



# Global Adolescents & Child Health

### **Objectives:**

- Understand the adolescent and child health issues globally and the burden of diseases in this age group
- Discuss major global interventions that are to address mortality and morbidity in adolescent and children

#### Done by:

Team leaders: Khalid Aleisa & Ghada Alhadlaq Team members: Basel alanezi & Heba Alnasser

Revised by: Basel almeflh

Important | Extra | Notes

Editing file

# Summary

# What are the main health problems of adolescents and children?

#### Top causes of illness and disability

Causes of death among children under 5 years, globally, 2016



#### Prematurity is the leading cause of death in neonates

Pregnancy and childbirth complications are the leading cause of death among 15-19 years old girls

#### **WHO** recommendations:

- 1- stop child early and forced marriage
- 2- provide comprehensive sexuality education

3- information, counselling and services for the full range of safe, effective, accessible and affordable contraceptive methods

4- pre pregnancy, pregnancy, birth, post pregnancy safe abortion (where legal) and post abortion care. The mother is young and there is so much responsibility for her and she doesn't know how to deal with the baby, so she needs a lot of support. Risk for baby: babies which are born to mothers at a young age are at higher risk of dying because of nutrition deficiencies.

#### **Emerging Issues in child health:**

congenital anomalies ,Injuries, Non-communicable diseases (chronic respiratory diseases, acquired heart diseases, childhood cancers, diabetes, and obesity)

#### **Global response:**

By 2030, end preventable deaths of newborns and children under 5 years of age, with allcountries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births

#### Indicators of Child Health: to compare globally

Stillbirth mortality rate: 28th week of gestation - birth

Perinatal mortality rate: 28th week of gestation - 7th day antenatal care is most important in bringing down perienatal mortality rate

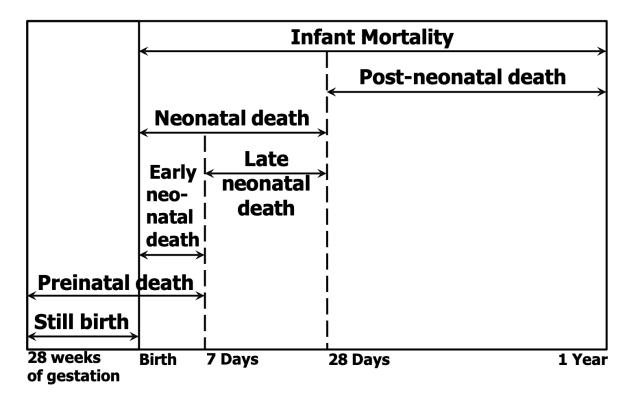
Neonatal mortality rate: early neonatal: birth - 7th day / late: 7th day -28th day

Post neonatal mortality rate : 28th day - 1 year

Infant mortality rate :less than 1 year

Under 5 mortality rate

**Mortality in and around infancy:** why do we take the 28th week as a cut-off point? because if the baby is taken off the womb he can survive (so they're viable)



# **Breastfeeding recommendations:**

Early initiation of breastfeeding within 1 hour of birth

Delaying breastfeeding for 2-23 hours increase the risk of death 1.3 times, waiting 1 day or more increase the risk of dying 2 times.

#### Exclusive breastfeeding for the first 6 months of life

Introduction of nutritionally-adequate and safe complementary (solid) foods at 6 months together with continued breastfeeding up to 2 years of age or beyond Globally, only 2 out of 5 newborns are put to the breast within the first hour of life Breastfeeding benefits: IMPORTANT FOR OSCE

For the baby	For the mother
Decrease •bacteremia •diarrhea •respiratory tract infection •necrotizing enterocolitis •otitis media •urinary tract infection •late-onset sepsis in preterm infants •type 1 and type 2 diabetes •lymphoma, leukemia, and Hodgkins disease •childhood overweight and obesity	<ul> <li>decreased postpartum bleeding and more rapid uterine involution</li> <li>decreased menstrual blood loss and increased child spacing (lactational amenorrhea)</li> <li>earlier return to pre-pregnancy weight</li> <li>decreased risk of breast and ovarian cancers</li> </ul>

# Good luck!

