



## Department of Nutrition and Food Engineering

# INTERNSHIP REPORT

## Maternal and Child Care before and after pregnancy at Mohammadpur fertility services and training center

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**LETTER OF TRANSMITTAL**

Date: 19 December, 2019

To  
Professor Dr. Md. Bellal Hossain  
Head  
Department of Nutrition & Food Engineering  
Daffodil International University.

**Subject: Submission of Intern Ship report.**

**Dear Sir,**

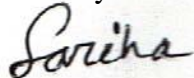
I would like to take this opportunity to thank you for the guidance and support you have provided me during the course of this report. Without your help, this report would have been impossible to complete. Daffodil International University has many more respective persons, for providing me all most supervision during my Intern Ship in the organization.

To prepare the report I collected what I believe to be most relevant information to make my report as analytical and reliable as possible. I have concentrated my best effort to achieve the objectives of the report and hope that my endeavor will serve the purpose. The practical knowledge and experience gathered during report preparation will help me in my future professional life. I request you to excuse me for any mistake that may occur in the report despite of my best effort.

I would really appreciate if you enlighten me with your thoughts and views regarding the report.

I therefore, would like to place this report to your judgment and suggestion. Your kind advice will encourage me to perform better planning in future.

Sincerely Yours,



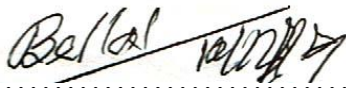
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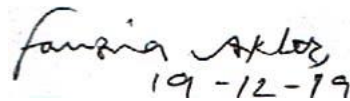
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## DECLARATION

This Dissertation entitled “Maternal and Child Care before and after pregnancy at Mohammadpur fertility services and training center” is being submitted to the Department of Nutrition and Food Engineering, Faculty of Allied Health Sciences, Daffodil International University Dhaka-1207, Bangladesh as a part of partial fulfillment of the requirements for the degree of Bachelor of Science in Nutrition & Food Engineering. This internship report is unique and done by Farhana Afrose Fariha authentic hard work.




.....  
Professor Dr. Md. Bellal Hossain  
Head  
Department of Nutrition & Food  
Engineering  
Daffodil International University



.....  
Assistant professor Fouzia Akter  
Department of Nutrition & Food  
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## Approval Certification

This is to certify that Farhana Afrose Fariha ID : 161-34-489 Program B.Sc. in Nutrition & Food Engineering is a regular student department of Nutrition & Food Engineering Faculty Allied Health Science Daffodil International University. She has successfully completed his internship work report of 2 month of Mohammadpur fertility service and training center (MFSTC) at Mohammadpur Dhaka, Bangladesh under my direct report is a worth of fulfilling the partial requirements of NFE program.



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ইউ, এইচ, এম, শাহনাজ ফরিদ  
পরিচিতি  
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এ্যান্ড ট্রেনিং সেন্টার  
মোহাম্মদপুর, ঢাকা-১২০৭  
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## Acknowledgement

At first, I would like to express my gratitude to my creator the almighty Allah for enabling me the strength and opportunity to complete the report in time successfully.

I am grateful to my parents without whom I cannot be here. Without the support of my parents, I could not be able to achieve my objectives and goals.

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I also grateful to all the other **NFE Faculty member** for their great help during university life.

I would also like to give thanks to my seniors, juniors and my classmates for their help, advice, and suggestions, inspiration and support.

### **Summary:**

Mohammadpur fertility services and training center is a governmental hospital located in Mohammadpur, Dhaka, Bangladesh. The hospital is a maternal and child care center associate with health related problem, nutrition, and family planning services. The objective of this hospital is to reduce the maternal and child mortality rate. Beside it also works for lowering the population growth. I worked in Mohammadpur fertility services and training centre for two months. I worked in health education and counseling service sector. I learned about maternal and child care before and after pregnancy and about nutrition related counseling. And it will also helpful for me to gather knowledge for future development

