



Review

The history of China's maternal and child health care development

Yan Guo^{a,*}, Jing Bai^a, Heya Na^b^a Department of Health Policy and Management, School of Public Health, Peking University, Beijing, China^b Department of Applied Linguistics, School of Fundamental Education, Peking University, Beijing, China

S U M M A R Y

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The history of maternal and child health (MCH) development in China can be divided into six stages: before 1949 when the People's Republic of China was founded, traditional Chinese medicine shielded women's and children's health while modern medicine began to bud; 1949–1966, the MCH system was established and gradually improved; 1966–1976, the decade of the Cultural Revolution, the road to improve MCH twisted and turned along with the political instability; 1976–1990, especially after the “Reform” and “Opening Up”, China's MCH care had been booming and the MCH status continued to improve with the rapid social and economic development; 1990–2008, with the booming economy, MCH care gained increasingly national and international attention. Through improving legislation and investment, China made great strides in the improvement of MCH. After 2009, the comprehensive health care reform laid an institutional basis for the development of MCH and promotion of health equity.

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1. Introduction

Women's and children's health is the foundation of sustained human development. The number of women and children nearly accounts for two-thirds of the whole population in China, a populous country, and thus maternal and child health (MCH) will certainly impact the nation's development and vice versa [1]. China, as one of the United Nations member states, adopted the United Nations Millennium Declaration and officially agreed to achieve the eight Millennium Development Goals (MDGs) by this year, 2015. Up to now, there have been great achievements across all goals, and the outcome associated with MCH is especially favorable. The MDG 4 to reduce child mortality rates has been met in advance of nine years [2] and MDG 5 [3] to decrease maternal mortality achieved one year ahead of schedule. The experience and lessons summarized by studying the history of MCH in China could be learnt and used by other developing countries for reference, especially the successful experience and feasible practice which may contribute to fastening the improvement of MCH.

2. Before 1949

MCH care had already developed for thousands of years in China and protected the lives and health of women and children to some extent. Traditional Chinese medicine (TCM) and modern medicine made the major contribution during this period.

2.1. Traditional Chinese medicine

The most famous TCM book, Huangdi's Internal Classics (Huangdi Neijing) (Zhan Guo Dynasty, 475–221 BC), is the earliest writing elaborating prevention-oriented medical thought. It is stated in the book that “the best doctor treats the disease before its onset.” The proposition that the doctors should give priority to prevention rather than treatment laid the foundation for prevention-oriented medical thought in ancient China. With respect to treatment of maternal and child diseases, there are records of Bian Que (a famous doctor in ancient China) practising as a gynecologist and pediatrician and Cang Gong (Chun Yuyi, a famous doctor in Western Han Dynasty) treating menoxenia (irregular menstruation) as early as two thousand years ago. In addition, there are descriptions about knowledge of women's diseases and pregnancy health in the first chapter of the Plain Questions, the first volume of Huangdi's Internal Classics (Huangdi Neijing-Suwen) and Book on Parturition (Taichan Shu). Zhang Zhongjing in

* Corresponding author. Address: School of Public Health, Peking University Health Science Center, Xueyuan Road 38, Haidian District, Beijing, 100191, China. Tel./fax: +86 1082805061.

E-mail address: guoyan@bjmu.edu.cn (Y. Guo).

Eastern Han Dynasty discussed gynecological diseases in detail. Later, Hua Tuo removed stillbirth with decoction, acupuncture and surgery. Xu Zhicai in Northern Qi Dynasty wrote *Monthly Fetal Nourishment* (Zhuyue Yangtaifa), expounding health maintenance and disease prevention for pregnant women and fetus education; Sun Simiao in Tang Dynasty (618–907) systematically set forth health maintenance from the preparation of pregnancy to the labor and innovated first-aid methods, such as stimulation therapy for neonatal asphyxia, in *Invaluable Prescriptions for Ready Reference* (Beiji Qianjin Fang); In the Song Dynasty (960–1279), obstetrics and gynecology became an independent medical specialty, and a series of books about women's and children's health care appeared, such as *Complete Collection of Prescriptions for Women* (Furen Daquan Liangfang) and *New Book of Pediatrics* (Youyou Xinshu). In the sixteenth century, variolation was invented in China and the improved variolation with attenuated smallpox virus was exported to other countries, this being 200 years earlier than the vaccination method invented by Jenner (1796) in Britain [4].

Although medical thought about maternal and child health care in TCM had kept on developing, some of the important medical thinking could be popularized among the general public due to the social system and superstitions in ancient times. Some medical opinion, for example concerning pregnancy diet, and the belief that confined women should not comb their hair or wash their feet until 100 days after the delivery, did not comply with good hygiene and so hindered the development of maternal and child health care. Health care for women and children mainly relied on the doctors, for there was no formed health service [4].

