

CONTEMPORARY ISSUES IN MATERNAL and CHILD HEALTH
CHSC 651
Tidewater Building, Room 1204
Professor Jeanette H. Magnus, M.D., Ph.D.

This course is designed to present contemporary issues and trends in maternal and child health and is a core requirement of all concentrators in Maternal and Child Health. Discussion and debate are the essence of this course. This is a time to interact with fellow students, the professor, and the guests: to consider, to develop, to challenge, and to evaluate ideas and views across the scientific/clinical, social and political aspects of each issue. Critical thinking is essential. Each student's views and attitudes are an integral part of the course and each student is expected to engage actively in each class. This class is preparatory to CHSC 751 Seminar in MCH.

GOAL

To enhance each student's ability to understand the key aspects of a public health issue in maternal and child health and to be able to synthesize the key points in crisp, cogent, and concise language — either verbal or written

OBJECTIVES

At the completion of this semester, each student should be able to:

1. Analyze current issues/trends in maternal and child health from a public health perspective;
2. Assess scientific/clinical, social and political aspects of each issue/trend;
3. Describe, debate, and discuss conceptual, methodological, and policy issues/trends in maternal and child health, and
4. Present individual views orally or written in cogent, concise, and crisp language.

GRADES

Grades are based on the following:

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|--|--------------|
| • 2 three-page briefing papers @ 25 points each | 50 points |
| • Your feed back to your peers papers @ 5points each | 10 points |
| • Class participation | pass or fail |
| • Final exam | 40 points |

Numerical Scores:

A	4.0
A-	3.67
B+	3.33
B	3.0
B-	2.67
C	2.0
F	0

COURSE REQUIREMENTS

Three-page Briefing Papers (2): Each student is required to write and submit 2 briefing papers on a pre-assigned topic. Each paper should reflect an intervention applicable to a specific maternal and child health issue. Each paper will consider some aspect of the cycle of topics presented. See *3-page Paper Instructions* on page 5. Data sources should be pulled from acknowledged databases and peer-reviewed literature. Each paper should have it's own literature reference list. APHA style should to be used.

Class Participation: Attendance is a crucial part of this class. Students cannot complete this course with participating/speaking in classes. Class participation will be graded on a pass/fail basis. A student cannot complete this course without a pass grade in participation despite good grades on the written assignments. With more than 20% absence the participation grade will be "fail". If a student is more then 15 minutes late to class the student will be registered as not present. Each student is to come to class prepared to examine and discuss each topic from a scientific, clinical, economic, political, and ethical/legal perspective. Read the assigned materials and enhance your perspective by utilizing the library materials, websites, (<http://www.mchirc.net/>), local experts, and media. See: *Preparing for Each Class* on page 4.

The take-home final will cover topics addressed in the course. The final exam must be typed. It will include exercises useful in "real life" situations, such as memo writing, press release, pamphlets etc. Key factual information will also be included in short-answer format. In the exam, the primary emphasis will be on critical thinking and applying knowledge and concepts of particular topics to program and policy development. **No retake. Must be delivered by date and time given.**

NOTE: If you are uncertain, concerned, or distressed about an assignment, your performance, the presenters, or anything related to class, talk to your professor. Do not wait until there is a crisis. Thoughtful commentary and suggestions about seminar direction and overall approach is welcome!

MCH agenda 2003

1:	8/27	Introduction and Overview Global perspective of MCH	Dr. Magnus
2:	9/3	US perspective of MCH MCH in Healthy People 2010	Dr. Boris
3:	9/10	Writing in MCH	Dr. Magnus
4:	9/17	Nutrition and pregnancy	Dr. Rose
5:	9/24	Discussion of papers, student led activity	Dr. Magnus
6:	10/1	Safe motherhood & Prenatal care	Dr. Magnus
7:	10/8	Health behaviors in pregnancy	Ms. Chin
8:	10/15	Infant Mortality and low birth weight	Dr. Magnus
9:	10/22	Discussion of papers, student led activity	Dr. Magnus
10:	10/29	Breast feeding and health	Dr. Magnus
11:	11/5	Abstinence, teen pregnancy and sexuality	Dr. Johnson
12:	11/12	Discussion of papers, student led activity	Dr. Magnus
13:	11/19	Immunization and child health maintenance	Dr. Boris
14:	12/3	Psycho social issues in early child development	Dr. Wightkin

Paper #1: Due 9/24 3:00.

Paper #2: Due 10/22 3:00.

Final Exam: Due 12/3 3:00. The topics of the final take home exam will be given 11/12 end of class.