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### **1.0 Introduction:**

Bangladesh is one of the low income countries where poor Peoples groups are not much available to health care and there survive a poor - rich discrimination in maternity care and maternal as well as child mortality. At a distance from this poor-rich discrimination, social and cultural customs and practices concerning motherhood and child caring also have the effective influence on maternal and child health. Bangladesh has acquired an wonderful progress since its independence in 1971 even with many restriction like environmental disasters, rapid population growth and limited sources. The decreasing trends of poverty, illiteracy and infant, child and maternal mortality as well as enhancing life expectation are a few reasons of acquirement worldwide the initial causes of neonatal deaths are preterm birth complications, intra partum related complications, neonatal mortality in developing countries are occur at home and because of no knowledge health care professionals. There are four major causes of neonatal deaths. They are sepsis, perinatal asphyxia and prematurity. And also low birth weight. The severity of recent neonatal deaths without early newborn care takes place within seven days of birth. The information of primary care and care seeking behavior for new born babies are depending on location, knowledge health care profession, education, socio economic status, culture and traditional beliefs of the society. For example neonatal death decrease from 64.5 to 31.3 million during 1990-2010. Which is more comparable to many other countries in the world and still a notable public health apprehension in Bangladesh. There are anxiety in rural areas in particular because of huge poverty, illiteracy, limited health care facilities and other health care obstacle. This is noticeable that timely and proper care, such as care seeking behavior for new born babies build on the attitudes and knowledge of care givers on mothers at home. In Bangladesh about two thirds of all delivery and three quarters of delivery in villages happen at home. Therefore newborn care practices at home is needed for reducing neonatal death in villages.

Most favorable use of antenatal care and proper delivery practice helps to eradicate complications in child delivery and ensure cure mothers and children. In Bangladesh antenatal care present for pregnancy connected care provided by a health care skilled in a health care setting. The post natal care (PNC) can be clarify as the time instantly after the



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birth up to six weeks (42 days) is difficult for the newborn and the postnatal mother.

Instantly after delivery, bleeding complication and infection pose the huge risk to the mothers life. Moreover before birth asphyxia and intensive infections pose the huge risk to newborn. Two third of all neonatal mortality come from this complication. Moreover not appropriate feeding and cultural practices through the post natal term may pose again risks to the life of the newborn. It has extensively accepted that maternal death. The second most common cause of death between women aged 15 - 44 years globally is associate for 14.6% of all deaths in this age group and generally deaths happen through labor, delivery and in immediate postpartum term because of postpartum hemorrhage, infection unsafe abortion and eclampsia.

All there maternal and neonatal deaths can be removed if women take effective post natal care. The timing of postnatal care is also difficult for the mother and baby.

Bangladesh is a developing country and neonatal death occur in Bangladesh is common incident. Here pregnancy and child care topics are knower as very traditionally sensitive.

Fundamental care for mother and child though and after pregnancy is significantly important to health of mother and child. Moreover Bangladesh improved a lot in health care but maternal and neonatal mortality is unbelievably high and need extra attention. A study claim that Bangladesh has a great amount of neonatal mortality rates of 25 - 35 deaths per 1000 live births.

The utilization of ANC in developing countries is lower compare to developed countries. The Bangladesh demographic and health survey claim that 78% of women with a birth in the three year previous the survey accept ANC at least once from any health care professionals trainer provider. In our country 36% of women received a post natal care from a medically trained provider. And 34% accepted it within first two days after delivery.

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From this background this is noticeable for exploring the in detail suitable of service utilization. Now a days little was known about characteristics that clarify practices of mothers in caring for newborns in our country. Therefore the aim of this study to identify factors connected with use of ANC and PNC care between mothers of newborn from healthcare facilities in villages of Bangladesh.

MFSTC is a governmental institution located in Dhaka has played an important role in understanding the importance of maternal and child health care. The objective of this hospital is to lowering the maternal and child mortality. In which antenatal care services and post natal care services plays an important role. In this hospital counseling on nutrition is also provided to the patients. The opportunity to working in this hospital for 2 month would help me to gather knowledge for future development. I worked in health education and counseling services. Where I learned about ANC and PNC services.

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### **2.0 MFSTC at a glance:**

MFSTC formerly known as the Mohammadpur Fertility Services and Training Centre is an Government Hospital located in Mohammadpur, Dhaka, Bangladesh. The hospital is a health care centre associate with health related problem, nutrition and family planning services related needs of the clients and patients. MFSTC established as a special project in 1974 with funding assistance from a fund for the objective of giving integrated family planning services. This is first centre which give this kind of opportunity. After decision of the government MFSTC transferred to the revenue budget. MFSTC is a governmental hospital for maternal and child care. This hospital accomplish a responsibility for lowering mortality and morbidity rate of maternal and child.

