To ensure the health of expectant females and eliminate maternal mortality.
- To check up for the possible complications during pregnancy and take up preventive and remedial measures for the same.
- To select high risk cases for timely reference to the hospitals under the care of specialist.
- To educate and prepare the expectant females psychologically and otherwise for motherhood.
- To educate the couple about family welfare programme and services.

- Health education about nutrition , personal hygiene, child care, hazards of drugs and smoking etc.

Medical Check Up During The Antenatal Period Are As Follows-

1 During the first visit at the centre , after due registration they are checked up medically , which includes complete blood examination , ABO – grouping , Rh factor , STS ,HIV test for AIDS, X-ray chest anddental check up .

2 At subsequent visits routine examination fot blood Hb , urine for albumin and sugar , blood pressure and weight is carried out.

3 They are properly treated for minor ailments , if any.

4 The special problems like anaemia, Rh status, malnutrition. Syphilis , toxaemias of pregnancy etc are taken care of properly.

5 All cases with high risks of pregnancy and likely to have complications are refreed to the hospitals under care of the specialists.

6 As routine all cases should be given protective tetanus toxoid immunization to avoid the hazards due to puerperal and neonatal tetanus.

7 To maintain the records , an antenatal care is maintained for each case this card is linked with intranatal , post – natal and Undr Fives cards to keep the proper link for each case separately.

Intra – natal Care-

The main aims of intra natal care are

- Normal conduction for delivery under complete asepsis.

- Endevor to have minimum possible injury to mother and the newborn.
- Immediate care of the newborn at delivery.

This services can be domiciliary or institutional i.e., at the center of hospital in majority of the cases (about 80%) domiciliary services is carried out through axillary female nurses, midwives or even yrained dais in rural areas. The cases with likely complications have to be conducted in hospitals.

Immediate care of the newborn at delivery include:

- Immediate resuscitation of the newborn.
- Care of the cord to avoid sepsis./
- Care of the skin.
- Cleanliness and care of eyes./

Post – natal Care

- care of the mother's health. She should be ensured rest foer at least 6 weeks. She is given guidance and instructions about the importance of breast feeding which can continue up to a period of 18 months. She is also given health education ,especially aboput the care of the infant and the family planning.She is also enlightened about the family planning methods , spacing programme and above all post – partum starilsation after the second child . She is guarded against puerperal infection , secondary hemorrhage and possibility of thrombophlebitis.
- Immediate care of the new born involves :

1 Resuscitation
2 Cutting and typing of cord.
3 Cleaning and care of eyes. Watery eyes are a pointer to blockage of lacrimal gland duct , which needs immediate care .

4 Cleaning of skin. No oils and powders should be applied .
5 Recording of birth weight .
6 Looking for any congenital abnormalities.

Meal planning for Pregnant And Lactating Woman:

Meal planning can be defined as simple practical exercise which involves applying the knowledge of food , nutrient requirement , individual preferences to plan adequate and acceptable meals . In other terms , planning means planning for adequate nutrition.

Meal planning for pregnant Women

Changes during pregnancy

Changes in body organs

Changes in body metabolism

Changes in body fluids

Changes in digestive functioning

Changes in body weight

Recommended direcary intakes for the pregnant woman

Meal pattern for pregnant woman

Meal planning for lactating woman

Lactation
Nutrient composition of Human milk
Meal Planning for the Lactating women
Intervention To Reduce Mortality
A Community Level Interventions
B Health System Intervention
C Creating enabling environmental to accelerate Progress.
Reducing gender inequality:
The status of woman:
Policies and Political commitment
Good linkages between health and other relevant sector
MORTALITY AMONG THE CHILDREN IN THE AGE GROUP OF 0 TO 5 YEARS
Infant mortality
Neonatal Mortality
Post neonatal Mortality
Child mortality
Under five Mortality

IN UTTAR PRADESH

Infant Mortality Rates Of Various State Of India

STATE	IMR
ANDHRA PRADESH	62
ASSAM	70
BIHAR	61

GUJRAT	60
HARYANA	62
HIMANCHAL PRADESH	58
KARNATAKA	55
KERALA	10
MADHYA PRADESH	85
MAHARASHTRA	45
ORRISSA	87
PUNJAB	51
RAJASTHAN	78
STATE	**IMR**
TAMIL NADU	14
UTTAR PRADESH	80
WEST BENGAL	49

