



贵州省卫生健康委员会 编撰  
Produced by Guizhou Provincial Health Commission

# 贵州省妇幼健康事业 发展报告

Report on Women and Children's Health  
Development in Guizhou Province

2021



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妇女儿童健康是全民健康的基石，是衡量社会文明进步的标尺，是人类可持续发展的基础和前提。在中国共产党成立100周年之际，回顾贵州省妇幼健康事业在建国以来走过的不平凡历程，在不同的发展阶段均取得了积极进展与成效。尤其是党的十八大以来，贵州省的妇幼健康事业更是取得了快速的发展，妇女儿童健康水平显著提升。

## 一、贵州省妇幼卫生事业及妇幼保健机构发展简史

民国二十七年（1938年），贵州省卫生委员会（后改为省卫生处）成立，内设妇幼卫生组，开始着手抓妇幼保健工作，并将推行新法助产和妇婴卫生列为卫生施政方针的重要内容。解放后，在中共贵州省委和省人民政府的领导下，各级卫生行政部门十分重视妇女和儿童健康，把搞好妇幼卫生工作作为促进妇女解放、保障后代健康成长、提高人口素质的重要内容。

20世纪50年代初期，省卫生厅根据全省妇幼保健机构缺乏，妇幼专业卫生人员不足的实际状况，组建妇幼卫生工作队、民族卫生工作队和土改卫生工作队，深入农村、深入民族地区，在开展防病治病工作中开展妇幼保健知识的宣传教育，推行新法接生。同时，采取组建妇幼保健机构、培训妇幼卫生人员、改造旧产婆等办法，开展以推行新法接生为主要内容的妇幼卫生服务。20世纪50年代后期，在继续推行新法接生的同时，在城镇倡导住院分娩，在农村中推行妇女“四期”（经期、孕期、产后期、哺乳期）劳动保护，试办简易产院及农忙托儿所，开展儿童保健。20世纪60年代初期，大力开展防治妇女子宫脱垂和闭经、儿童营养不良和传染病工作，提倡计划生育。“文化大革命”期间，妇幼保健工作受到严重破坏，多数地方的妇幼保健机构被撤销，妇幼卫生工作处于停滞状态。到20世纪70年代后期，为迅速改变“文化大革命”中妇幼保健工作被冲击破坏带来的发展滞后状况，各级政府和卫生行政部门在恢复和健全妇幼保健机构、充实妇幼保健队伍、培训农村基层妇幼卫生人员的同时，在农村开展以防治子宫脱垂为重点，在工矿和城镇开展以防癌为重点（包括尿瘘在内）的妇女病普查普治工作。加强托幼机构的卫生业务指导，普及预防接种，积极防治儿童常见病、多发病和传染病，加强计划生育

普及宣传，开展计划生育技术指导。20世纪80年代，推行婚前保健、围产期保健和独生子女保健，进行孕产妇和婴儿死亡监测。与联合国儿童基金会、人口基金会和一些国家合作，引进资金，加快妇幼保健和妇幼卫生工作的开展。1985年2月，省卫生厅和省民委转发卫生部和国家民委《关于调查少数民族地区妇幼保健工作情况的函》，在省内开展民族地方妇幼保健基础情况调查。10月，卫生部、国家民委和全国妇联在遵义市召开全国少数民族地区妇幼卫生工作会议，研究制定“七五”期间少数民族地区妇幼卫生发展规划，加强部署民族地区妇幼卫生工作。20世纪90年代，《中华人民共和国母婴保健法》《中国妇女发展规划纲要》《中国儿童发展规划纲要》等重要法规和规划公布后，贵州省卫生厅与相关部门配合，制定了实施细则、实施规划或办法，进一步加强了妇幼保健机构的建设，开展各项妇幼卫生和母婴保健服务工作，全省妇幼保健工作进入了有序发展的新时期。

2000年起，在实施国家“降低孕产妇死亡率和消除新生儿破伤风”项目的同时、贯彻实施《中华人民共和国人口与计划生育法》《计划生育技术服务管理条例》，并开始对妇幼保健机构进行考核认证，对母婴保健机构、婚前保健、助产执业实行准入许可制度。随着妇幼卫生有关法律法规、办法标准的贯彻实施，贵州妇幼保健工作进入法制化管理的轨道，妇幼保健事业不断向前发展，妇女儿童健康水平不断提高。

在党委政府的关心下，妇幼保健队伍日益壮大。1949年贵州解放时，全省只有贵阳市立产院一所妇幼卫生专业机构。1950年10月，贵阳市立产院与市第一门诊部合并为贵阳市立医院，1951年6月更名为贵阳市妇幼保健院。一些县、市开始组建妇幼保健站，到1957年底，全省各县都成立了妇幼保健站。1980年，卫生部下发《妇幼卫生工作条例（试行草案）》（以下简称《条例》），对妇幼卫生工作的任务、专业机构、基层组织、队伍建设以及有关妇幼卫生服务工作作出明确规定。省卫生厅根据卫生部文件精神，要求各地按照《条例》要求，加强妇幼保健机构的建设和整顿。1981年5月黔南自治州成立妇幼保健所；1984年9月铜仁地区成立妇幼保健所；1985年经省政府批准，省妇幼保健所成立。其后，各地结合整顿工作，在加强妇幼保健站建设的同时，进一步加强了基层妇幼保健组织的建设，通过多年的建设逐步形成了省级有妇幼保健所，市（州、地区）级有妇幼保

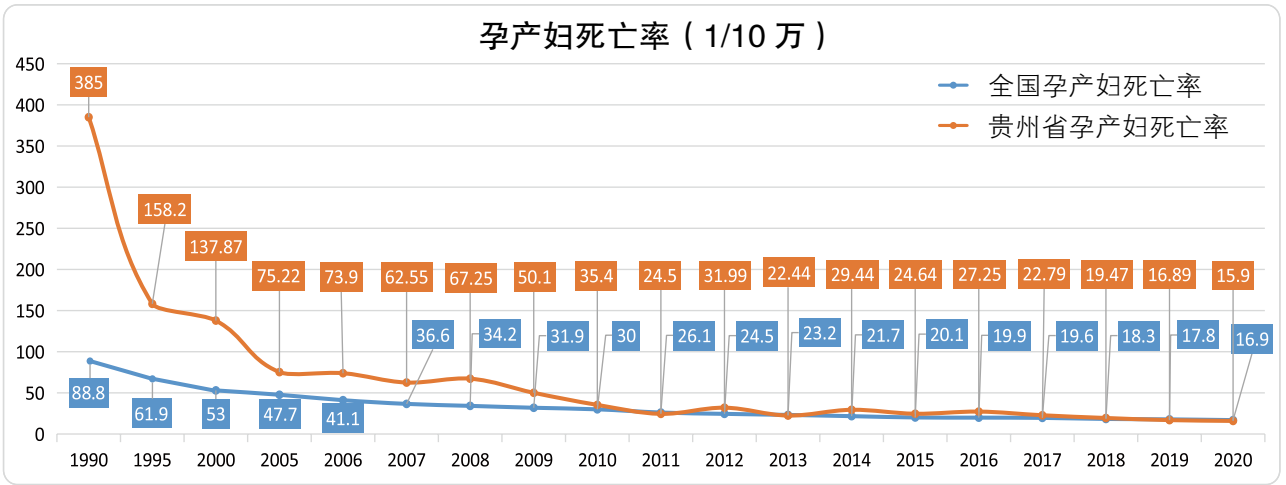
健院或保健所，县（市、区）级有妇幼保健站，乡镇级在卫生院内设有防疫保健组的妇幼保健网络体系。

2016年，贵州省卫生健康大会胜利召开，会上对妇幼保健机构体系建设确立了目标、指明了方向，贵州省的妇幼健康事业发展进入了高速、高质量发展时期。2020年，全省共有妇幼保健机构98个，共有妇幼保健工作人员17009人，其中卫生技术人员14318人，拥有床位数11306张。

## 二、妇幼健康水平显著提高

### （一）孕产妇死亡率稳步下降

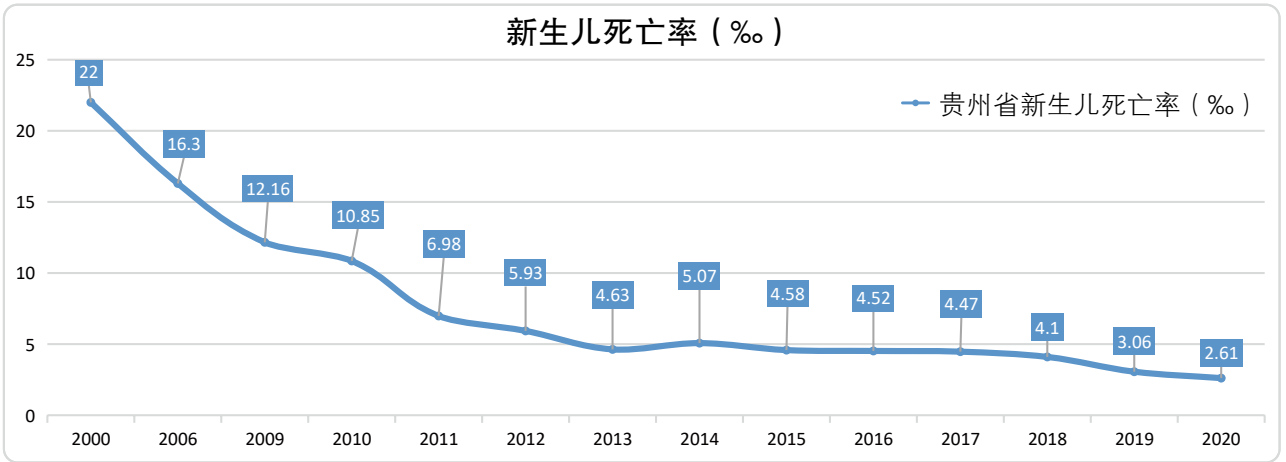
1990年全国孕产妇死亡率为88.8/10万，2020年全国孕产妇死亡率为16.9/10万，较1990年下降了80.9%。1990年贵州省孕产妇死亡率为385/10万，2020年下降至15.90/10万，较1990年下降了95.9%（图1）。2019、2020年，贵州省孕产妇死亡率连续两年低于全国平均水平。



