



GLHLTH 571K Introduction to Maternal and Child Health (Undergraduate) Spring 2015, Session 1

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PERIODS: 300 minutes of contact time per week for seven weeks

Mondays and Wednesdays: 9:00 to 11:30 AM

CREDITS: 3

Course format: Lectures, and discussions.

Areas of knowledge: SS

Room: 1095

Instructor: Alba Amaya-Burns, MD, MSc.
Associate Professor of Global Health, Duke Kunshan University
Associate Professor of the Practice, Global Health Institute, Duke University
Phone: 18136544285
Emails: aamaya.burns@dku.edu.cn
apa14@duke.edu
Office hours: by appointment.

COURSE DESCRIPTION

This course provides a solid foundation in global perspectives on maternal and child health research, practice, and policy. Utilizes case analysis to examine critical health challenges facing women, children, health providers, and policymakers in some of the world's most disadvantaged communities. This course will address 1-maternal health, and 2-infant health and early childhood development. We are going to discuss the current status of maternal and child health, with special focus on low and middle income countries. Areas of discussion will include: data and measurement, health system challenges, public health interventions and programs, and policy and advocacy. This course will be taught as lectures and class discussions addressing the following topics: reproductive health, delivery and postnatal care, nutrition, and immunization. This course is designed for graduate and advanced undergraduate students.

LEARNING OBJECTIVES:

Upon completion of this course, students will be able to:

- Identify key determinants of health around the world that shape the current global burden of maternal and child morbidity and mortality, with especial emphasis on low and middle income countries.
- Understand how maternal and child health outcomes are measured, and the challenges of measurement that exist in low resources settings.
- Recognize the major health issues affecting women and their new born children during pre-natal care, delivery and post natal care, in varied geographic areas.
- Demonstrate the impact of local policies, and international donors programs on maternal and infant health, especially in early childhood development.
- Explain the role of multilateral, bilateral and private organizations in the global effort to halt maternal and child mortality and morbidity.

REQUIRED TEXT(S)/RESOURCES

Course readings will be available in SAKAI. The readings were chosen for every lecture from recent maternal and child health research papers, and international organizations. Students are expected to read the papers before class and be prepared for student-led class discussion.

COURSE REQUIREMENTS

This course is intended for graduate and advanced undergraduate students who have an interest in addressing maternal and child health within the context of reducing health disparities among women and children. Students need to successfully complete all the following coursework to receive a passing grade for this course:

COURSEWORK AND EVALUATION:

Group Presentations:	25%
Weekly writing of video reaction (4pp/ 6 weeks):	24%
Debate (1):	8%
Debate (2):	8%
Midterm Exam:	12.5%
Final Exam:	12.5%
Class Participation:	10%

The course will be conducted via lectures and discussions. Students are expected to successfully develop the following activities:

DETAILED COMPONENTS OF COURSE

Group Presentation (25%): Students will be assigned to a team on the first day of class. Using the reading assignments and outside sources, each team will have 40 minutes to present and lead a discussion on their chosen topic (beginning on March, 9). Held during the last 40 minutes of class, the presentations and discussions will be evaluated for each individual based on participation, quality of the discussion, and overall presentation. A rubric is available on SAKAI. The instructor will introduce topics for each group's presentation, and students are expected to engage in debate and discussion of the readings. Each team will make one presentation to the class.

Weekly writing of video reaction (4 pp each/ 6 weeks = 24 points) Beginning on March 4th, a selected video will be presented. Students will engage in discussions, and at the end of the class each student will develop a reaction paper of the video. This paper should be submitted to the instructor via SAKAI at the beginning of the next class. The paper must be 2 pages, double-spaced, 12-Times New Roman font with standard one-inch margins. A discussion guide will be available in SAKAI for every video. Students will be evaluated individually based on participation, quality of the writing and discussion, and analytical use of the readings and lecture. On March 16th, students will submit a reaction paper about the field trip conducted on March 13th. This assignment will be in lieu of that week video reaction.