2.2. Modern medicine

Modern medicine was initially brought into China with Catholicism in the sixteenth century, but it began to boom in modern times. The Margaret Williamson Hospital was built by Reifsnnyder from the Women's Union Mission of America in 1884 [4]. The Union Medical College was founded in 1922, which marked the establishment of modern health institutions [5]. The Nationalist government established the Department of Health Care under the Ministry of Health to take charge of MCH care in 1928 [4]. In the same year, Dr Yang Chongrui, the founder of China's MCH care, built the first midwife training institution in BeiPing (Beijing) for the popularization of new midwifery. The First National Midwifery School (FNMS) and its affiliated maternity hospital were set up by the nation in Peiping in 1929. The Second National Midwifery School (Central Midwifery School) in Nanjing was established in 1933, and from then on, the family planning service was provided [5]. After the outbreak of the Anti-Japanese War, The Child-care Association in the War Time was established in Wuhan in 1938 with Soong May-ling as the director. Subsequently 20 branches and 53 orphanages were established in provinces and cities, and in total more than 30,000 'warphans' were adopted. Up to the time when the People's Republic of China was founded, the number of public or private maternity hospitals, pediatric hospitals and MCH centers had reached 126 with a total of 2825 beds. There were 54 midwifery schools, 13,900 midwives, and 32,061 traditional birth attendants in the whole country. These institutions and their staff, though not especially numerous, nevertheless established the system of MCH care and laid the foundations for future development [4].

3. 1949–1966

Due to the severe living conditions caused by the long-lasting war and famine, the health of women and children was so poor that the maternal mortality ratio (MMR, per 100,000 live births)

and infant mortality rate (IMR) reached 1500 per 100,000 and 200‰ [6] respectively and the major infant cause of death was tetanus which was brought by traditional delivery mode. The traditional birth attendants lacked professional knowledge on midwifery and there was no disinfection in traditional delivery mode, resulting in higher rates of puerperal fever and tetanus. Hence the government launched the movement to popularize the new delivery mode. During 1949–1950, MCH care personnel were trained on a designed basis with the priority to implement new midwifery as widely as possible. In the countryside, literate women were trained to become birth attendants. More than 800,000 traditional birth attendants were trained until 1960, and rural areas were equipped with the basic disinfection equipment [7]. Joint MCH stations in charge of the local MCH care and new midwifery were built in urban areas. To the end of 1960s, the new midwifery rate reached 85% [8]. Sexually transmitted diseases (STDs) were rampant in urban areas and greatly impacted on the MCH in the period when the People's Republic of China (PRC) was founded in 1949. After the founding, the Communist Party and government put the control of STDs on the agenda. By shutting down brothels, banning the unlicensed prostitution, training the professionals to establish STD prevention and treatment institutions, gynecological disease census and treatment, conducting health education on STDs and relevant research, chancroid, and fourth venereal disease were eradicated while syphilis and gonorrhea were almost eliminated in the mainland in the mid-1960s [4].

Infectious disease was the major threat to children's health. From the 1950s vaccinia was popularized in China and smallpox, one of the serious threats to children's health, was successfully eradicated in 1960s [9]. After the 1960s, vaccinations against childhood tuberculosis, pertussis, diphtheria, tetanus, measles, and poliomyelitis were started in large and medium-sized cities. During the same period, another great achievement was the establishment of the tree-tiered MCH care system in urban and rural areas. The number of MCH institutes increased from nine in 1949 to 4599 in 1957 and the beds in pediatric hospitals and maternity hospitals increased from 2813 in 1950 to 13,760 in 1965 [4].

4. 1966–1976

The MCH system suffered from the impact of the Cultural Revolution along with other sectors. The departments in the Ministry of Health were merged or withdrawn and the number of MCH regulatory agencies, MCH facilities, equipment and staff decreased dramatically. The number of MCH centers and stations fell to 1005 in 1971 from 2795. The work in MCH care was in chaos and the service quality became poor in urban areas while the traditional delivery rate increased again in rural areas, resulting in higher MMR and IMR. Between 1964 and 1969, the MMR in Beijing was 21.45 per 100,000, but it rebounded to 69.1 per 100,000 in 1975 [10].

Viewed from a partial perspective, the political turmoil led to medical resource redistribution that relieved the shortage of medical services and supplies in rural areas. In 1964 the rural people accounted for 80% of the whole population, but only 31% of high-level health professionals and 43% of middle-level health professionals worked in rural areas with only 27% of total health service funding [11]. Chairman Mao criticized this phenomenon and gave a Directive on June 26th, 1965, which stated that "For medical and health work, put the stress on the rural areas." In this decade, a large batch of medical teams went to rural areas and a huge number of barefoot doctors were trained. According to the Chou Enlai Directive, obstetricians and gynecologists were engaged in the medical team in 1967 and thus many female barefoot doctors were trained and mastered the skill of new midwifery [4]. To

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