（图1） 1990年-2020年全国和贵州省孕产妇死亡率变化趋势

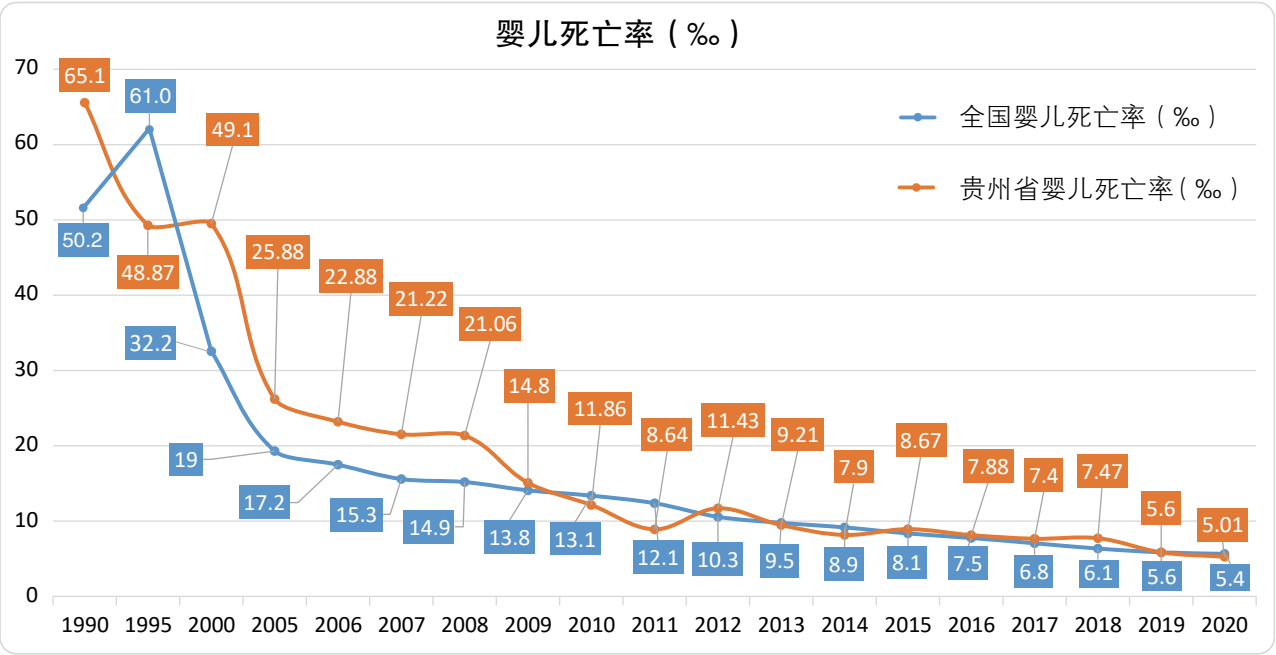
### （二）儿童死亡率明显下降

贵州省新生儿死亡率从2000年的22‰，下降至2020年的2.61‰，降幅达到88.1%（图2）。

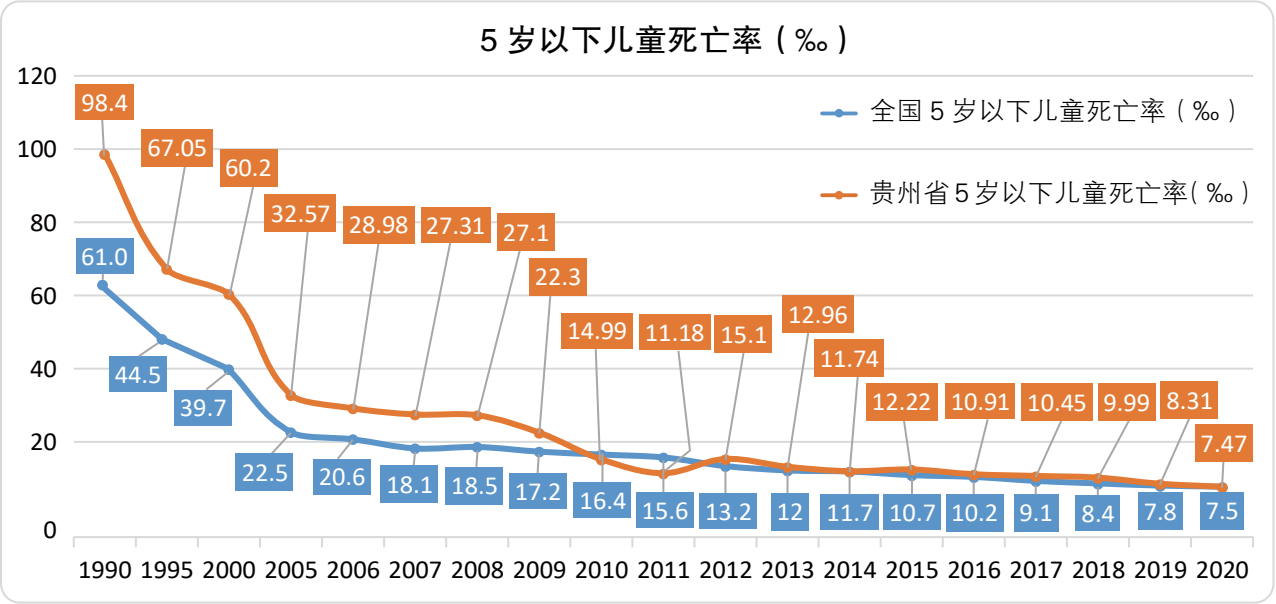


（图2） 2000年-2020年贵州省新生儿死亡率变化趋势

1991年全国婴儿死亡率和5岁以下儿童死亡率分别为50.2‰和61.0‰，2020年全国婴儿死亡率和5岁以下儿童死亡率分别为5.4‰和7.5‰，分别下降了89.2%和87.7%。贵州省婴儿死亡率和5岁以下儿童死亡率分别从1990年的65.1‰和98.4‰，下降至2020年的5.01‰和7.47‰，分别下降了92.3%和92.4%（图3、图4），首次低于全国平均水平。



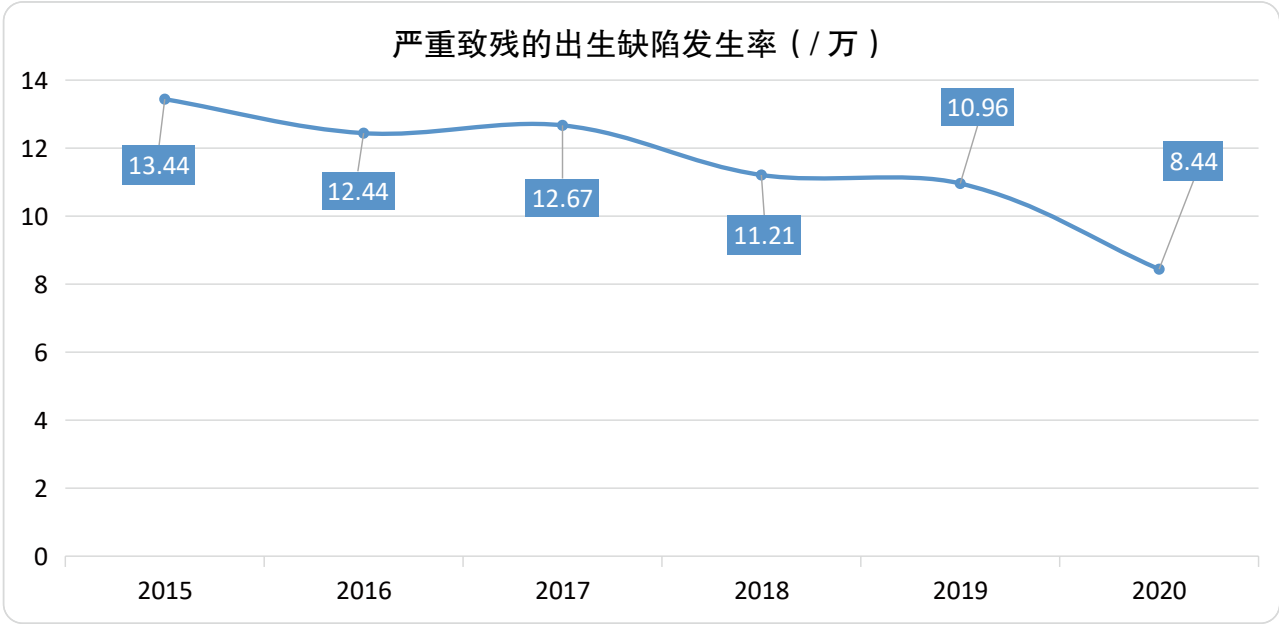
（图3） 1990年-2020年全国和贵州省婴儿死亡率变化趋势



（图4） 1990年-2020年全国和贵州省5岁以下儿童死亡率变化趋势

（三）出生缺陷防治成效明显

严重致残的出生缺陷发生率明显下降。与2015年相比，2020年严重致残的出生缺陷发生率由13.44/万降至8.44/万，对提高出生人口素质和儿童健康水平发挥了重要作用（图5）。



（图5） 2015年-2020年贵州省严重致残的出生缺陷发生率变化趋势



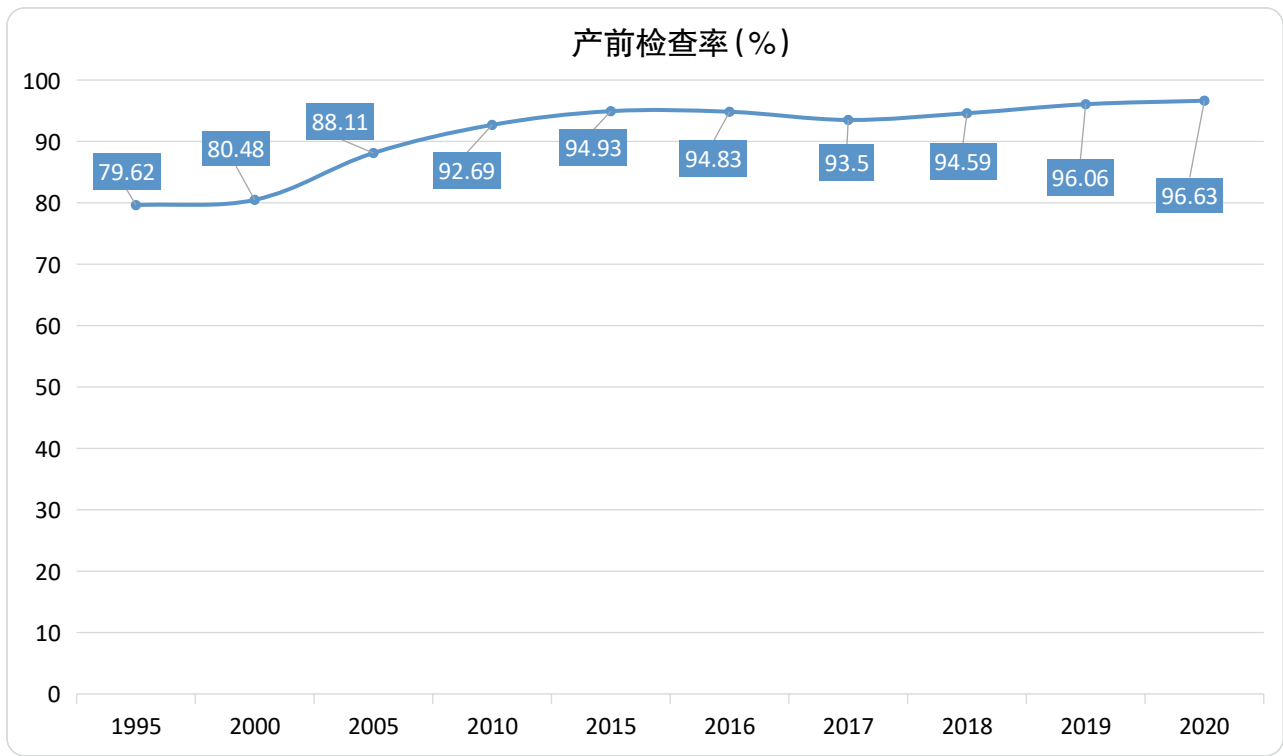
### 三、妇幼健康服务持续改善

坚持以妇女儿童为中心,努力为全体妇女儿童提供公平可及和系统连续的妇幼健康服务,不断完善政策制度和服务链条,逐步实现从胎儿到生命终点的全程健康服务和保障。

#### (一) 孕产保健

##### 1. 提供全方位孕期保健服务

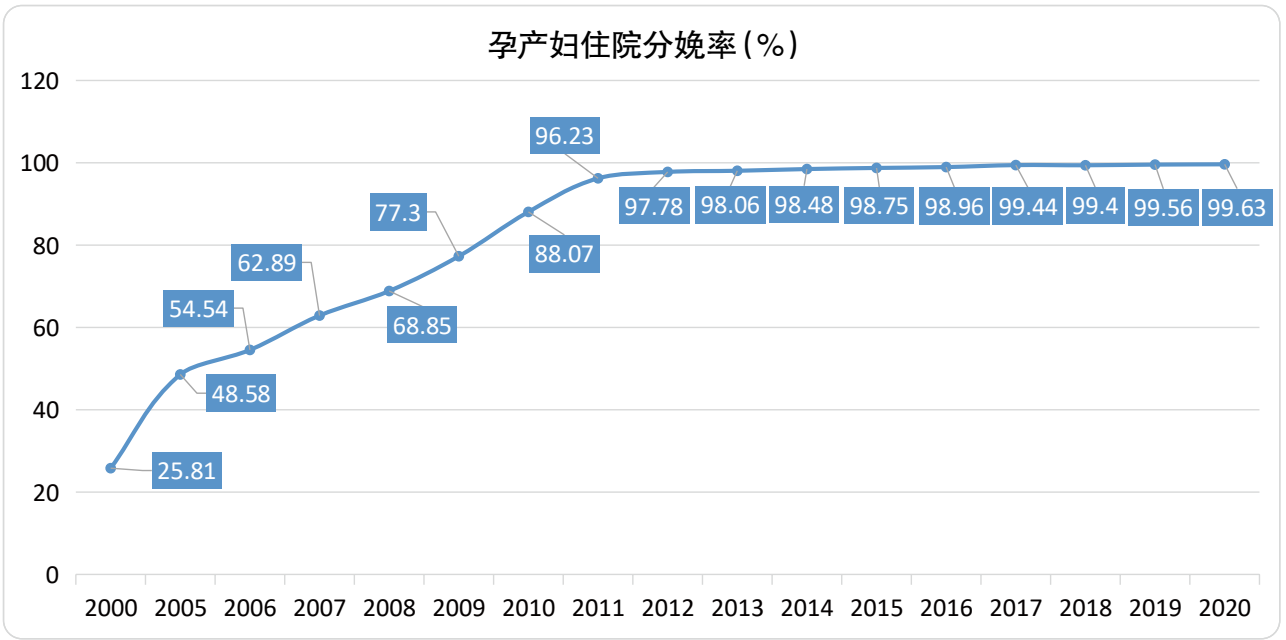
普及产前检查,丰富服务内涵。开设孕前咨询门诊,提供生育力评估和备孕指导,教育群众树立科学孕育观。鼓励助产机构开设孕妇学校,加强孕妇及家属健康教育与健康促进,普及孕育健康知识,提升孕妇健康素养和技能。以生育健康全程服务为载体,免费为孕妇进行5次产前检查,推广生育全程医疗保健服务。全面推行妊娠风险分级管理和高危孕产妇专案管理,实现孕产妇风险管理防线前移。贵州省产前检查率稳步提高,由1995年的79.62%上升到2020年的96.63%(图6)。