Debates (8 pp each = 16%):

This is an important academic activity in which students will conduct research, demonstrate advocacy and analytical skills to defend human rights and ethical observance on behalf of mothers and children at global level. Held on March 30th (Debate 1) and on April 20th (Debate 2). Debate 1 will address the policy implications of the "Funding for Reproductive and Sexual Health" provided by the US Government in 2004 to global programs. Students will be divided in two groups: one for and the other against. Group 1 will defend

the needs of target populations, and the advantages or disadvantages produced by that action on their lives. Group 2 will defend those policies, arguing why they established those policies, and justifying the needs for taken those decisions. The debate will be grounded on the selected reading provided in this course. Additionally, each group will add insights taken from the available literature, including governmental documents, and policy briefing developed by Non-Governmental Organizations (NGOs), the World Health Organization, and the United Nations Population Fund. Debate 2 will address the need of sexual education programs targeting adolescents, with focus in low and middle income countries. Group 1 will defend the need to implement “the abstinence only” approach. Group 2 will defend the need to implement “a holistic sexual education” approach, targeting adolescents and their stakeholders. The debate will be grounded on selecting readings, provided by the instructor. Students are encouraged to seek literature from Faith Based Organizations working in adolescent pregnancy programs, UNICEF, the World Health Organizations, and other bilateral and multi-lateral organizations working in the area. Students will be evaluated based on the quality of the presentation; each individual use of analytical skills to support the arguments, and their advocacy and negotiation skills to convince the other part of their own position.

Participation (10%)

Participation is based on daily class attendance and engagement in class discussions. Students will engage in weekly-in class discussions using lecture materials and readings to react on peer presentations. Peer review evaluations will be conducted in every presentation, and debate and it is consider an important factor for class participation.

The use of cellular phones and laptops is not permitted during the class, except when approved by the instructor.

Course Organization:

Module 1: Maternal Health

Module 2: Child Health

Module 3: Policies and Special Topics Affecting Mother and Child Health

Grading Procedures: Grades will be posted every two weeks to SAKAI so you may track your progress.

The grading system for this course will be the standard scale below:

93%-100%	90%-92%	87%-89%	83%-86%	80%-82%	77%-79%	73%-76%	70%-72%	67%-69%	63%-66%	60%-62%	<60%	
A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E	
Letter Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E
Grade Points	4.0	3.67	3.33	3.0	2.67	2.33	2.0	1.67	1.33	1.0	0.67	0.0

DIVERSITY AND INTERCULTURAL LEARNING

Readings and cases will be drawn from thinkers and situations spanning the globe. Team assignments will involve the deliberate creation of intercultural and interdisciplinary teams by the instructors.

Attention in readings and class time will be devoted to the challenges and principles of team-building in these contexts. Grades for the students’ team assignments and classroom participation will reflect

their effort and ability to work successfully in an intercultural setting. Guidance on group work and class participation will be provided for students not accustomed to open discussion style of pedagogy.

COURSE POLICIES AND GUIDELINES:

Instructors' expectations for all assignments and activities will be made as explicitly as possible, given the likelihood of a wide range of background conventions and habits among the students. The Duke Kunshan University Community Standard will be discussed and adhered to.

ACADEMIC INTEGRITY:

Each student is bound by the academic honesty standard of the Duke Kunshan University. Its Community Standard states: "Duke Kunshan University is a community composed of individuals of diverse cultures and backgrounds. We are dedicated to scholarship, leadership, and service and to the principles of honesty, fairness, respect, and accountability. Members of this community commit to reflect upon and uphold these principles in all academic and non-academic endeavors, and to protect and promote a culture of integrity." Violations of the DKU academic honesty standard will not be tolerated. Cheating, lying, falsification, or plagiarism in any practice will be considered as an inexcusable behavior and will result in zero points for the activity.

CLASS ATTENDANCE:

You are responsible for all the information presented in class. As indicated above, class attendance and participation are important components of the grade. All students are expected to participate and evaluate colleagues during class time.

POLICY ON MAKE-UP WORK/EXAMS:

Students are allowed to make up work only if missed as a result of illness or other unanticipated circumstances warranting a medical excuse, consistent with DKU policy. You must notify the instructor in advance if you will miss an exam or project deadline. Documentation from a health care provider is required upon your return to class. Project extensions requested for medical reasons must be negotiated at the time of illness.

ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES:

If you require academic accommodation, you must first register with the Dean of Students' Office. The Dean of Students' Office will provide you with documentation that you must then provide to me as the faculty member for this course at the time you request the accommodation. The College is committed to providing reasonable accommodations to assist students in their coursework.

COURSE SCHEDULE (Some specific lectures and activities are subject to change)

Monday, March 2: 9:00 to 11:30 AM

- **Introductions**
 - **Review syllabus**
 - **Student teams assigned**
 - **Course Overview**
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Wednesday, March 4: 9:00 to 11:30 AM

Module 1: Maternal Health

- **Global Burden of Maternal Mortality: Determinants of health** (Health Disparities and Inequities)
- **The Best and the Worst Country to be a Mother**

VIDEO #1

Readings:

1-WHO (2014). Maternal mortality. Fact sheet N°348:

<http://www.who.int/mediacentre/factsheets/fs348/en/>

2-Hoyert, D. L. (2007). [Maternal Mortality and Related Concepts](#).