In Bangladesh MR was first initiated in MFSTC. MR in now a days in most important aspect among women to ensure their fulfillment of their right toward reproductive health. This hospital also provide services for post abortion care. Patients who visits this hospital 80% among them are from lower and middle income patients which indicate the popularity of hospital and its performance, good quality, counseling, record keeping and follow up services given to the patients. This hospital provide normal delivery services including c-section. And also offers child treatment under-5 for outdoor patients. This hospital also provide treatment for infertility problem.

All basic treatment are always given to the patients properly. But there is an extra effort of the administration to provide an advanced treatment to the patients.

### **Mission:**

To associate with a view to fulfilling the health, nutrition and family planning services related requirement for the patients.

### **Goals:**

The goal of this institute is to develop the health and nutritional status of mother and children and also acquire of family planning method in Bangladesh.

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### **Vision:**

This is an organization to guide and lead the country in family planning in Bangladesh especially in fertility services. Mother and child health care is also a model of associate community and hospital based services for preventive and development for patients care.

### **Objective:**

- To reduce the population growth.
- Lowering the rate of mortality and morbidity for mother and child.
- To develop quality of services undertaking research on different aspects.
- Human resource improvement during training in family planning, MCH care.

### **Service:**

- Family planning services.
- Maternal and child health services (MCH)
- Infertility services.
- Emergency obstetric care services
- Health education and counseling services.
  - (i) Antenatal and postnatal counseling
  - (ii) Nutrition counseling
  - (iii) Adolescence health counseling.
  - (iv) Breastfeeding counseling
  - (v) Clients counseling.
- Supporting services

### 3.0 Antenatal Care :



**Figure : 3.1 Antenatal Care Patient**

Prenatal care, also known as antenatal care, is a one kind of precautionary healthcare. Its objective is to make available normal check-ups that allow doctors or midwives to take care of and prevent potential health problem during the course of the pregnancy and to develop in good physical shape lifestyles that is necessary for both mother and child. During check-ups, pregnant women accept medical information about motherly physiological changes in pregnancy, biological changes, and prenatal nutrition such as prenatal vitamins. Recommendations on organization and healthy lifestyle changes are also occur during normal check-ups. The accessibility of routine antenatal care, like antenatal screening and diagnosis, has accomplished a part in lowering the occurrence of maternal death, miscarriages, birth defects, low birth weight, neonatal infections and other unnecessary health problems.

#### **Management of antenatal care in MFSTC:**

When pregnant women come to the hospital (MFSTC) they first report to the ANC(antenatal care) department. At first councilor measure height and weight of the patient. At pregnancy a mother should gain at least 7-11 kg. Weight. under 40 kg is known as malnourished mother. If the height is under 4.10” than it is not suitable for normal delivery. For over-weight, a mother give birth small size baby. can cause fetal hypoxia(lack of oxygen).

councilor take patients history about medical, toxicity tetanus, menstruation,(last menstruation period)LMP and expected delivery date .Have to check her blood pressure, hemoglobin, edema, fundal height, fetal position, fetal movement, fetal heartbeat , fetal

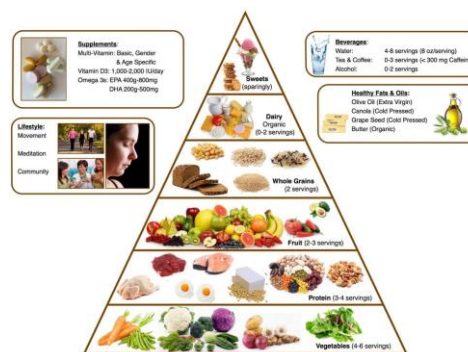
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presenting part. At ANC during check-up have to analysis mothers breast, heart-beat, varicose vein, and lunch.



**Figure : 3.2 Antenatal Care Patient**

Councilor counseling for pregnancy related health education. For example they give advice to avoid hard work, mental stress, tight cloth and high shoes. They give advice them about food habit. They should eat pretentious food, fruits and vegetable. They should maintain personal hygiene. A pregnant women should sleep about two hour in a day. For supplement they are advised to take iron and folic acid during pregnancy. During pregnancy they are advised to avoid vitamin A capsule.



<https://bit.ly/2qt677p>

A pregnant women should take at least four time check up.