(图6) 1995年-2020年贵州省产前检查率变化趋势

##### 2. 全面推广普及住院分娩

住院分娩率大幅提升,从2000年的25.81%上升至99%以上,为降低孕产妇死亡率做出了重要贡献(图7)。产科服务能力不断提高,大力促进自然分娩,鼓励助产机构开展导乐分娩、分娩陪伴等服务,积极推广分娩镇痛服务,产妇分娩体验持续改善。



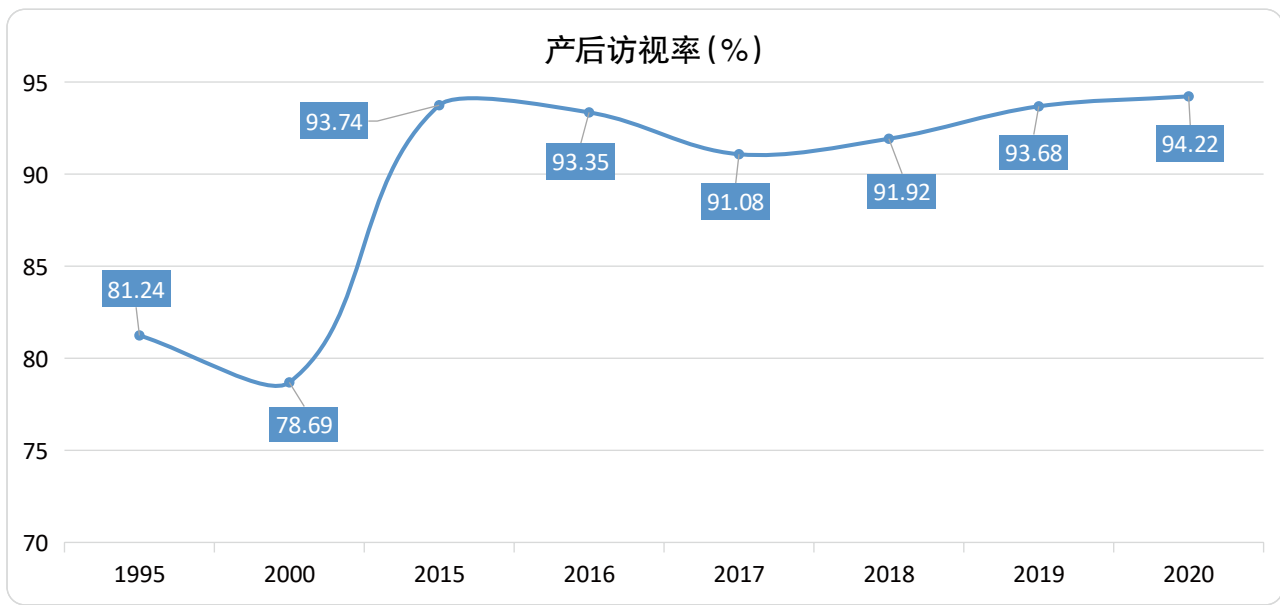
(图7) 2000年-2020年贵州省住院分娩率变化趋势

加强高危救治。建成省市县三级危重孕产妇救治中心、新生儿救治中心,其中,危重孕产妇救治中心123家,其中省级4家、市级28家、县级91家;危重新生儿救治中心118家,其中省级4家、市级26家、县级88家;各级建立分片包干的急救转诊绿色通道,加强设备配置和人才队伍建设,完善转诊机制,建立应急预案、开展急救演练,产科、新生儿科、麻醉科、重症医学科、医务科等多学科诊疗合作模式不断完善,危急重症救治能力显著提高。

##### 3. 推进产后保健服务

加强产后访视。国家免费向所有产妇提供产后1周访视和产后42天检查服务,开展产妇产后保健指导和健康检查,进行母乳喂养和产后避孕指导,贵州省产后访视率从1995年的81.24%上升到2020年的94.22%(图8)。

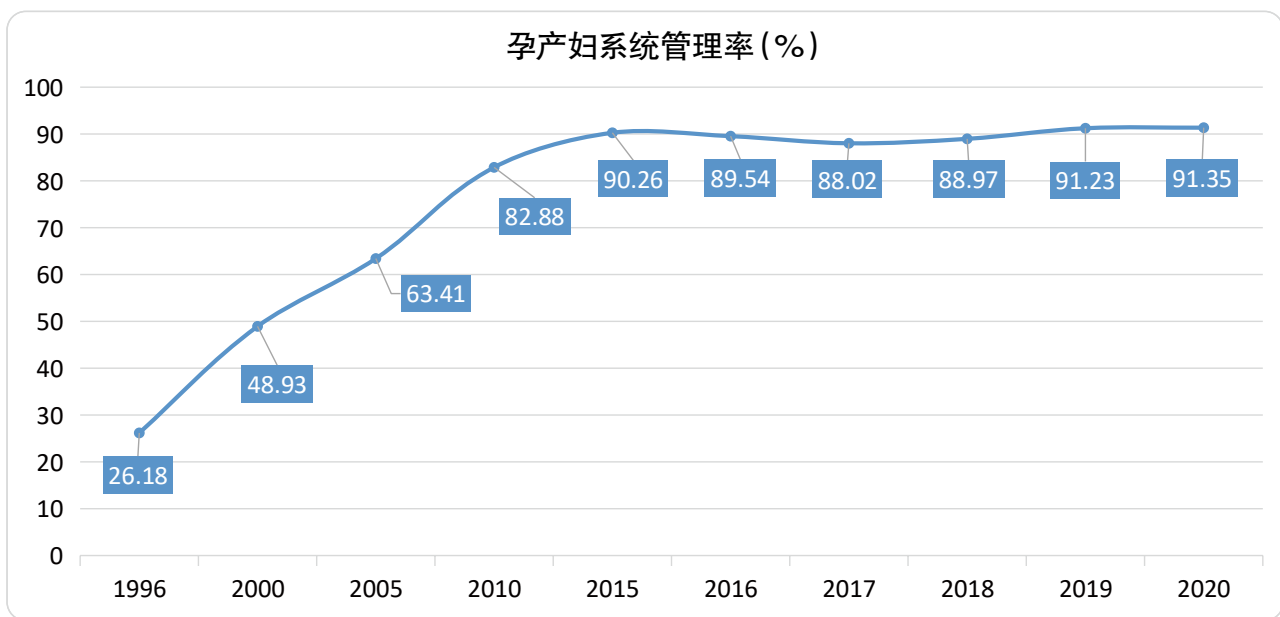
加强产后康复服务。各级医疗机构积极探索开展产后乳腺保健、盆底功能康复等医



(图8) 1995年-2020年贵州省产后访视率变化趋势

疗保健服务。支持和鼓励社会办医,规范开展个性化产后康复服务,不断满足人民群众多样化的健康服务需求。

加强孕产妇系统管理。逐步建立起了系统规范的孕产妇管理制度和服务模式,有效保障了孕产妇和新生儿健康。孕产妇系统管理率持续提高,从1996年的26.18%上升到2020年的91.35%(图9)。