3-Cross, S. et al. (2010). What you count is what you target: the implications of maternal death classification for tracking progress towards reducing maternal mortality in developing countries. [Bulletin of the World Health Organization](#), 88(2), 147-153.

4- Say, L. et al. (2014) Global causes of maternal death: a WHO systematic analysis

The Lancet Global Health, Vol. 2, No. 6, e323–e333:

[http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(14\)70227-X/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(14)70227-X/fulltext)

5- Bainbridge, J. (2010). Afghanistan: The ‘worst’ place in the world for pregnant women. *British Journal of Midwifery*, 18(7), 447-447.

Monday, March 9: 9:00 to 11:30 AM

- **World Population Issues**
- **Global Reproductive Health**
- **How MCH outcomes are measured**, and existing measurement challenges
- **Reproductive Health Indicators**

How Family Planning and Reproductive Health Programs Impact on children and women health:

Consequences of unintended pregnancies and births; Unmet need for contraception:

<http://progress.familyplanning2020.org/videos>

1st Group Presentation

Readings:

1-Peterson, H. B. et al. (2013). Meeting the unmet need for family planning: now is the time. [The Lancet](#), [381\(9879\)](#), 1696-1699.

2-Bongaarts, J. et al. (2012). Family Planning Programs for the 21st Century: Rationale and Design. [Population Council](#).

3-Dean et al. (2013). Setting Research Priorities for Preconception Care in Low- and Middle-Income Countries: Aiming to Reduce Maternal and Child Mortality and Morbidity. [PLoS Med 10\(9\)](#): e1001508.

4-John Cleland, Sarah Harbison, Iqbal H. Shah. [Unmet Need for Contraception: Issues and Challenges](#). *Studies in Family Planning*. DOI: 10.1111/j.1728-4465.2014.00380.x

5-Kazuyo Machiyama and John Cleland. [Unmet Need for Family Planning in Ghana: The Shifting Contributions of Lack of Access and Attitudinal Resistance](#). *Studies in Family Planning*. DOI: 10.1111/j.1728-4465.2014.00385.x

Wednesday, March 11: 9:00 to 11:30 AM

- **Reproductive Health in Special population:** - Sex workers
Victims of violence; Homosexuals /transgender; infertile couples.
Global ethical issues for maternal surrogacy

VIDEO 2

Readings:

1-Southall D. [Armed conflict women and girls who are pregnant, infants and children; a neglected public health challenge. What can health professionals do?](#) *Early Hum Dev*. 2011 Nov;87(11):735-42. doi: 10.1016/j.earlhumdev.2011.08.020. Epub 2011 Sep 23. PubMed PMID: 2194535

2-Pande A. [Transnational commercial surrogacy in India: gifts for global sisters?](#) *Reprod Biomed Online*. 2011 Nov;23(5):618-25. doi: 10.1016/j.rbmo.2011.07.007. Epub 2011 Jul 23. PubMed PMID: 21958916.

3-Deonandan R, Green S, van Beinum A. [Ethical concerns for maternal surrogacy and reproductive tourism](#). *J Med Ethics*. 2012 Dec;38(12):742-5. doi: 10.1136/medethics-2012-100551. Epub 2012 Oct 9. PubMed PMID: 23047836.

4-Agénor, Madina, ScD, MPH, Krieger, N., PhD., Austin, S. B., Haneuse, S., PhD., & Gottlieb, Barbara R, M.D., M.P.H. (2014). Sexual orientation Disparities in Papanicolaou test use among US women: The role of sexual and reproductive health services. *American Journal of Public Health*, 104(2), E68-E73. Retrieved from <http://search.proquest.com/docview/1499845712?accountid=10598>

Friday, March 13: 9:00 to 11:30 AM

- **Maternal and Child Health in China**
Guest Speaker:
- **The role of traditional birth attendance/ Midwives**

Field Trip:

Kunshan Traditional Medicine Hospital (Maternal Health Program)

Readings:

1-Ronsmans, C. & Graham, W. J. (2006). Maternal mortality: Who, when, where, and why. [The Lancet](#), 368(9542), 1189-1200.

2-Thaddeus, S., & Maine, D. (1994). Too far to walk: maternal mortality in context. [Social Science & Medicine](#), 38(8), 1091-1110.

Monday, March 16: 9:00 to 11:30 AM

- **Adolescent Pregnancy**
- **Sexual Health**
- Age at sexual debut
- Sexual Education options: policies, abstinence, holistic sexual education.