Leading Causes of Infant Mortality And Child Mortality

INFANT MORTALITY

A **Neonatal Mortality**

- Low Birth weight and prematurity
- Birth Injury and difficult labour
- Hypothermia
- Infections Including NNT
- Congenital Anomalies
- Haemolytic Diseases of newborn
- Condition of Placenta and cord
- Diarrhoeal diseases
- Acute respiratory infections

B **Post-neonatal Mortality(1-12 months)**

Diarrhoeal deseases
Acute respiratory infections
Other communicable deseases
Malnutrition
Accidents

C **Child mortality**

Diarrhoeal diseases
Respiratory infections
Malnutrition
Other febrile diseases
Accidents and injuries

Care of children

Care of the new born
Care of children in Early childhood
At-Risk Children

Meal Planning For The Infant And Preschooler

Meal Planning For The Infant
Nutrients of Particular Importance To Infant

Importance of Breast Milk

Introduction of Supplementary Food

The Preschool Child

Recommended Dietary Intakes For The Preschool Child

The nutrient of particular importance for the per-school child

Which food to select
Meal pattern

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ORDINANCES

Objective

The component of RCH includes maternal health services, child health service including immunization, family planning adolescent health and care of RTI/STD and AIDS.

The RCH can be defined as "people have the ability to reproduce and regulate their fertility, women are able to go through pregnancy and child birth safety, the outcome of pregnancy is successful in terms of maternal and child survival and well being and couples are able to have sexual relations free from the fear of pregnancy and of contacting diseases". The concept of RCH is to provide need based, client centered, demand driven, high quality and integrated services to the beneficiaries. RCH programme is a composite programme incorporating the inputs of Government of India as well as funding support from external donor agencies inducing World Bank, UNICEF etc.

The basic objectives of this course are as following:-

- To impart comprehensive and factual knowledge of full range of reproductive health care services, including family planning are accessible, affordable, acceptable and convenient to all users.
- To enable and support responsible voluntary decisions about child bearing and methods of family planning of their choice as well as other methods of their choice for regulation of fertility which are not against the law and to have the information, education and means to do so.

- To meet changing reproductive health needs over the life cycle and to do so in ways sensitive to the diversity of circumstances of local community.

DURATION;
The total duration of the course shall be one year divided in one year.

SEATS:
The total number of the student to be admitted to the course shall be 60

ELIGIBILITY:
Minimum qualification should be graduate in any discipline with 45% marks.

ADMISSION POLICY:
As per University norms.

COURSE CONTENTS:
The curriculum of the course shall consist of 4 theory papers and dissertation as under:

3. Theory Paper: There shall be 4 papers of 100 marks each

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ATTENDANCE:
Seventy five Percent attendances shall be compulsory.

FEE:
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Paper No.	Title of the Paper	Max. Marks
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Paper – II	Psychiatric Social Work And Health	100
Paper – III	Mother and Child Care	100
Paper – IV	Reproductive and child health Programme	100
Paper – V	Project Report/Dissertation/Viva	100
	Total Marks	500

Child development & welfare

Unit -I

Child development :Meaning & Significance, Developmental Stages, Developmental Process & Problems of Children, Especially in difficult Circumstances.

UNIT -II

Child welfare: Concept, meaning, Definition & Importance ,Need, Significance & Areas

Meaning and Role of groups in welfare of child.

UNIT –III

Rights of the children: UN Convention on the child ;

Role of, WHO Role of International & National organization in safeguarding to child rights: UNHRC, UNICEF, WHO, UNDP. Policies and programmes of the Indian government, Role of NGOs

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Child Development Programmes; Child Marriage Restraint Act; Juvenile Justice Act; Child Labour Act (Prohibition and Regulation), and **others**

Psychiatric Social Work and health

UNIT -I

Psychiatric and Social work
Historical Development of Psychiatric Social work
Function & Duties of Psychiatric Social workers

UNIT –II

Practice of Psychiatric Social Work-Role & Functions
Psychiatric Social Work –Retrospect & Prospect

UNIT –III

Normal Behaviour: Meaning & Characteristics
Abnormal Behaviour: Meaning, Characteristic & Diagnostic Classification of Abnormal Behaviour

UNIT –IV

Theories and Models of Abnormal Behaviour: Psycho-social Theory, Humanistic Theory, Psycho-analytic Theory.