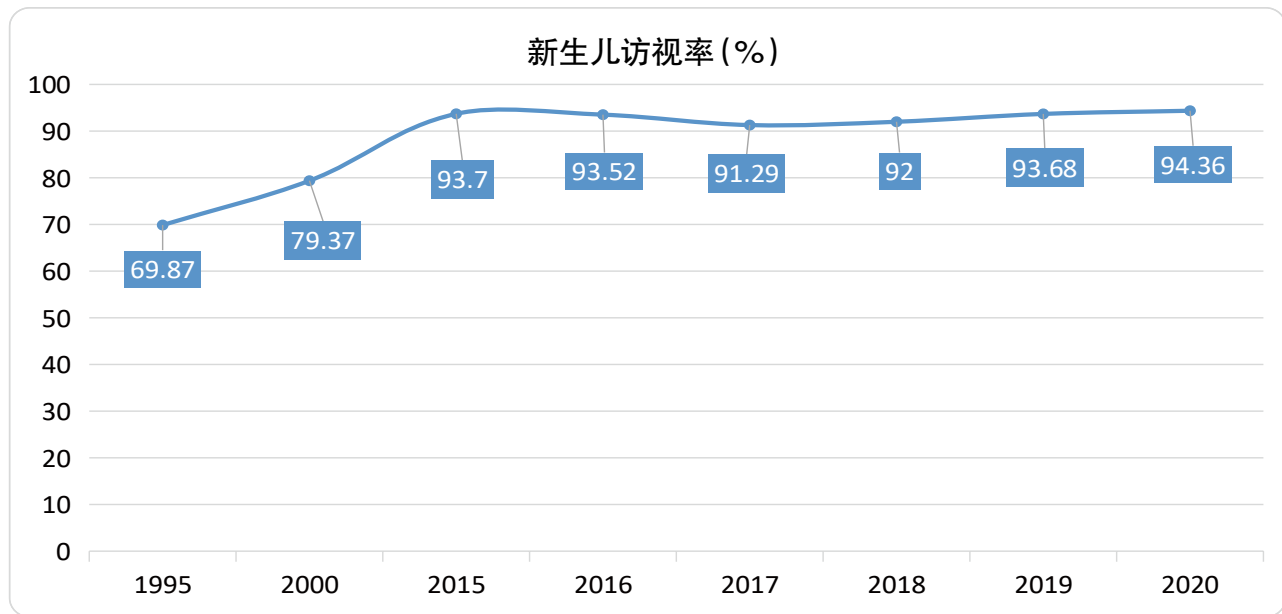
(图9) 1996年-2020年贵州省孕产妇系统管理率变化趋势

## (二) 儿童保健

### 1. 提高儿童健康管理水平

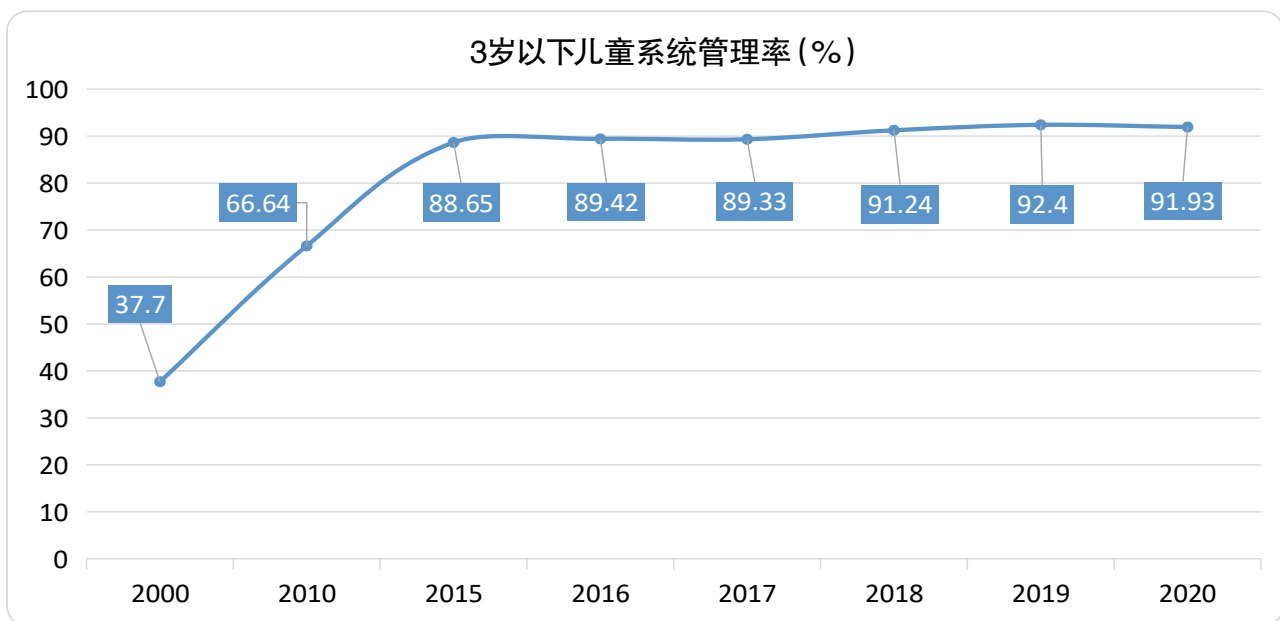
加强早产儿管理。对早产儿进行专案管理,推动开展早产儿袋鼠式护理工作,改善早产儿生存质量,推广新生儿早期基本保健、新生儿复苏等适宜技术,提高新生儿保健工作水平。

加强新生儿访视。指导家长做好新生儿喂养、护理和疾病预防,早期发现异常和疾病,及时处理和就诊,新生儿访视率稳步提高,从1995年的69.87%提高到2020年的94.36%(图10)。

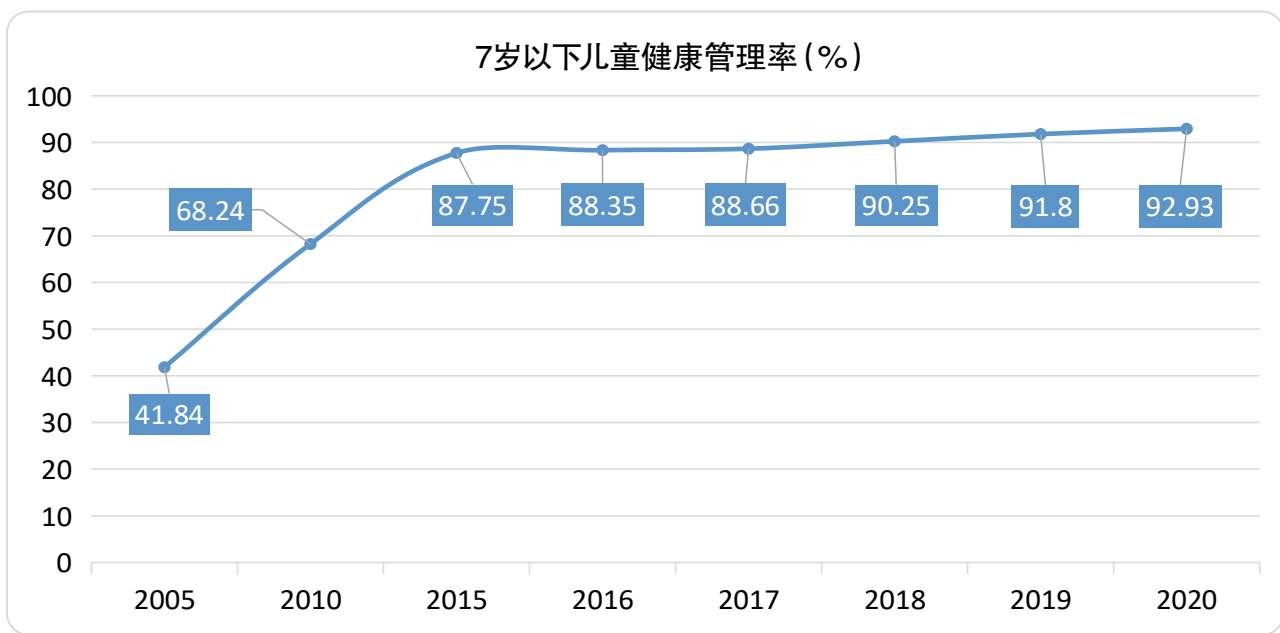


(图10) 1995年-2020年贵州省新生儿访视率变化趋势

加强7岁以下儿童健康管理。结合不同发育阶段特点,为1岁以内儿童提供4次免费健康检查,为2岁和3岁儿童每年提供2次免费健康检查,为4—6岁儿童每年提供1次免费健康检查,重点进行体格检查、生长和心理发育评估、听力和视力筛查,为家长进行母乳喂养、辅食添加、意外伤害预防、心理行为发育、口腔保健、常见病防治等健康指导。3岁以下儿童系统管理率和7岁以下儿童健康管理率稳步增高,3岁以下儿童系统管理率由2000年的37.70%增加至2020年91.93%,7岁以下儿童健康管理率由2005年的41.84%增加至2020年的92.93%(图11、图12)。



(图11) 2000年-2020年贵州省3岁以下儿童系统管理率变化趋势



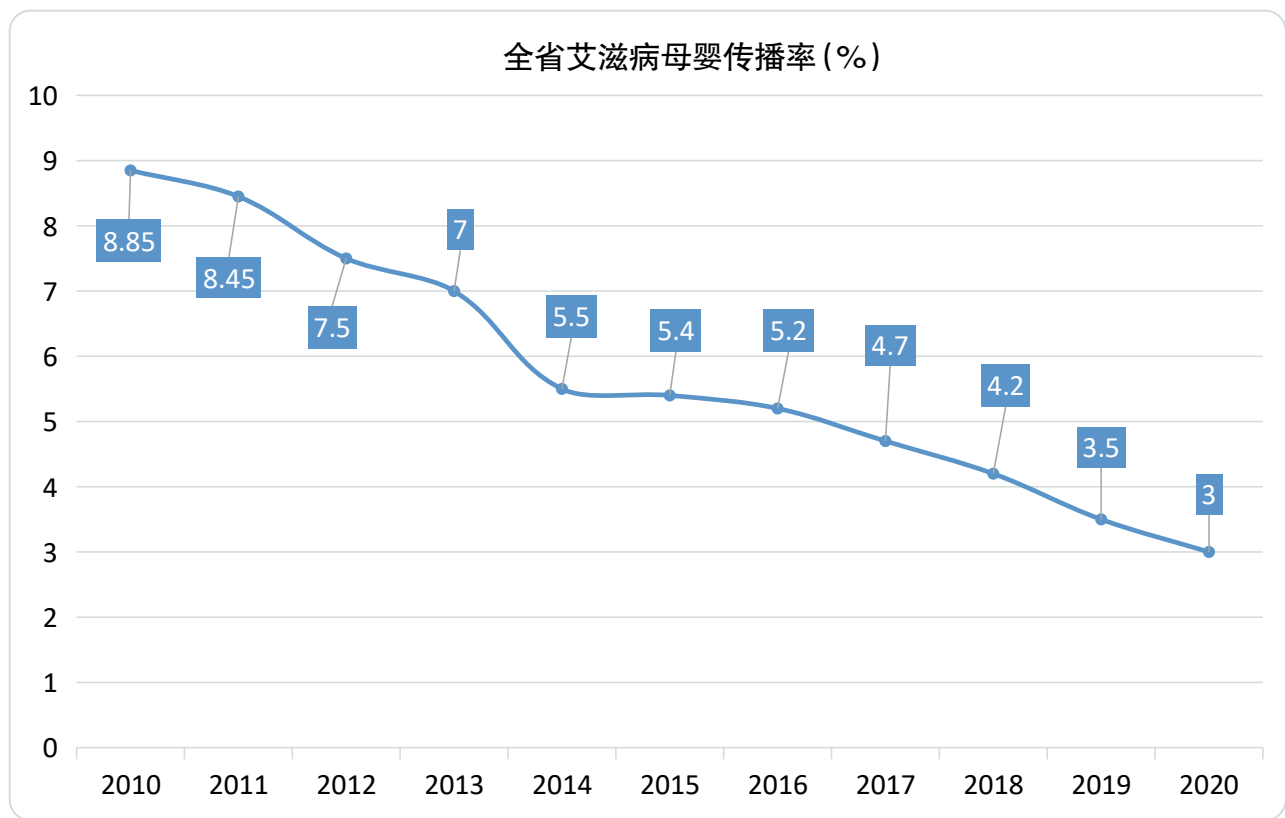
(图12) 2005年-2020年贵州省7岁以下儿童健康管理率变化趋势

## 2. 加强儿童疾病防治

大力推广住院分娩,推进新法接生,实现新生儿破伤风发病率以县为单位降低到1‰的消除目标。规范开展免疫接种服务,在全省范围实施儿童免疫规划,不断扩大国家免疫规划疫苗种类,从最初预防6种疾病扩大到预防15种疾病。由基层医疗卫生机构免

费向辖区儿童提供预防接种服务,2020年卡介苗、脊灰疫苗、百白破疫苗、乙肝疫苗以及甲肝疫苗接种率均达到95%以上。儿童重点传染病得到有效控制,逐步消灭了天花,实现了无脊髓灰质炎目标。

科学防治儿童重点疾病。自2010年全面开展预防艾滋病、梅毒和乙肝母婴传播项目以来,作为衡量母婴传播项目重要指标的全省的艾滋病母婴传播率由2010年的8.85%下降至2020年的3%,我省在预防艾滋病母婴阻断的工作上取得了长足的进步。成功阻断2368名儿童经母婴传播感染艾滋病、38234名儿童感染先天梅毒。(图13)



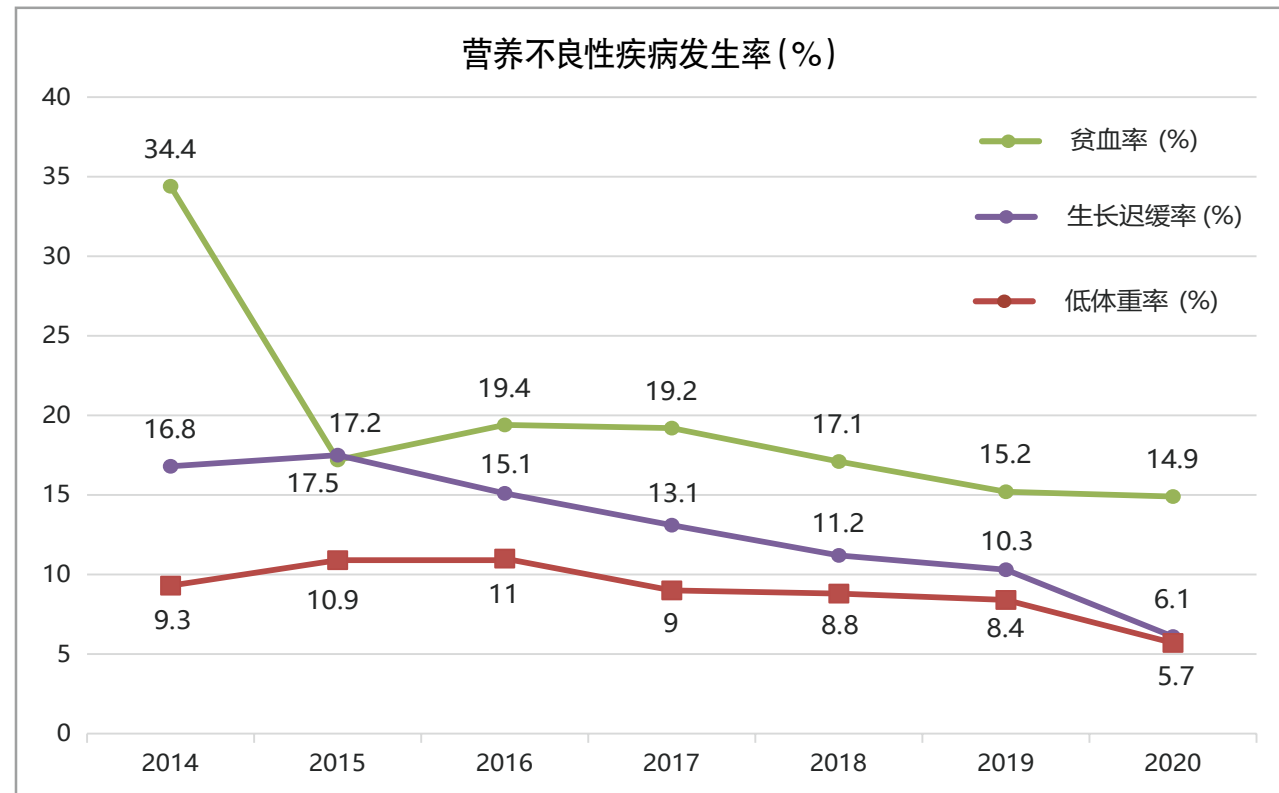
(图13) 2010年-2020年贵州省艾滋病母婴传播率变化趋势

实施国家基本公共卫生服务儿童心理行为发育问题早期筛查服务,开展视力、听力、肢体、智力等残疾以及自闭症的早期筛查。加强儿童近视防控,指导基层医疗卫生机构开展眼保健服务,为7岁以下儿童每年免费进行视力检查并建立视力健康档案,进行近视防控知识宣传,提高全社会近视防控意识。加强儿童口腔疾病防治,在全省范围开展儿童口腔健康教育、健康检查、局部用氟、窝沟封闭等口腔疾病综合干预工作。