2nd Group Presentation

Submit Reaction Paper of the Field Trip

Readings:

1-WHO (2014) Adolescents: health risks and solutions. Fact sheet N°345. Available at: <http://www.who.int/mediacentre/factsheets/fs345/en/>

2-United Nations, Department of Economic and Social Affairs, Population Division (2013). Adolescent Fertility since the International Conference on Population and Development (ICPD) in Cairo (United Nations publication). (Chapters I and II) Available at: http://www.un.org/en/development/desa/population/publications/pdf/fertility/Report_Adolescent-Fertility-since-ICPD.pdf

3-Zeiler, A. (2014). Abstinence education. *The Linacre Quarterly*, 81(4), 372.

Wednesday, March 18: 9:00 to 11:30 AM

- **The Safe Motherhood Initiative**
- Prenatal care
- Safe delivery
- Post-partum (healthy)

VIDEO 3

Readings:

1- Dowswell, T. et al. (2010). Alternative versus standard packages of antenatal care for low-risk pregnancy. [Cochrane Database Syst Rev, 10](#). (pages 1-16)

2-Vogel, J. P. et al. (2013). Antenatal care packages with reduced visits and perinatal mortality: a secondary analysis of the WHO Antenatal Care Trial. [Reproductive Health, 10\(1\), 19](#).

3-Rahman, A. et al. (2013). Interventions for common perinatal mental disorders in women in low-and middle-income countries: a systematic review and meta-analysis. [Bulletin of the World Health Organization, 91\(8\):593-601](#).

Monday, March 23: 29:00 to 11:30 AM

Open Book Midterm Exam:

This exam will be available in SAKAI starting Monday, March 23 at 8 AM (Beijing time), ending on Wednesday, March 25 at 8 PM. This exam has 20 multiple choice questions. You will have 40 minutes to answer

Wednesday, March 25: No class in lieu of March 13th Field Trip

Monday, March 30: 9:00 to 11:30 AM

DEBATE (1): "Funding for Reproductive and Sexual Health"**3RD Group Presentation****Readings:**

1-32 Ga. J. Int'l & Comp. L. 861 (2004) Mending Broken Promises: Analyzing the Legality of U.S. Withdrawal of United Nations Population Fund Appropriations and the Need for Binding UN Commitments; Uhrinek, Kristi

2- 6 U. Md. L.J. Race, Religion, Gender & Class 337 (2006). Enhancing Human Security: U.S. Policies and Their Health Impact on Women in Sub-Saharan Africa, Fillinger, Tamera

3-Kulczycki, A. (2007). Ethics, ideology, and reproductive health policy in the United States. *Studies in Family Planning*, 38(4), 333-351. doi:10.1111/j.1728-4465.2007.00145.x

4-Green, R. M. (2004; 2003). U.S. defunding of UNFPA: A moral analysis. *Kennedy Institute of Ethics Journal*, 13(4), 393-406. doi:10.1353/ken.2004.0005

Wednesday, April 1: 9:00 to 11:30 AM

Module 2: Child Health

- **Children's Rights**
- -Child Health and Development.
- -Mortality and Morbidity in the -Neonatal Period, a Global picture.
- -Major causes for infant and under-five mortality in low and middle income countries.

Video #4

Readings:

1-Grantham-McGregor, S. et al. (2007). Developmental potential in the first 5 years for children in developing countries. [The Lancet, 369\(9555\), 60-70.](#)

2-Walker, S. P. et al. (2007). Child development: risk factors for adverse outcomes in developing countries. [The Lancet, 369\(9556\), 145-157.](#)

3-Engle, P. L. et al. (2007). Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world. [The Lancet, 369\(9557\), 229-242.](#)

Monday, April 6

NO CLASS: TOMB SWEEPING DAY

Wednesday, April 8: 9:00 to 11:30 AM

- **Infant Nutrition**
- **Child Survival Programs**
- Breastfeeding
- Immunization

VIDEO #5

Readings:

1. Dadhich, J. P., & Faridi, M. M. A. (2013). Maternal and child nutrition. *The Lancet*, 382(9904), 1549. doi:[http://dx.doi.org/10.1016/S0140-6736\(13\)62316-8](http://dx.doi.org/10.1016/S0140-6736(13)62316-8)
 2. (2015), Breastfeeding. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 44: 145–150. doi: 10.1111/1552-6909.12530
 3. Wolfe, R. M., & Sharp, L. K. (2002). Anti-vaccinationists past and present. *BMJ (Clinical research ed.)*, 325(7361), 430-432.
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4. Sadaf, A., Richards, J. L., Glanz, J., Salmon, D. A., & Omer, S. B. (2013). A systematic review of interventions for reducing parental vaccine refusal and vaccine hesitancy. *Vaccine*.
 5. Ian Gust (2012) *Deadly Choices : How the Anti-Vaccine Movement Threatens Us All* , *Human Vaccines & Immunotherapeutics*, 8:2, 159-160, DOI: 10.4161/hv.18371. To link to this article:
<http://dx.doi.org/10.4161/hv.18371>
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Monday, April 13: 9:00 to 11:30 AM

Module 3: Policies and Special Topics Affecting Mother and Child Health

- **Violence and Gender**
- **Implications of Female Genital Cutting**
- **Global Health Programs** to halt Female Genital Cutting and Child Marriage practices
- **Child Marriage** in motherhood and child development

4th Group Presentation

Readings:

- 1- Davis, D. S., & Committee on Bioethics. (2010). Ritual genital cutting of female minors. *Pediatrics*, 125(5), 1088-1093. doi:10.1542/peds.2010-0187
 - 2- Friedrich, M. (2012). Ending female genital mutilation. *JAMA-JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION*, 307(11), 1129-1129. doi:10.1001/jama.2012.297
 - 3- Obiechina, G. O. (2014). VIOLATION OF CHILD'S RIGHTS IN NIGERIA: IMPLICATIONS FOR CHILD HEALTH. *Academic Research International*, 5(1), 151.
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Wednesday, April 15: 9:00 to 11:30 AM

- **Global MCH Programs:** Bilateral, and Multilateral Organizations
- **Health System Challenges and Best Practices**
- **Multi-level partnership approaches to address MCH in low and middle income countries**

(Governmental, Non-Governmental Organizations and other community stakeholders)

VIDEO 6

Readings:

- 1-Campbell, O. M. R. & Graham, W. J. (2006). Strategies for reducing maternal mortality: getting on with what works. *Lancet*, 368(9543), 1284-1299.
 - 2- FP2020 Partnership in Progress (2013-2014): pages 1-23. Available at: www.familyplanning2020.org
 - 3-The Partnership for Maternal, Newborn & Child Health (2011). [A Global Review of the Key Interventions Related to Reproductive, Maternal, Newborn and Child Health \(RMNCH\)](#). Geneva, Switzerland: PMNCH.: Pages 4 to 14.
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4- Zulfiqar A Bhutta, et, al. (2014) **Can available interventions end preventable deaths in mothers, newborn babies, and stillbirths, and at what cost?** The Lancet Newborn Interventions Review Group ,The Lancet Every Newborn Study Group. *The Lancet* (Vol. 384, Issue 9940, Pages 347-370)
DOI: 10.1016/S0140-6736(14)60792-3

Recommended:

1-IHME (2010). Building Momentum: Global Progress Toward Reducing Maternal and Child Mortality. ([Chapter 1](#))

2- [Saving Mothers' Lives in Sri Lanka](#). Levine, R. (2007). Case Studies in Global Health: Millions Saved. Washington: Center for Global Development.

Monday, April 20: 9:00 to 11:30 AM

- **DEBATE (2): The Need for Adolescent Sexual Education**

5th Group Presentation

Readings:

1-Grimes, D. A., Benson, J., Singh, S., Romero, M., & al, e. (2006). Sexual and reproductive health 4: Unsafe abortion: The preventable pandemic. *The Lancet*, 368(9550), 1908-1919. Retrieved from <http://search.proquest.com/docview/199061690?accountid=10598>

2-Jessica Dalby, J., Hayon, R., and Carlson, J. (2014) Adolescent Pregnancy and Contraception, Volume 41, Issue 3, Pages 607-629, Copyright © 2014 Elsevier Inc.

3-Inyang MP and Inyang OP. Nigerian secondary school adolescents' perspective on abstinence-only sexual education as an effective tool for promotion of sexual health [v2; ref status: indexed, <http://f1000r.es/2fe>] *F1000Research* 2013, 2:86 (doi: 10.12688/f1000research.2-86.v2)

4-Kirby, D. B. (2008). The impact of abstinence and comprehensive sex and STD/HIV education programs on adolescent sexual behavior. *Sexuality Research and Social Policy*, 5(3), 18-27. Retrieved from <http://search.proquest.com/docview/925711287?accountid=10598>

- **Course Wrap up**
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Wednesday, April 22: 9:00 to 11:00 AM: FINAL EXAM
