

2014-21

# MATERNAL AND CHILD WELFARE

The state of health of mother and child is in a middle-ranking position. The infant mortality rate in 2012 was 3.3 for every 1,000 births (as opposed to 77.8 in 1945), whilst the maternal mortality rate at the same point in time stood at 10.3 for 100,000 births. These rates are higher in the overseas territories and departments, where infant mortality stands at 6.8 on Reunion Island, 7.2 in Martinique, 11.8 in French Guyana and even 13.5 in Mayotte for every 1,000 births. Early prevention is all the more essential given that risk factors such as smoking and drinking during pregnancy, late pregnancies, transportation and working conditions (shift work, night work, etc.) and the mother or indeed the child being overweight are still a concern and are even on the increase. The reduction in the period of time spent on the maternity ward also requires appropriate support to be put in place.

**M**aternal and child welfare (PMI – protection maternelle et infantile), as a departmental public prevention and care service, has a role to play in the follow-up care of both the child and his or her family. Its multi-disciplinary structure incorporates healthcare professionals, medico-social personnel and stakeholders from the social sphere, putting in place preventive and educational initiatives that are still all too rare in a system that focuses on the cure rather than the prevention. As a local player, it works as closely as possible with the families concerned through home visits and mobile units, among other things.

There are, however, areas of weakness that remain. Its governance plan and its funding, for example, have proven particularly complex. In actual fact, the State, the departments and various social security bodies share responsibility for healthcare expertise whilst the departments alone are responsible for the medico-social aspect. Furthermore, such expertise has continued to broaden continuously without the human and financial resources being provided to deal with this. The law of 5 March 2007 reforming the child welfare system entrusts PMIs with certain tasks

with regards to evaluating alarming information and reporting that can sometimes cloud the image of PMI among families. Resources are not always satisfactorily distributed throughout the country, with urban departments sometimes appearing to have more means available to them than rural departments. Finally, in light of the economic crisis and the difficulties associated with accessing healthcare, some would like to see access to PMI reserved for the most vulnerable segments of society.

As far as the ESEC is concerned, PMI is and must remain a public service that is accessible to all. As an original institution and a pioneer of a new form of care that focuses on prevention rather than cure and takes into account a number of decisive health factors, the benefits of the PMI system must be promoted and its future secured.

*Maternal  
mortality rate  
in 2012:  
10.3 for every  
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**Christiane Basset**

is President of the UNAF Group and Vice-President of the UNAF. She sits on the ESEC section for Social Affairs and on the Delegation for the Overseas, in which she represents the UNAF Group.

## Contact:

christiane.basset@lecese.fr  
+33 (0)1 44 43 62 62

## PMI:

*a decentralised,  
multidisciplinary  
public prevention  
and care service*

## REAFFIRMING THE PUBLIC SERVICE ASPECT OF PMI

- **to safeguard its accessibility, its proximity and the fact that it is free of charge in order to meet families' needs as closely as possible.**
- Clarifying the purposes of the PMI system and incorporating them into the bill on health. The PMI system must be repositioned as a tool for the implementation of a national health strategy, with the priority on prevention, proximity and reducing inequality.
- Reaffirming the role of the PMI system in its many guises, as a primary care centre, a perinatal care provider, a preventive entity and a key player in the gathering of health-related data for epidemiological purposes.

## PROMOTING PMI EXPERTISE BY DEVELOPING COOPERATIVE INITIATIVES

- **with a view to developing partnerships with the health insurance sector in particular:**
- Putting PMI at the centre of efforts to coordinate processes involving parents and young children across the country;
- Maintaining and evaluating partnerships with the health insurance sector (by encouraging the introduction of at least one preventive health initiative within each PMI, for example);
- Better assessing the contribution of PMI systems to public policies by documenting studies and analyses of their health and social impact.

## OUTLINING NATIONAL PRIORITIES AND COMBINING THEM WITH THE NECESSARY RESOURCES

- Transforming the way the system is governed by developing a multi-year programme for a 'parent and child health' policy. The bill on health could provide a legal basis for this programme and the management thereof by the Interministerial Committee on Coordination Government Policies.
- The role of PMI within the local healthcare system must be clearly defined in order to develop this policy at regional level. The Regional Health Agency (ARS) must unite PMI with the bodies responsible for implementing health and prevention policies;
- Evaluating some of the tasks entrusted to the PMI system for the purposes of increased efficiency involves redefining the role of PMI where the quality of the care provided for young children is concerned through the approval of childminders and the authorisation of establishments and re-examining the role of PMI in the child welfare system.
- Reinforcing the role of PMI for the purposes of ensuring that full consideration is given to the monitoring of children under six years of age;
- Enhancing the appeal of practising a profession within PMI by revaluing professions through the standardisation of statuses and the promotion of the delegation of acts and dealing with PMI prevention initiatives more effectively.