### 3. 改善儿童营养

实施婴幼儿喂养策略。加强婴幼儿科学喂养指导,强化医疗保健人员和儿童养护人婴幼儿科学喂养知识和技能。创新爱婴医院管理,促进医疗机构开展母婴同室和科学母乳喂养指导。加快推进公共场所和用人单位母婴设施建设,加强母乳喂养宣传,在全社会提倡、促进和支持母乳喂养。儿童营养改善项目覆盖全省 88个县,受益儿童年龄扩大到36月龄,实现与幼儿园、中小学营养补充无缝衔接,累计受益儿童180万人,营养包有效服用率达97.3%,有效改善贫困地区儿童营养与健康状况,项目监测地区的贫血率、生长迟缓率、低体重率从2014年的34.4%、16.8%、9.3%分别降至2020年的14.9%、6.1%、5.7% (图14)。

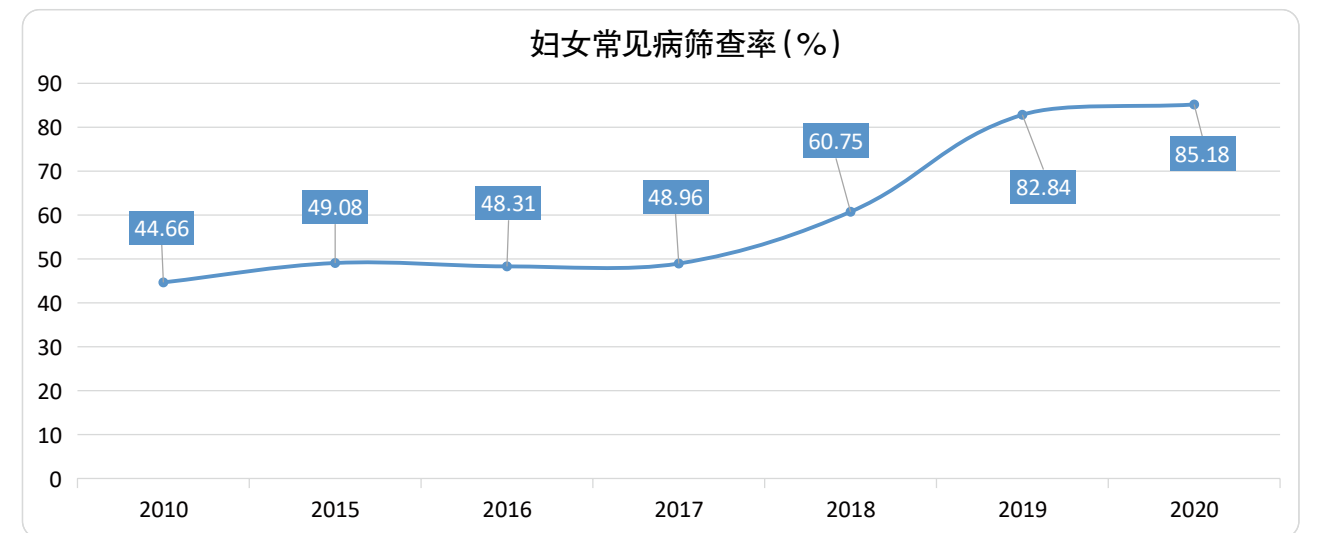


(图14) 2014-2020年儿童营养改善项目地区监测情况(%)

### (三) 妇女保健

#### 1. 全面保障妇女健康

开展妇女常见病防治。不断加强妇女常见病筛查工作,妇女常见病筛查率逐步上升,由2010年的44.66%上升至2020年的85.18% (图15)。加强妇女常见病防治知识宣传,增强



(图15) 2010-2020年贵州省妇女常见病筛查率变化趋势

妇女自我保健能力,树立个人是健康第一责任人意识。做好妇女常见疾病治疗随访,完善筛查诊疗衔接机制,保障妇女健康。

推进妇女重大疾病防治。针对不同历史时期妇女主要健康问题,集中力量开展普查普治,实施农村妇女宫颈癌和乳腺癌筛查项目,不断提高早诊早治率,每年筛查宫颈癌50万人,乳腺癌25万人。将乳腺癌和宫颈癌纳入国家大病救治范围,不断完善救治保障。

#### 2. 推进青春期和更年期保健

探索开展青春期保健。将健康教育纳入国家教育体系,在学校和社区大力开展生殖健康、艾滋病防治等知识宣传教育,提高青少年的性与生殖健康水平。鼓励青少年合理膳食和控制体重,积极参加体育运动和社会实践,关注青少年心理健康问题,推进青少年形成积极向上的健康身心状态。鼓励各级妇幼保健机构设置青春期保健门诊,开展青春期保健服务和健康咨询指导。

推广更年期保健。针对更年期妇女健康需求,开展大众化的健康教育,提供健康咨询和指导。鼓励各级妇幼保健机构设置更年期门诊,促进更年期保健专科建设,对更年期妇女提供健康状况筛查评估,营养、心理、运动咨询指导,激素测定和骨质疏松诊治,盆底功能评估及康复,个体化健康教育等服务,不断提高更年期妇女的生活质量。

### (四) 生殖保健

#### 1. 尊重和保护妇女生殖健康权益

大力推动避孕节育服务均等化。实施国家基本公共卫生服务项目避孕药具发放和基本避孕节育手术,向所有育龄群众免费提供。加大生殖健康知识宣传和健康教育力度,广泛开展咨询指导,鼓励避孕药具进社区,设置自动发放机,提高避孕节育服务可及性。

促进生殖保健融入妇女健康管理。以女性健康为中心,完善政策,优化流程。积极推广产后和人工流产后避孕服务,提供系统、规范、温馨的生殖保健服务。提高育龄人群生殖保健意识与能力,保持适宜生育间隔,减少非意愿妊娠。

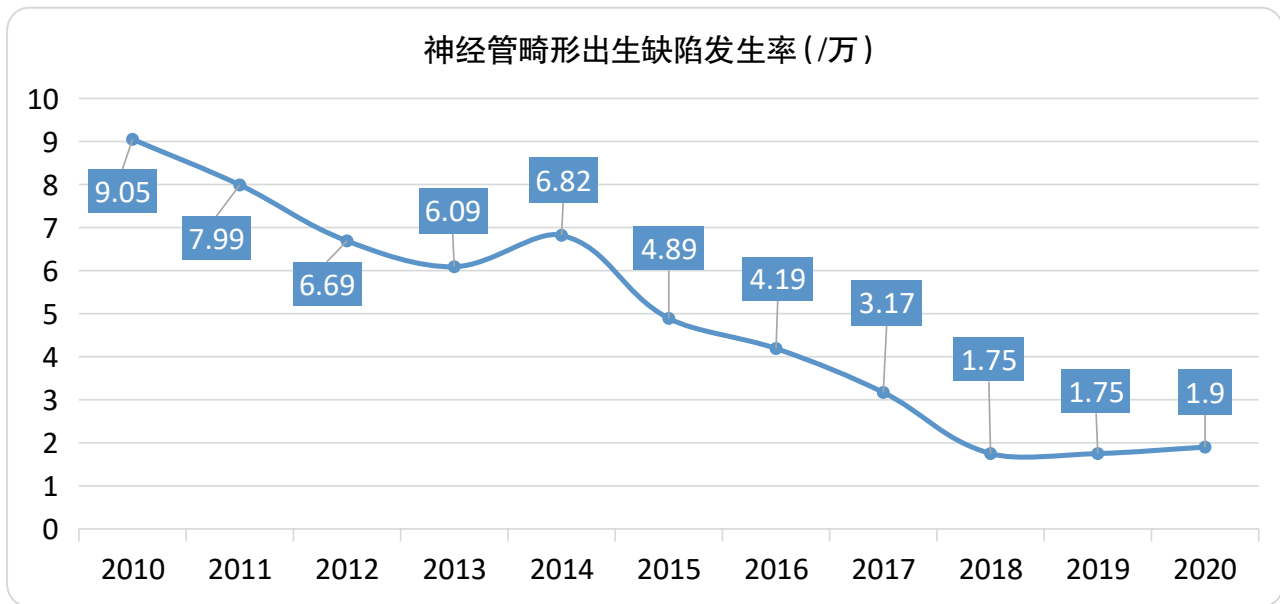
## 2. 规范不孕不育诊治服务

不孕症诊疗服务需求逐步得到满足。辅助生殖技术快速发展,技术水平逐步提高,服务能力不断增强,为数以万计的不孕不育夫妇带来福音,促进了家庭幸福与社会和谐。

### (五) 出生缺陷综合防治

#### 1. 全面推进一级预防

加强出生缺陷防治健康教育宣传,积极推进婚前保健服务,婚前医学检查率由2005年的0.14%上升至2020年的21.77%。实施国家孕前优生健康检查项目,为农村计划怀孕夫妇免费提供健康教育、健康检查、风险评估、咨询指导等19项孕前优生服务,每年为超过36万的计划怀孕夫妇提供孕前优生健康检查,为超过40万计划怀孕妇女免费提供叶酸预防神