Reproductive And Child Health Programme

UNIT –I

Psycho –somatic factors of illness: Psycho – somatic Diagnosis-Meaning and importance; Steps in Psycho –Somatic Diagnostic; Diagnosis Aids; Psycho–Somatic Medicine; Types, Importance, Methods of application; Common Physical Diseases & Role of Medical Social Worker.

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UNIT –IV

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REPRODUCTIVE AND CHILD HEALTH PROGRAMME

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MAIN CAUSES OF MATERNAL MORTALITY

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- To select high risk cases for timely reference to the hospitals under the care of specialist.
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- To educate the couple about family welfare programme and services.

- Health education about nutrition , personal hygiene, child care, hazards of drugs and smoking etc.

Medical Check Up During The Antenatal Period Are As Follows-

1 During the first visit at the centre , after due registration they are checked up medically , which includes complete blood examination , ABO – grouping , Rh factor , STS ,HIV test for AIDS, X-ray chest anddental check up .

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- Endevor to have minimum possible injury to mother and the newborn.
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This services can be domiciliary or institutional i.e., at the center of hospital in majority of the cases (about 80%) domiciliary services is carried out through axillary female nurses, midwives or even yrained dais in rural areas. The cases with likely complications have to be conducted in hospitals.

Immediate care of the newborn at delivery include:

- Immediate resuscitation of the newborn.
- Care of the cord to avoid sepsis./
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Post – natal Care

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- Immediate care of the new born involves :

7 Resuscitation
8 Cutting and typing of cord.
9 Cleaning and care of eyes. Watery eyes are a pointer to blockage of lacrimal gland duct , which needs immediate care .

10 Cleaning of skin. No oils and powders should be applied .
11 Recording of birth weight .
12 Looking for any congenital abnormalities.

Meal planning for Pregnant And Lactating Woman:

Meal planning can be defined as simple practical exercise which involves applying the knowledge of food , nutrient requirement , individual preferences to plan adequate and acceptable meals . In other terms , planning means planning for adequate nutrition.

Meal planning for pregnant Women

Changes during pregnancy

Changes in body organs

Changes in body metabolism

Changes in body fluids

Changes in digestive functioning

Changes in body weight

Recommended direcary intakes for the pregnant woman

Meal pattern for pregnant woman

Meal planning for lactating woman

Lactation
Nutrient composition of Human milk
Meal Planning for the Lactating women
Intervention To Reduce Mortality
A Community Level Interventions
B Health System Intervention
C Creating enabling environmental to accelerate Progress.
Reducing gender inequality:
The status of woman:
Policies and Political commitment
Good linkages between health and other relevant sector
MORTALITY AMONG THE CHILDREN IN THE AGE GROUP OF 0 TO 5 YEARS
Infant mortality
Neonatal Mortality
Post neonatal Mortality
Child mortality
Under five Mortality

IN UTTAR PRADESH

Infant Mortality Rates Of Various State Of India

STATE	IMR
ANDHRA PRADESH	62
ASSAM	70
BIHAR	61

GUJRAT	60
HARYANA	62
HIMANCHAL PRADESH	58
KARNATAKA	55
KERALA	10
MADHYA PRADESH	85
MAHARASHTRA	45
ORRISSA	87
PUNJAB	51
RAJASTHAN	78
STATE	**IMR**
TAMIL NADU	14
UTTAR PRADESH	80
WEST BENGAL	49

Leading Causes of Infant Mortality And Child Mortality

INFANT MORTALITY

A **Neonatal Mortality**

- Low Birth weight and prematurity
- Birth Injury and difficult labour
- Hypothermia
- Infections Including NNT
- Congenital Anomalies
- Haemolytic Diseases of newborn
- Condition of Placenta and cord
- Diarrhoeal diseases
- Acute respiratory infections

B **Post-neonatal Mortality(1-12 months)**

Diarrhoeal deseases
Acute respiratory infections
Other communicable deseases
Malnutrition
Accidents

C **Child mortality**

Diarrhoeal diseases
Respiratory infections
Malnutrition
Other febrile diseases
Accidents and injuries

Care of children

Care of the new born
Care of children in Early childhood
At-Risk Children

Meal Planning For The Infant And Preschooler

Meal Planning For The Infant
Nutrients of Particular Importance To Infant

Importance of Breast Milk

Introduction of Supplementary Food

The Preschool Child

Recommended Dietary Intakes For The Preschool Child

The nutrient of particular importance for the per-school child

Which food to select
Meal pattern