1. As early as possible.
2. Within 6 month
3. Within 8 month
4. 9 month check up.

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Causes of miscarriage: 1. Diabetes mellitus

2. Health related problem
3. Genetic cause
4. Nutritional defect
5. Hard work and long journey
6. First three month has risk for abortion
7. Obesity

Antenatal care is very important for pregnant mother. Without ANC increase maternal mortality and morbidity rate. Without ANC a pregnant mother is unknown about danger sign of pregnancy. Eclampsia is a direct cause of mother death. Eclampsia means convulsion of mother during pregnancy.

In ANC mothers will be also concern about family planning method for example

Pill: it's a very active process. Every day have to take one pill and at a certain time have to start new packet. It is safe for all type of women. It does not have any complication. Any adult married women can use it. Abdominal cramping during menstruation ,excessive menstruation, anemia and other sickness can prevent by it. At the beginning unexpected period can occur. But it is not harmful .it will be preventable during some days. Some women can suffer in headache, changeable weight and anorexia. That's all are prevent able.

### **4.0 Postnatal Care:**

Associate care of the mother and neonatal according birth and offer the convenience to help the mother for health education, physically, mentally and community and early measurement of risk signs and health related problems in the baby.

#### **Management of post natal care in MFSTC:**

In MFSTC counselor counseling about post natal care. They counseling mother after birth. The main objective of giving post natal care is to avert both mother and new born baby death. And also eradicate long term complications. The post natal period is first six weeks after birth. The counselor counseling about.

- Post partum family planning. Post partum period can be divided into three following levels. The initial or acute phase is consist of 6-12 hours after delivery. Sub acute postpartum period which consist of 2-6 weeks and the highest timing post partum period which consist of at least up to six months.
- During delivery family planning method counseling and after 42 days they advise patient to come hospital and take family planning method for prevent unwanted pregnancy.
- They advise patient to drink abundant amount of water and nutritious food, citrus food. And also continues about personal hygienic.
- Hospital provide vitamin A capsule after delivery to the mother.
- Councilor counseling about vaccination for new born baby.
- They conscious parents about care of their new born baby.

#### **Care of the mother and neonatal after delivery:**

Some pregnant women like to give birth in the home with a professional attendant. But a few mother may not have a professional attendant present. Some pregnant women like to do their delivery in a facilitate way. Who recommends that a woman should not discharge before 24 hours after delivery. Because it is crucial time for mother and baby. And someone help the woman and newborn baby for the first 24 hours after delivery to respond to any difficulties in



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her or her babies condition. Different kind of complications can happen in the first 24 hours. For the following delivery at home it is suitable that the mother and neonatal accept a postnatal care as soon as possible, within 24 hours after delivery. If the delivery was in a facilitate way then mother and baby should take a postnatal care before discharge.

### **Important factors to discuss with women and their families emergency about birth:**

- The involvement of having someone for the first 24 hours.
- The importance and advise about timing of postnatal care.
- The advise for new mother eating more and nutritious foods. And the importance of rest and sleep and also advise them about to avoid physical labor.
- Counseling of normal post partum bleeding and lochia. Discussion about blood loss they can expect and how long it is not call emergency. If the bleeding is excessive they should go for professional care.
- Advise them about danger signs for maternal and child and the importance of seeking emergency care.
- Counseling about infant feeding and exclusive breast feeding and the importance of only receive prescribed medicines when breastfeeding.
- Counseling about the importance of the home environment for development the sound health of the newborn baby and careless of the mother. For instance, discussion about the need for warmth, good ventilation and hygiene for both maternal and child.

### **Time for postnatal care:**

After delivery the maternal and child care should be examined within 24 hours by a skilled health trainer. During this time also counseling with the patient and her family about the timing of following check-up and the vaccination schedule for the baby. Who recommends that the maternal and child should be visited by a trained health care provider, favorably within the first week next delivery. If possible for the patient they can take this treatment for home visit. If the patient is unable to take facilities for home visit then she can come to the facility or local clinic for these scheduled visits. These treatment early in the PNC period are emergency for maternal and child care. It is also an opportunity to capable the recognition of breastfeeding and any complications with attachment.

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### **Process of giving information for the care of the mother after birth by counselor:**

The post natal care offers a list of practical care that require to be followed out after delivery. If anyone can not afford post natal care than they should follow the customs and standards recognized in their convenience. Demonstrate the causes behind the care are giving for and discussions with the mother and advise by the counselor for her to give her appropriate help in the home through the post natal time.