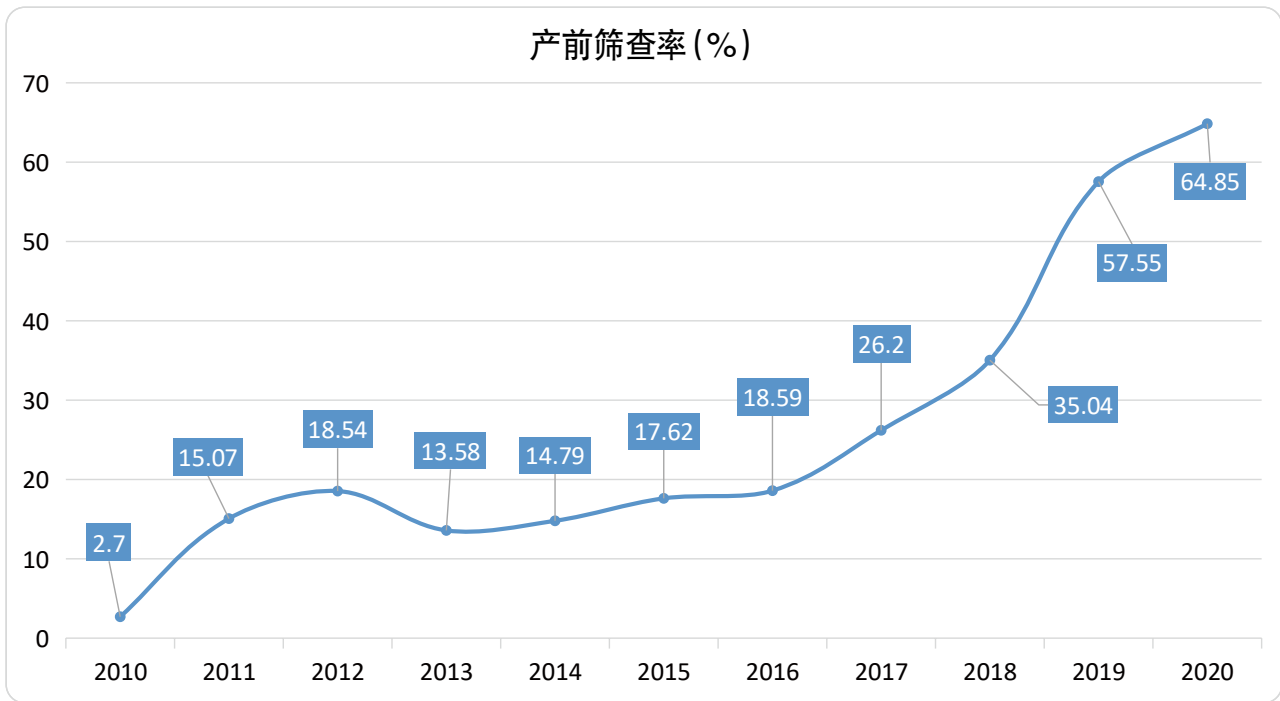


(图16) 2010年-2020年贵州省神经管畸形出生缺陷发生率(/万)

经管缺陷发生,2020年神经管畸形发生率从9.05/万降至1.90/万,降幅达79%。(图16)

#### 2. 不断加强二级预防

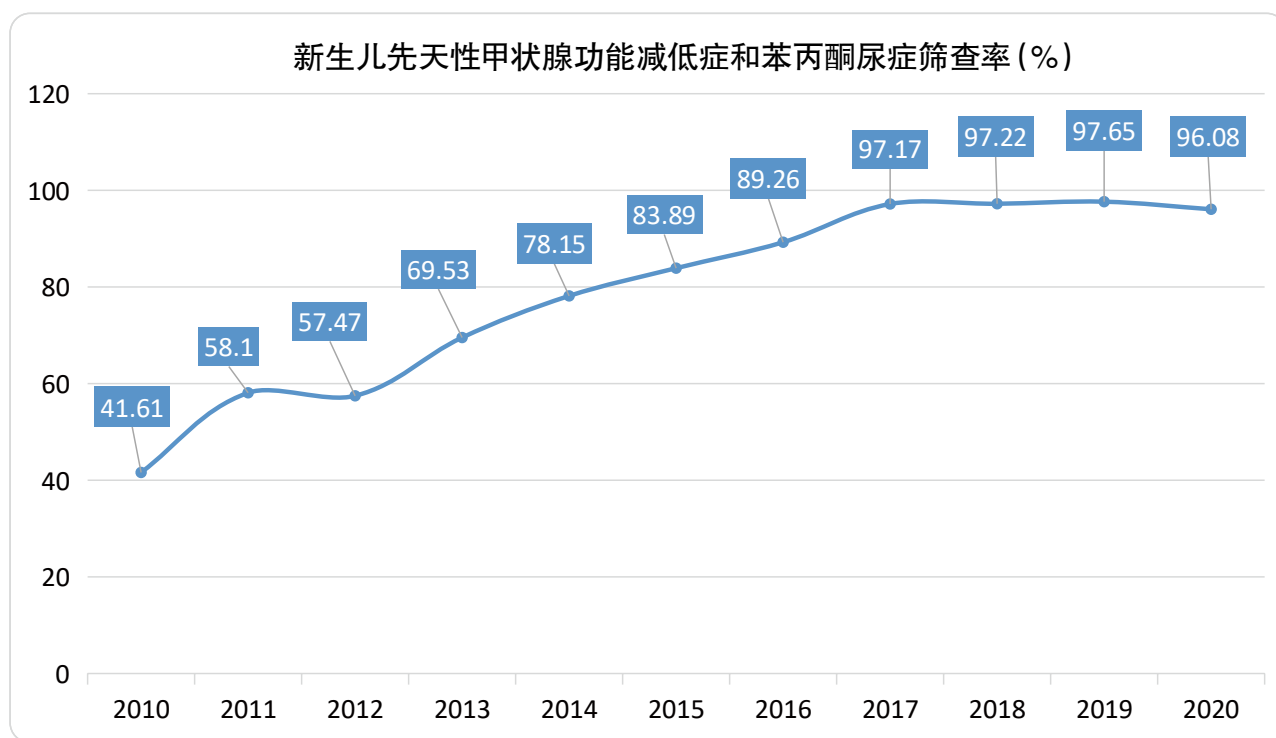
2011年起,大力推进产前诊断产前筛查网络建设,加强人员培训,规范执业许可,开展《中华人民共和国母婴保健法》普法教育和宣传,逐步扩大产前筛查和产前诊断覆盖面,持续推进遗传咨询、医学影像、分子生物、细胞遗传和分子遗传等适宜技术管理和推广,规范无创DNA基因检测服务,二级预防服务能力不断提高。产前筛查率从2010年的2.7%上升到64.85%,上升了24倍。(图17)



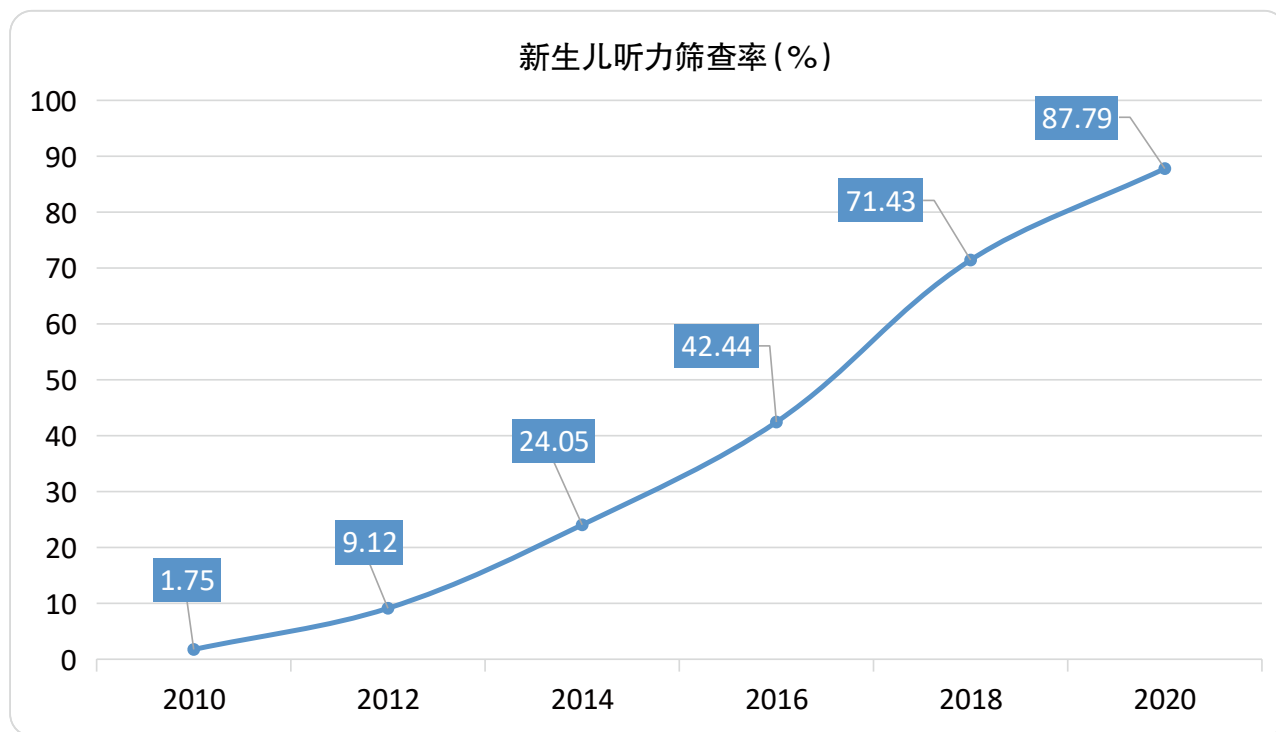
(图17) 2010年-2020年贵州省产前筛查率变化趋势

#### 3. 逐步落实三级预防

稳步扩大新生儿疾病筛查覆盖面,重点开展新生儿先天性甲状腺功能减低症、苯丙酮尿症和听力障碍筛查,贵州省新生儿先天性甲状腺功能减低症和苯丙酮尿症筛查率以及新生儿听力筛查率分别由2010年的41.61%、1.75%上升至2020年的96.08%、87.79%(图18、图19)。加强出生缺陷救治保障,推动将先心病、血友病、唇腭裂、尿道下裂、苯丙酮尿症等5种出生缺陷疾病纳入大病保障范围。



(图18) 2010年-2020年贵州省新生儿先天性甲状腺功能减低症和苯丙酮尿症筛查率变化趋势



(图19) 2010年-2020年贵州省新生儿听力筛查率变化趋势

## 四、妇幼健康事业全面发展

### (一) 党委政府高度重视, 为妇幼健康服务体系建设提供组织保障

我省各级政府坚持把妇女儿童健康工作纳入经济社会发展总体规划, 高度重视妇幼健康服务体系发展, 印发《省医疗卫生事业改革发展领导小组办公室关于切实加强新形势下妇幼健康工作的意见》《生育健康全程服务的实施意见》《省人民政府办公厅关于转发省卫生健康委卫生健康服务能力提升“八大工程”行动计划(2019—2022年)的通知》等文件, 建立完善了以基层医疗卫生机构为基础, 以妇幼保健机构及综合医院、妇产、儿童专科医院等为主体、民营医院为补充、相关科研教学机构为技术支撑的妇幼健康服务体系。

### (二) 以等级创建为抓手, 推进妇幼健康服务能力建设

坚持妇幼保健机构预防保健和临床服务一体两翼、统筹发展的思路, 强化妇幼保健机构科学化、规范化、标准化管理。将妇幼保健机构等级创建工作融入医疗卫生改革发展大局通盘考虑、一体推进, 从人财物方面给予大力支持, 促进构建目标明确、布局合理、规模适当、结构优化、层次分明、功能完善、富有效率的妇幼健康服务体系。

“十三五”以来, 我省妇幼保健院等级创建工作取得明显成效。目前, 全省共建设妇幼保健机构98家, 实现了省、市、县妇幼保健机构全覆盖。市(州)三级以上妇幼保健院达到77.77%, 其中三级甲等妇幼保健院占55.55%; 县(市、区)二级妇幼保健院达到57.95%, 其中二级甲等妇幼保健院占43.18%。目前51个县级妇幼保健机构开设了新生儿科或新生儿病房, 其中30%以上的县妇幼保健院是当地首家设置新生儿科的医疗机构。通过等级创建, 妇幼保健机构基础设施明显改善, 服务能力显著提升, 妇幼健康服务内涵不断丰富和完善, 服务范围不断拓展, 学科建设、科研能力正在随着妇女儿童的更高需求不断进步。