PREPARING FOR EACH CLASS

The following represent some of the ways to prepare for a discussion on any topic. These suggestions are just that, suggestions. They are not intended to limit your thinking or preparation. You should seek to develop the ability to fully participate in a discussion based upon what works for you and those with whom you are communicating. In short, is what you are intending to communicate (sending) being appropriately understood (received) by the receiver? The key to a successful discussion is preparation and understanding. Come to class prepared and enhance your understanding with additional information and insights. **If you are present in class but do not participate you will risk ailing grand in the course.**

Preparation

- Begin your preparation by assuring that you understand the topic.
- Read and understand the articles for the class.
- Go to the library and read additional articles relevant to the topic.
- Review the articles and jot down any issues or words you do not understand.
- Use reference books to enhance and clarify words or concepts that you do not understand.
- Discuss ahead of time with faculty and colleagues issues or concepts that will enhance your understanding.
- Consider and formulate issues and/or questions raised during your reading.

Discussion

- Identify the major theme(s) of the topic/discussion/article.
- As relevant, pose one of your questions to the presenter or class.
- Restate the idea or concept to assure that you understand it.
- Give an example to clarify the meaning.
- Pose a provocative question to seek additional perspective.
- Ask another group member to clarify or provide an example.
- Ask for clarification on points unclear to you.
- Ask for an example to enhance the meaning.
- If participants seem to be confused or at odds, restate the question or issue.
- Pose relevant questions or provide example to lessen the confusion.
- Write topic sentences or key points on the board to clarify ideas.
- Summarize your understanding the key issues to determine whether you have grasped the essence of the discussion.
- Ask the presenter/group to state the essential elements of the presentation.
- Phrase questions such that the discussants can understand how this topic fits in with the overall perspective.

3-PAGE BRIEFING PAPER (BRIEFING DOCUMENT)

Goal: To assist you in your ability to evaluate and synthesize material in a crisp, concise, and cogent manner in writing.

You will write two papers on two predefined MCH issues in this course. You are to complete and turn in a 3-page paper (briefing document) on each. Often, working in public health, you will be asked to do just that for any number of reasons: briefing a supervisor, a legislative or scientific briefing, conducting a media interview, or others. You will not have the luxury of preparing a multi-page paper complete with lengthy explanations. Furthermore, mostly none will have time to read a multi-page on every issue that needs to be addressed in connection with your future position.

In this type of paper, or briefing document, you should set down the explicit ideas briefly, support them with appropriate material and then summarize your major points. Some key points that might be included in the paper are listed. Use them as a guide not as "absolutely must haves." Indeed, remember the old newspaper writer's dictum: **who, what, why, where, and when**. Use your sense to deliver your key points logically so that the reader will understand and be able to act. The Professor will read the papers as if to use them in a briefing situation in front of key public health officials.

Some Key Points for Inclusion:

Executive Summary - 1 paragraph maximum

- I. Introduction and Scope of Issue -- Why is this important and to whom
- II. Relevant data: morbidity and mortality data, legislative information, media coverage, program evaluation, policy and any other pertinent data
- III. Discussion of topic including strengths and weaknesses
- IV. Summary
- V. Bibliography (Cited appropriately. Please use the APA manual format!)

Grading the paper

A. Writing (30%)

- Meeting requirements of the paper
- Spelling/grammar
- Language
- **Reference use- if not proper use of APH 10% lost**

B. Concept (30%)

- Scoop presentation
- Logic
- Frame

C. Integration and Consistency (40%)

- Data presentation
- Discussion
- Recommendation congruent with data presented and frame of the paper

Reading list

Global Perspective on MCH

Akukwe, C. (2000). Maternal and child health services in the twenty-first century: Critical issues, challenges, and opportunities. *Health Care for Women International*, 21:641-653.

Birn, A. (1999). Skirting the issue: Women and international health in historical perspective. *American Journal of Public Health*, 89(3):399-407.

Ashraf, H. (2002). UN pleads for better reproductive health in poor nations. *Lancet*, 360 (9348):1843.

U.S. Perspectives on MCH: MCH in Healthy People 2010

Maiese, D. R. (2002). Healthy people 2010 – Leading health indicators for women. *Women's Health Issues*, 12 (4):155-164.

Davis, L. J., Okuboye, S., & Ferguson, S. L. (2000). Healthy people 2010: Examining a decade of maternal and infant health. *AWHONN*, 4 (3):26-33.