Appreciate her to ask questions through the check-up and keeping active listening skills and clarify what difficulties she have. Necessary steps should be taken for the patient so that she can implement counselor's advise. Sometimes patties are unable to raise up their difficulties. They are unsure on hesitant, they should have an indirect manner or than straightly raising an issue. Counselor should be aware about patients body language. Councilor should be able to understand in different way. What they think about patients description. At the end of the treatment counselor should facilities and reassure her and make sure that she feels supported.

### **Schedule of post natal care treatment for mothers and neonatal:**

First check-up	Within 1 week (Preferably on day 3)
Second check-up	7 - 14 days after delivery
Third check-up	4 - 6 weeks after delivery

### **Counseling on Nutrition:**

- Assure mother to eat a abundant amount and different kind of nutritious foods. Including meat, fish, oils, nuts, seeds, cereals, beans, vegetables, cheese and milk product to make her feel strong and for good health.
- Advise the patient to eat any normal foods which will not harm the baby during breastfeeding.
- Counseling about any taboos that has existence about foods which are nutritious.
- Motivate her partner and family members to enhance alertness about avoid physical work and the eating habits of mother.

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The first few weeks for maternal and child care is very challenging for physical and emotionally. Mother should take rest and take care of themselves as they cure from labor. This is very necessary that other family members and friends help in that time. Every family member should be care about mothers need.

Counselor should be aware and should bear the capability to know from the patient about the level of support they are getting from their families and she is getting enough rest. Concern about the difficulties that should be improved within time. During post natal period counselor should discuss about patients difficulties with their family as a whole to help them indicate solutions about their problem that may have raisin during delivery. Some mothers are very happy after the birth of a child, but again they want to go back to their ordinary routine as soon as possible. A counselor should understand this type of situations for mothers. Breastfeeding is also a discussion part for post natal period.

### **Support and care of the newborn after birth:**

For measuring the physical condition of newborn baby a counselor should be able to communicate properly with the mother and her family to assess neonatal health care. A counselor should provide effective guideline and help for exclusive breastfeeding as well as indication about care in the home for the baby. A counselor should counseling in a simple and appropriate language. If any concerns she think about her baby or her duty as a mother with respect, even if she become thoughtful unnecessary.

A counselor should obtain a patients trust so that she might come again when she has other concerns, which may be more serious. All mothers but who are first time mother, it is necessary for them to lots of support and trust that health care provider are concern for their babies appropriately. Counselor can communicate some of this indications through active health care for instance help the new mothers to hold or lift a baby and giving them opportunities if any problem they face.

### **It is important to concern mother, father and families with effective advise on how to care for newborn through first few days:**

- Keep warm the baby, a baby should cover with 1 - 2 layer more than an adult.
- Take care for umbilical cord.

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- Keep hygienic surrounding for the baby. It is not needed to wash the baby everyday. But should clean face and bottom. The room must be warmer when undressing baby.
- Exclusive breastfeeding must be needed.
- Parents should brought the baby in a health care on the 3 days and between 7 - 14 days and 4-6 weeks after delivery. At the 6 week baby should be immunized.
- Baby should keep away from smoke.
- It is not necessary to keep the newborn direct sun.

Some women find extra benefit and support with the issue such as breastfeeding. Women also need some information and query about their babies. In such case a counselor should examine what is known to the mother and what can they suggest her. Many times mothers take right decision and they just need reassurance about it.

If there are difficulties which mother can identify follow the counseling process that counselor offer to help mother to identify possible solutions. With together discussion about the advantage and disadvantages of solution and making a plan of action that patient can able to carry out at this time counselor shored consider about any local practices that families want to carry out for the newborn care. In such practices some could be harmful and they should concern about it.

### **Special needs for newborn:**

A newborn baby who suffers in difficulties breathing at the time of birth and require resuscitation should be careful over the next 24 hours with extraordinary attention to the danger sign. Generally it is important for the baby to stay warm and extra alertness is paid to the primary breastfeeding. Some babies are born at a very low weight. Because they have been delivered before nine month. And their growth was restricted in the uterus. The reason of giving birth with a low weight baby is mothers who are very young, who are involved in physical work through pregnancy. Who are obese or under weight and anemic or suffered from other difficulties or malaria through pregnancy low birth weight babies generally born under 2500 gm are at risk of death and infections. Low birth weight babies are in the danger sign of the newborn and their parents should be aware this and take necessary steps. Counselor should consoling about the breastfeeding system for low birth weight babies. Low

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birth weight babies can be support for using kangaroo mother care Kangaroo mother care offers skin to skin attachment between mother and newborn and exclusive breastfeeding. It helps to mother and newborn come in contact, again also stay warm and breastfeed often.