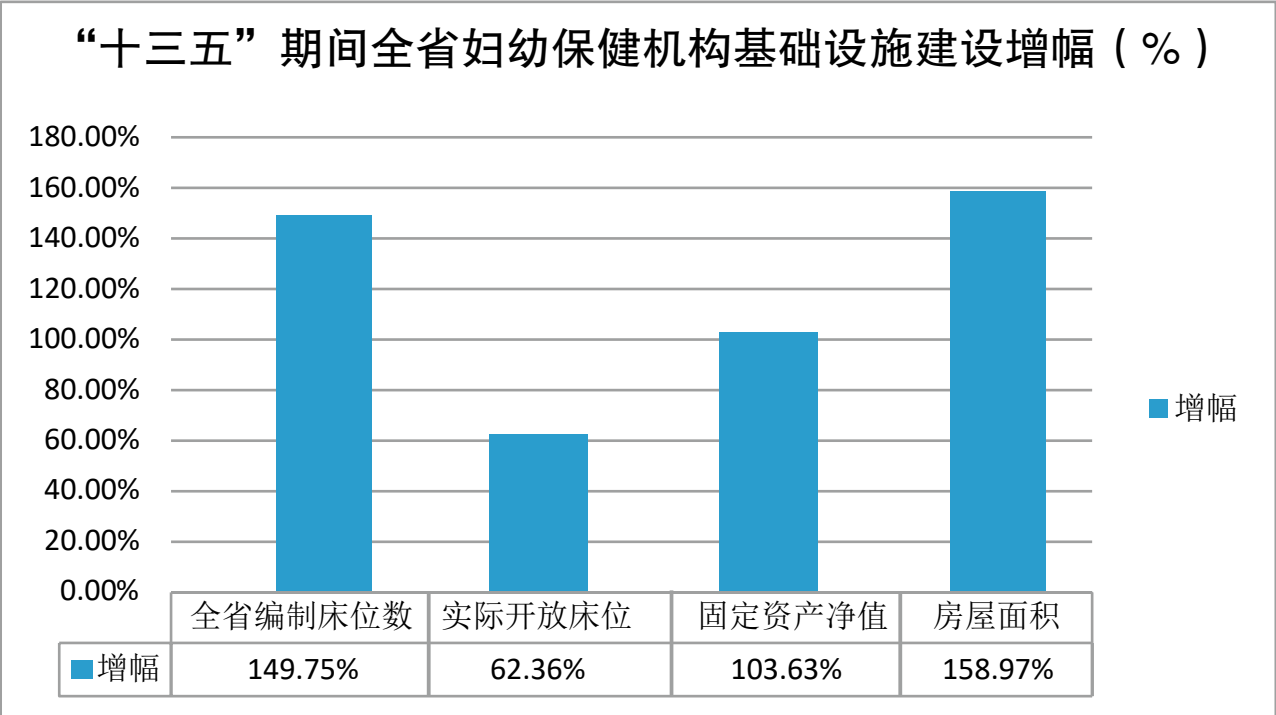
### (三) 加快基础设施建设, 构建妇幼健康服务新格局

“十三五”期间, 全省妇幼保健机构基础设施建设发展突飞猛进, 取得了长足发展。2020年与2015年相比, 全省妇幼保健机构业务用房面积、编制床位数、实际开放床



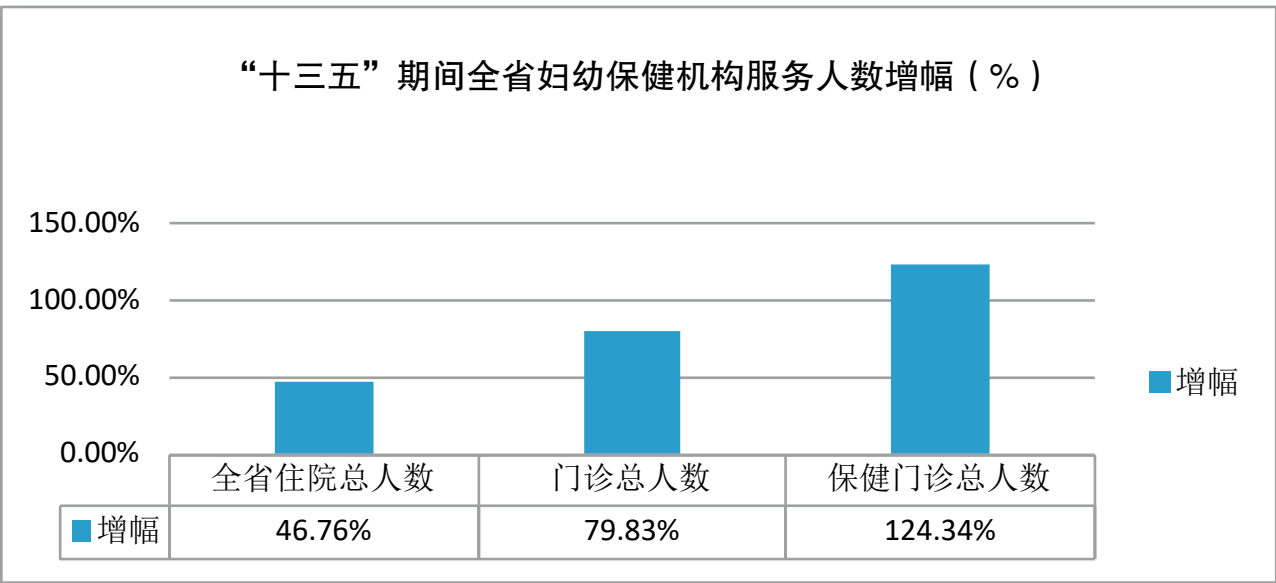
位、固定资产净值增长幅度分别达到158.97%、149.75%、62.36%和103.63%。

“十三五”期间全省妇幼保健机构基础设施建设情况				
年份	全省编制床位数（张）	实际开放床位（张）	固定资产净值（亿元）	房屋面积（平米）
2015	4527	5997	4.96	427762
2020	11306	9737	10.10	1107768



（四）以服务为导向，提升妇幼健康服务内涵

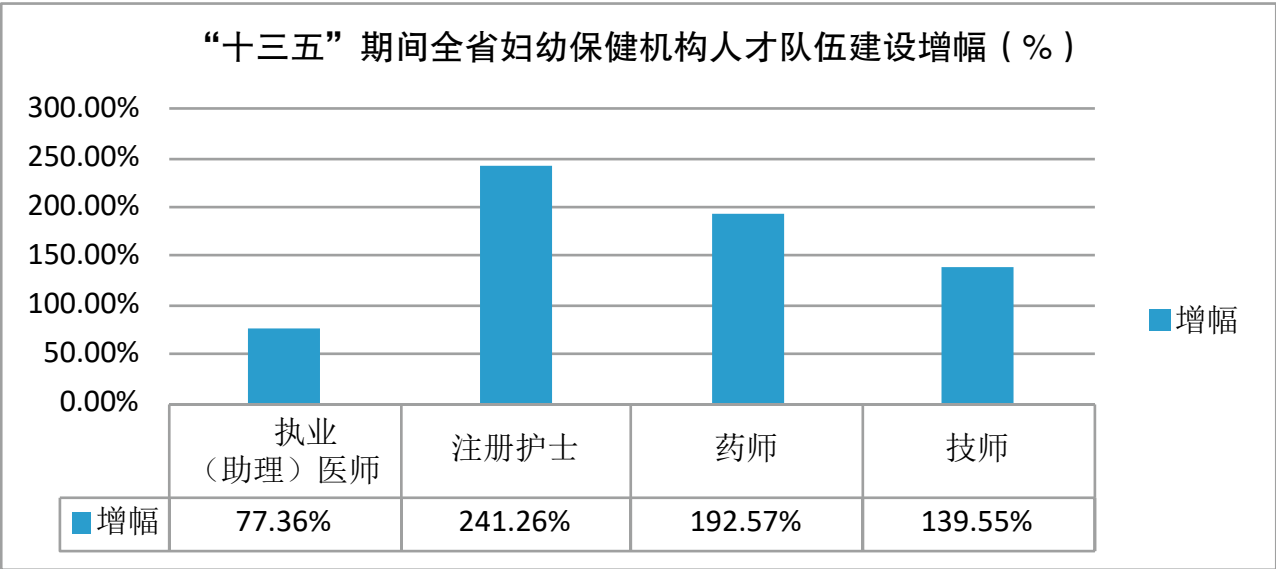
通过标准化建设，妇幼保健机构“四大部”框架逐步搭建，医疗保健服务领域不断拓宽，阵地建设及科室设置不断完善，流程不断优化，技术水平不断提高，服务内涵不断丰富。2020年与2015年相比，全省住院总人数增长46.76%，其中：住院分娩、新生儿科、儿科、妇科（计划生育）增长幅度分别为67.81%，86.50%，35.69%，10.24%；门诊总人数增长79.83%，其中：儿科、产科、妇科（计划生育）增长幅度分别为53.16%、76.40%、59%；保健门诊总人数增长124.34%，其中儿童保健、产科保健、妇科（计划生育）分别增长幅度分别为121.39%，137.79%，72.22%。



（五）强化队伍建设，夯实妇幼健康持续发展根基

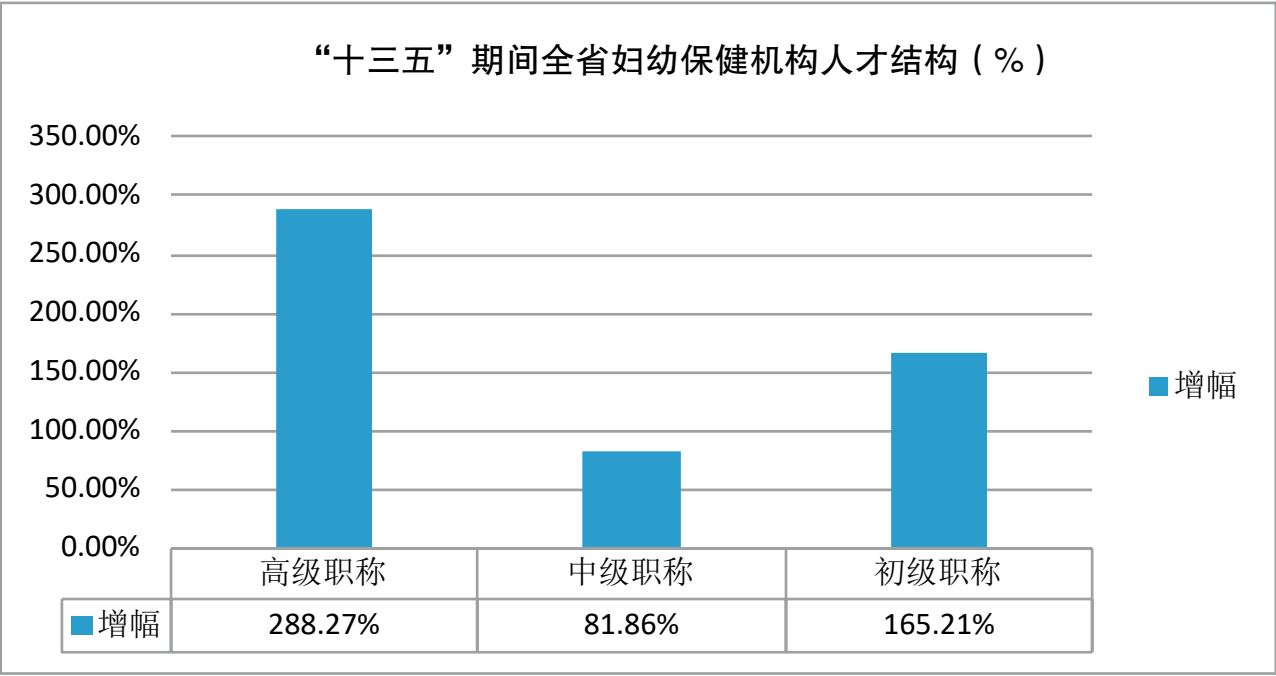
全省妇幼保健机构人才队伍不断壮大。2020年与2015年相比，从人力资源来看：专业技术人员增加7075人，增幅达137.27%。

“十三五”期间全省妇幼保健机构人才队伍建设（人）				
年份	执业（助理）医师	注册护士	药师	技师
2015	2588	1946	175	445
2020	4590	6641	512	1066



从技术人员职称来看：高级职称增加288.27%；中级职称增加81.86%；初级职称增加165.21%，其中，高级职称增幅最大。

“十三五”期间全省妇幼保健机构专业技术人员职称构成（人）			
年份	高级职称	中级职称	初级职称
2015	307	1433	3280
2020	1192	2606	8699



（六）借势借力，加速推动妇幼健康事业高质量发展

一是充分借力全国优质医疗卫生资源，加速推动妇幼健康事业发展，妇幼保健机构实现东西部对口帮扶全覆盖。二是县级妇幼保健机构综合能力显著提升，远程平台作用日益凸显。三是探索医共体发展模式，实现资源共享，错位发展，助推全省妇女儿童事业取得新成效。

