

Organizing a Short-term Course on Maternal and Child Health Nursing

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India is a signatory to the Alma Ata Declaration of 1978, which committed the country to the primary health care approach based upon equity, access and social justice. The national health policy of India subscribes fully to the principles of primary health care. Maternal and child health is an important element of primary health care since mothers and children constitute about more than 65 per cent of the total population of our country. Mothers and children are among the most vulnerable groups in our society because of their special health needs at critical life stages, and their exposure to the risk of dying from pregnancy related causes, infection, malnutrition and early childhood diseases. Nurses working in hospitals, MCH clinics and in the community are in a better position to provide awareness by educating the public and looking after their health. So it is important to organize in-service education programmes/short-term courses to help these nurses to update their knowledge and strengthen their skills and in turn help the country to achieve the goal of Health For All by 2000 AD.

Organisation of Short-term course

For effective organisation of such a course, 4 broad phases can be taken into account.

1. Assessment: A carefully planned short-term course depends on assessment data. Assessment helps in determining the community needs and in avoiding overlapping. It involves taking the following factors into consideration.

1.1 Participants, i.e. people to be served, their level of learning, their need for additional learning opportunities, and responsibility for self-development.

1.2 Resources in terms of educational and health services institutions, teaching Faculty in Nursing, Medical and other subjects. The specific areas of expertise required is: Community

Health Nursing, Paediatric Nursing, MCH Nursing and Obstetrical Nursing; Community Medicine, Paediatrics, Obstetrics and Gynae. In other specialties, sociologists and statisticians are required.

The other salient resources are: physical space - Class rooms, equipments and Conference hall; Library - Books, periodicals and audio-visual aids; Secretarial and audio-visual technicians staff; adequate finances and Clinical facilities, viz. MCH Clinic, Maternal ward, and Labour room.

2. Planning: It is necessary to plan a course around clearly stated objectives to be used as a basis for determining types of audience, content, methodology and evaluation. It should enable the participants to discuss maternal and child health services, especially the preventive, promotive and restorative aspects. Further, the participants should be enabled to identify the problems in MCH services; to critically analyse the prevailing MCH service, especially the quality of service. They should also be enabled to appreciate the small family norm, and identify ways of reducing maternal and infant mortality and morbidity rates.

2.2 Planning involves: individuals who provide input to the sponsoring agencies concerning individuals and group needs; employers who provide scheduled time for the course; and Planners who consider the needs of the group to be served, utilize appropriate resource personnel, and clearly define the purpose and goals of the course.

2.3 Planning elements are:

- Participants, i.e., Nurses working in MCH clinics, maternity wards, labour rooms, PHC.

- Philosophy, i.e., a belief that the course will keep the participants abreast with the needs of the mothers and children, and will improve the quality of MCH services.

- Goal, i.e., the course will help the participants to update their knowledge and skills in MCH care.

- Methodology, i.e., lectures, discussions, demonstrations with suitable audio-visual aids.

- Venue, i.e., institution with facilities, formal setting of classrooms, conference hall, clinical area.

- Duration, i.e. one week, fixing of dates on the criteria of season, examination, holidays, elections, etc.

- Content of learning experience: health education in MCH services, need for such services, health survey, PHC approach, ante- intra- and post-natal care, care of the newborn, immunization programme, well baby clinic, school health programme, dai training, family welfare programme, MCH problems in India, recording and reporting.

3. Implementation

3.1 Notification of programme, posting registration form/brochure, inform registration fees, accommodation, pre- and post- travel arrangements.

3.2 Programme information about location, sponsoring organisation if any, qualification of faculty, objectives, content and methodology, allocation of credits/certificate of attendance.

3.3 Records regarding name and address of awarding institution, title and format of programme, description of activity and dates and location of the activity.

4. Evaluation

4.1 Participants, pre- and post-, self evaluation.

4.2 Program: format, content, teaching staff, pre-requisite, qualifying requirements and level of instruction.

4.3 Follow-up in terms of participant viewpoint and employer response.

For this purpose a structured Evaluation Form can be used covering the various aspects mentioned above. A sample of the same can be made available on request by the author.

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