### **KMC Care:**

Kangaroo mother care or KMC sometime called skin to skin attachment. It is a technique of neonatal care where babies are kept chest to chest or skin to skin with mothers. Other family members also can use these method. It is most commonly use for low birth weight newborn babies. Normal weight for neonatal is 2.5 - 4 kg. Low birth weight for babies is below 2.5 Kg. And KMC service give to the babies who are below 2 kg.

KMC is necessary for parents because it improve bonding and parental satisfaction and also beneficial for enhance milk production and exclusive breastfeeding.



**Figure: 4.1 KMC Service**

### **5.0 Breast feeding counseling:**

The natural way of feeding baby is breast feeding. First six months baby get all nutrition from her mother. The first three days from mother baby get milk is colostrums which contain more important nutrients for the baby and it helps to make baby immunized. Colostrums is give to baby within one hour of birth. Colostrums is yellowish, sticky and thick liquid. WHO recommends an exclusive breast feeding through the six months of the baby which can reduce the mortality rate from infectious diseases. Bottle feeding baby mortality rate due to diarrheal disease are high than exclusive breast feeding baby. Mothers are advised to give the baby complementary food alter 6 months.

### **Importance of breast feeding:**

- Abundant amount of nutrients.
- Easy to digest and efficiently used.
- Great source of immunization and protect against infection.
- Economic easier than artificial feeding.
- Promote good attachment and bonding.
- Helps delay a new pregnancy.
- Improve mothers health.

### **Variations in the composition of breast milk:**

Colostrums is the breast milk that mother develop in the first three days after birth. It is generally thick, yellowish or clear in appearance. Mature milk is one kind of milk that develop after a few days. The amount of mature milk is larger.

Foremilk is one kind of milk that develop early in a feed. Hind milk develop early in a feed. Hind milk is develop later in a feed. Hind milk is more whiter than foremilk. Because it contains fat this fat help to gain much of the energy from a breastfeed. This is necessary not to take a baby from breastfeeding too quickly. Baby should allow to continue until fulfill their demand. Foremilk is bluer than hind milk. Its quantity is larger amount. It contains a lots of protein, lactose and other components. A baby get abundant amount of foremilk, they get all water which is needed for them. And they need no water before they are 4-6 months old, If the climate is hot. If they satisfy with water than they should take less breast milk.

**Colostrums**

<b>Property</b>	<b>Importance</b>
• Antibody improver	• Protects against infections and allergy.
• Contain white cells	• Help to protect against infection.
• Develop growth	• Help intestine to develop and prevents allergy, intolerance
• Contain vitamin A	• Prevents eye disease

**Good positioning for breastfeed:**

**Comfortable position create attachment between mother and baby. It helps to baby get enough milk from mother. Some comfortable position given below:**

- Mother should sit comfortably with her back or also can use pillow for support.
- Remove all barrier and create a skin to skin attachment with baby.
- Mother should hold babies neck and shoulders with her hand, but not allow to hold babies head.
- Bring baby close to mothers breast.
- Baby can get enough breast milk at night, because prolactin hormone develop more at night.

**How to counseling mother:**

- Suitable eye contact and appropriate smile in time.
- Revealed open body language.
- Revealed sympathy and respect through supportive language.
- Do not use rough words or judgmental.
- Ask open ended questions and listen concernly.
- After knowing mothers knowledge give direction.
- Develop mother knowledge so that she can solve problems.
- Don't be so hurry. Take time for counseling.
- Give patient practical help

### **6.0 Conclusion:**

Maternal and child mortality is one of the leading cause for lack of maternal and child care practices in Bangladesh. Low income people suffer much for the discrimination in maternity care and maternal as well as child mortality. MFSTC plays an important role for the development of maternal and child care services in Bangladesh between low income people. It is also helpful for the counseling for nutrition and for healthy lifestyle. The objective of MFSTC is to improve the mother and child health care and the development of nutritional status. By giving family planning method counseling they are also accomplish a great responsibility for lowering the population growth.