

M2s - intro to neonatal tetanus

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Introduction to Public Health; MPH 502 Module 2; SLP An analysis of what the federal state and local are doing to aggressively combat neonatal tetanus has revealed one dilemma unknown to the author at the time the subject was chosen: Through past efforts of the public health department neonatal tetanus has been effectively eliminated in this country since 1990.

During the 1950's, 100 deaths due to neonatal tetanus was reported annually. In the late 1950's the death rate was greatly reduced due to a change in the vaccine. (Tetanus Q&A). With the ability to vaccinate prior to exposure the ACIP began recommending tetanus as part of a person's routine vaccinations. A greater emphasis on childhood immunizations, immunization availability, prenatal care and effective sterile procedures within the delivery room has resulted in a reduction of 100 cases annually to only two cases since 1989.

The problem that many public health officials now face is the current controversy that vaccinations do more harm than good. The resistance of mothers to receive the vaccine not only puts them at risk for developing tetanus, the fetus lacks the necessary antibodies to combat the disease. Due to the fact that neonatal tetanus remains an issue in developing countries the World Health Organization has developed a health promotion campaign to educate mothers on the dangers and provide the vaccine but very little is being done in this country in regards to educating mothers of the risk aside from doctors educating during prenatal visits.

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This may in part be due to the fact that most mothers will give birth in a
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sterile environment where there is less of a risk of tetanus. With the slowly growing numbers of women choosing to give birth at home the danger of contracting may increase, unable to substantiate the data but one may wonder if these same women who chose a more natural birth may also chose not to be vaccinated as well, further increasing the chances of neonatal tetanus. In order to continue to trend the public health department and medical professionals must continue to educate and when necessary attempt to persuade women to vaccinate themselves and their children. The federal government has adopted the Integrated Management of Childhood Illnesses (IMCI) strategy that consents immediate treatment at the periphery of the Healthcare system. The IMCI guideline developed would help the health workers detect easily any signs of illness and take appropriate action. Moreover, the federal government in collaboration with the states has facilitated easier accessibility of the medical services to the locals (Afshar, 2011). This has been successful mainly because of an initiative, which involves setting up mobile clinics and civic education on healthcare, particularly as pertains to neonatal tetanus. In addition, various legislations prohibit dispensing neonatal tetanus vaccine without prescription. Mothers are advised to report cases to the doctor or pharmacist if their babies are allergic to tetanus toxoid or any other vaccine. Concisely, medical history of the child is necessary when administering drugs. Moreover, the states have initiated programs that focus towards eliminating the deadly disease. These include Immunization of women with tetanus vaccine for protection and sterilized birth practices so that the mother or even the newborn does not contract infection. The birth attendants and the lactating mother must observe proper cord care to ensure safety of the child

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from any contamination.

There has been healthcare campaign at local community courtesy of the community health workers to ensure safe motherhood during delivery and after delivery (Afshar, 2011). Mothers are frequently advised to deliver at the hospitals and clinics recognized by the federal government. Because prevention is better than cure, members of the family, mothers, caregivers including health practitioners, and healthcare agencies must respond appropriately to facilitate campaigns for safe maternal deliveries under sterile conditions, as this will prevent spread of the disease. The Advisory Committee on Immunization Practices (ACIP) established in 2006, recommended that Tetanus toxoid should be administered when booster protection is indicated during times of pregnancy. The committee further recommended that Td booster be administered for management of wounds in pregnant women under certain conditions.

References:

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