Braveman, P., Cubbin, C., Marchi, K., Ecerter, S., & Chavez, G. (2001). Measuring socioeconomic status/position in studies of racial/ethnic disparities: Maternal and infant health. *Public Health Reports*, 116:449-463.

Nutrition and Pregnancy

James, D. C. (2001). Eating disorders, fertility, and pregnancy: Relationships and complications. *Journal of Perinatal Nursing*, 15 (2):36-48.

Siega-Riz, A. M., Herrmann, T. S., Savitz, D. A., & Thorp, J. M. (2001). Frequency of eating during pregnancy and its effect on preterm delivery. *American Journal of Epidemiology*, 153:647-52.

Safe Motherhood and Prenatal Care

Chang, J., Elam-Evans, L. D., Berg, C. J., Herndon, J., Flowers, L., Seed, K. A., & Syverson, C. J. (2003). Pregnancy-related mortality surveillance – United States, 1991-1999. *MMWR*, 52(SS-2), Feb.21, 2003.

Alexander, G. R., & Kotelchuck, M. (2001). Assessing the role and effectiveness of prenatal care: History, challenges, and directions for future research. *Public Health Reports*, 116:306-316.

Alexander, G. R., Kogan, M. D., & Nabukera, S. (2002). Racial differences in prenatal care use in the United States: Are disparities decreasing? *American Journal of Public Health*, 92 (12):1970-1975.

Health Behaviors in Pregnancy

Mick, E., Biederman, J., Faraone, S. V., Sayer, J., & Kleinman, S. (2002). Case-control study of attention-deficit hyperactivity disorder and maternal smoking, alcohol use, and drug use during pregnancy. *Journal of American Academy of Child and Adolescent Psychiatry*, 41 (4):378-385.

Obel, C., Olsen, J., Dalsgaard, S., & Markussen, K. (2002). Smoking and alcohol use in pregnancy. *Journal of American Academy of Child and Adolescent Psychiatry*, 41 (12):1391-1392.

ACOG Committee Opinion (2002). Exercise during pregnancy and postpartum period. *International Journal of Gynecology and Obstetrics*, 77:79-81.

Infant Mortality and Low Birth Weight

Jaffee, K. D., & Perloff, J. D. (2003). An ecological analysis of racial difference in low birthweight: Implications for maternal and child health social work. *Health and Social Work*, 28 (1):9-23.

Hogue, C. J. R., & Vasquez, C. (2002). Toward a strategic approach for reducing disparities in infant mortality. *American Journal of Public Health*, 92 (4):552-556.

Breastfeeding and Health

Philipp, B. L. (2001). Physicians and breastfeeding promotion in the United States: A call for action. *Pediatrics*, 107:584-588.

Labbok, M. H. (2001). Effects of breastfeeding on the mother. *Pediatric Clinics of North America*, 48 (1):143-158.

Mortensen, E. L., Michaelsen, K. F., Sanders, S. A., & Reinisch, J. M. (2002). The association between duration of breastfeeding and adult intelligence. *JAMA*, 287 (18):2365-2371.

Abstinence, Teen Pregnancy and Sexuality

(Please read first three articles, fourth is optional.)

Stammers, T. (2000). Doctors should advise adolescents to abstain from sex. *British Medical Journal*, 321:1520-1522.

DiCenso, A., Guyatt, G. & Griffith, A. W. (2002). Interventions to reduce unintended pregnancies among adolescents: Systematic review of randomised controlled trials. *British Medical Journal*, 324:1426.

Noar, S. (2002). Reducing unintended pregnancy among adolescents: Authors did not give balanced interpretation of their findings. *British Medical Journal*, 325 (7367): 777.

Long-Middleton, E., Burke, P., & Blanchard, L. (2003) Motivations for abstinence among adolescent females. *Journal of Adolescent Health*, 32 (2):156.

Immunization and Child Health Maintenance

Blair, M. & Isaacs, A. (2003). Evidence-based child health surveillance for the national child health promotion programme. *Current Paediatrics*, 13:308-314.

Fitzpatrick, M. (2002). MMR: The making of junk science. <http://www.spiked-online.com/articles/00000006D970.htm>

Bedford, H. E. & Elliman, D. A. C. (2002). The adverse effects of vaccines – fact and fiction. *Current Paediatrics*, 12:62-66.

Psychosocial Issues in Early Child Development

Saigal, S., Pinelli, J., Hoult, L., Kim, M. M., & Boyle, M. (2003). Psychopathology and social competencies of adolescents who were extremely low birth weight. *Pediatrics*, 111 (5):969-975.