五、妇幼健康事业发展的经验

（一）坚持以妇女儿童健康为中心的发展思想

树立和坚持“大妇幼、大健康”的发展理念，推动“以治病为中心”向“以健康为中心”转变，让改革发展的成果更多更公平惠及广大妇女儿童。

（二）坚持党建引领政府主导共建共享的发展思路

加强党对妇幼健康工作的领导，将妇幼健康事业纳入经济社会发展全局中统筹考虑，充分发挥政府主导作用，推进部门合作和社会参与，将妇女儿童健康融入所有政策，实现人民共建共享。

（三）坚持中国特色防治结合的发展道路

在长期实践中始终坚持“保健与临床相结合、个体与群体相结合、中医与西医相结合”的具有中国特色的发展道路，符合卫生与健康事业发展规律，顺应妇女儿童健康需求。

（四）坚持生命全程医疗保健服务的发展模式

以提高妇女儿童健康水平为核心，为妇女儿童提供连续规范的医疗保健服务，推动基本公共卫生服务项目、重大公共卫生服务项目、基本医疗保险、生育保险等相关政策措施有效衔接，实现对妇女儿童全方位全周期的服务和保障。

（五）坚持以全面深化改革为发展动力

通过改革破除思想观念和体制机制弊端，围绕妇幼保健机构运行补偿、绩效考核、人事薪酬等方面建立新机制，激发事业发展的内生动力。



## 六、机遇与展望

中国特色社会主义进入新时代，以习近平同志为核心的党中央高度重视卫生健康工作，妇幼健康事业迎来高质量发展新机遇。贵州省委、省政府提出“十四五”期间“一二三四”的总体发展思路为全省妇幼健康事业高质量发展做出了指引。脱贫攻坚的全面胜利、疫情防控的重大战略成果、贵州“黄金十年”快速发展历程，积累了很多宝贵经验。乡村振兴、大数据、大生态为创新妇幼健康服务提供了更广阔的土壤，常态化疫情防控对妇幼健康工作提出了新的挑战，加快妇幼保健服务内涵建设将是适应新时期、新阶段、新变化的重要措施。

习近平总书记视察贵州时要求在新时代西部大开发上闯新路，在乡村振兴上开新局，在实施数字经济战略上抢新机，在生态文明建设上出新绩。进入新发展阶段，广大妇女儿童的健康主题已经从生命安全守底线扩展到全面健康促发展。广大妇女儿童对健康的多元化需求更旺盛，对美好生活的向往更强烈，对妇幼健康服务能力、服务模式、服务质量都提出了更高要求。贵州妇幼健康工作者将秉承坚持以人民为中心的发展思想，立足新发展阶段，贯彻新发展理念，构建新发展格局，切实以妇女儿童健康为中心，推动妇幼健康事业高质量发展，让广大妇女儿童的获得感成色更足，幸福感份量更重，安全感体验更强。

进入新发展阶段，妇幼健康事业发展要始终践行创新、协调、绿色、开放、共享五大新发展理念。以高质量发展统揽生育健康全程服务，牢牢守住发展和生态两条底线，将妇幼健康融入乡村振兴、大数据、大生态三大战略行动，着力固根基、扬优势、补短板、强弱项，增强妇幼健康事业发展动力。

进入新发展阶段，妇幼健康工作应顺应时代、实践和人民的需求，科学谋划妇幼健康事业今后五年、十年甚至更长期的高质量发展规划，抢抓机遇，奋力拼搏，实现妇幼健康事业发展新愿景。要加强党建引领，始终围绕提高人均期望寿命、提升出生人口素质，以更高标准加快补齐妇幼服务体系不强、人才队伍紧缺、服务能力不足短板，做好重点

专科、特色专科建设。坚持问题导向，针对性解决新时期妇女儿童重大健康问题，持续保障孕产妇死亡率、儿童死亡率等卫生健康核心指标稳中有降。坚决落实习近平总书记指示精神，推动儿童近视、“小胖墩”等问题的持续解决。坚持需求牵引，努力满足妇女儿童对美好生活和健康发展的新需要。坚持使命担当，着力提高实现新时代新目标的现代化治理能力，推进妇幼健康事业高质量发展。

Health of women and children is the cornerstone of the health of all people, a yardstick to measure the progress of social civilization and the basis and premise of sustainable human development. At the 100th anniversary of the founding of the Communist Party of China (CPC), it can be said positive progress and achievements have been made in each development stage looking back on the extraordinary journey Guizhou Province has taken in its undertakings of women and children's health since the founding of new China in 1949. Since the 18th CPC National Congress held in 2012, in particular, rapid progress has been made in this respect in Guizhou and remarkable improvements have been made in the health levels of women and children.

## **I.A brief history of the development of maternal and child health (MCH) undertakings and institutions in Guizhou Province**

In the 27th Year of the Republic of China (1938), Guizhou Health Committee was established (later renamed as the Health Section of Guizhou Province) and a working team on Women and Children's Health was set inside. And with it, work on maternal and child health care began and the implementation of the new law of midwifery, maternal and infant health was listed as an important part of the health policy. After 1949, public health administrative departments at all levels attached high importance on women and children's health under the leadership of the CPC Guizhou Provincial Party Committee and the Provincial People's Government. They regarded the work of maternal and child health as an important part of promoting women's liberation, safeguarding the healthy growth of children and improving the quality of the population.

In the early 1950s, in response to the actual situation of scarcity in MCH institutions across the province and a lack of professional MCH workers, the provincial health department assembled teams of women and children's health workers, ethnic health workers and Land

Reform Health Task Force to carry out publicity and education on MCH care knowledge in the course of disease prevention and treatment as the teams went deep into rural areas and ethnic minority areas. Meanwhile, by adopting such measures as setting up MCH institutions, training MCH workers, and transforming old midwives, the health department undertook MCH services mainly focusing on the new method of delivery. In late 1950s, while promoting the new method of delivery, hospital delivery services were advocated both in urban and in rural, labor protection was given to women during "four periods" (namely menstrual, pregnancy, post-natal and lactation periods); in addition, makeshift maternity hospitals, and day care centers in the busy season were put into trial use. In the early 1960s, great efforts were made to prevent and treat uterine prolapse in women, amenorrhea, malnutrition in children and infectious diseases, and to promote family planning. In late 1970s, during the turmoil of the "Cultural Revolution", however, MCH work in the field was seriously disrupted, and came to a standstill with facilities dismantled in most places. In the late 1970s, government and health administrations at all levels carried out the general survey and treatment of women's diseases focusing on prevention of uterine prolapse in rural areas and cancer prevention (urine impotent included) in mines and towns so as to rapidly transform the backward development of MCH care due to the shock and destruction of the "Cultural Revolution" while rehabilitating and improving MCH institutions, increasing MCH workers and training grassroot level MCH workers in rural areas; in addition, they also strengthened guidance on health practices in nurseries, popularized vaccination, actively prevented and treated common and frequently occurring diseases and infectious diseases among children, strengthened the publicity of family planning, and provided technical guidance on family planning. In the 1980s, premarital health care, perinatal health care and health care for only children were promoted, and maternal and infant mortality monitored. Moreover, funds were brought in to accelerate maternal and child health care and maternal and child health work through cooperation with the United Nations Children's Fund (UNICEF), the UN Population Fund and a number of countries. In February 1985, upon reposting the Letter on

the investigation of maternal and child health care in ethnic minority areas, the Provincial health department and provincial Ethnic Affairs Committee conducted a survey on the basic situation of maternal and child health care in ethnic minority areas. In October, the Ministry of Health, the National Ethnic Affairs Committee and the All-China Women's Federation (ACWF) held the national Conference on Maternal and child Health in ethnic minority areas in Zunyi, Guizhou, during which they formulated a plan for the development of maternal and child health in ethnic minority areas during the 7th Five-Year Plan period to strengthen maternal and child health care in ethnic minority areas. in the 1990s, The Department of Health of Guizhou Province formulated implementation rules and plans or measures in cooperation with relevant departments after the publication of important regulations and plans such as the Mother and Infant Care Law of the People's Republic of China, Outline for the Development of Women, and Outline for the Development of Children, which further strengthened the construction of maternal and child health care institutions, as various maternal and child health care services were carried out, bringing the provincial maternal and child health care work into a new period of orderly development.

Starting from 2000, while the project of “reducing maternal mortality and eliminating neonatal tetanus” is being carried out, the Law on Population and Family Planning and the Regulations on the Administration of Family planning technical Services being implemented, the examination and authentication of maternal and child health care institutions have begun and a system of permission to practice midwifery in premarital health care shall be implemented in maternal and child health care institutions. With the implementation of laws, regulations and standards related to maternal and child health, maternal and child health work in Guizhou has entered the track of legal management and the health of women and children has been improving.

Under the care of the party committee and government, the team of maternal and child health care was expanding day by day. In 1949 when Guizhou was liberated, there was

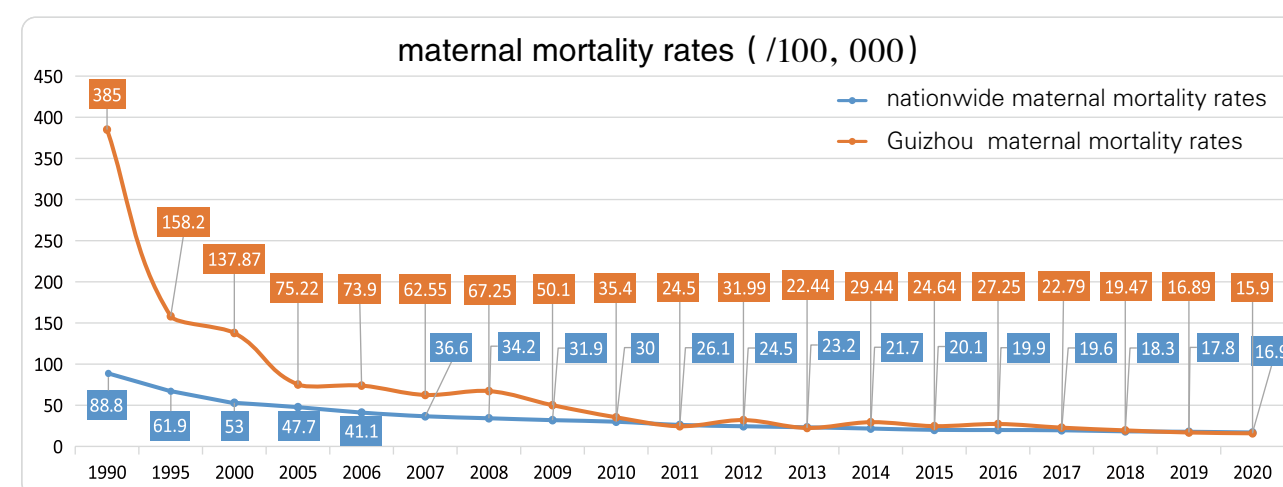
only one professional institution of maternal and child health across the province – Guiyang municipal Maternity Hospital. In October 1950, Guiyang municipal Maternity Hospital was merged into municipal Hospital with the city's first outpatient department, which was renamed as Guiyang Maternity and Childcare Hospital in June 1951; by the end of 1957, maternity and childcare stations were founded in all parties across the province. In 1980, the Health Ministry issued the Maternal and Child Health Regulation (field-testing draft) (Here-in-after referred to as the Regulation), which made definite provisions on MCH-related tasks, professional institutions, grass-root level organizations, team building and services. The provincial health department, in light of the spirit of the document, asked all places to strengthen the construction and rectification of MCH institutions as required by the Regulation. And a maternal and child health care institution was established in May 1981 in Qiannan Autonomous Prefecture, then in September in 1984, in the Tongren region; and in 1985, the provincial maternal and child health institution was established upon the approval of the provincial government. Thereafter, in combination with the rectification efforts, all places further strengthened grass-root level MCH organizations while building MCH centers. And through years of efforts, a system of MCH was set up with an institution at the provincial level, an institution or center at the municipal level (prefecture, regional), a center at the county level (municipal and regional) and an epidemic prevention health care team within the health care center at the township level.

In 2016, Guizhou Health conference, which was held successfully, set the targets and pointed out the directions for building the system of MCH institutions. Thereafter, the development of MCH undertakings in Guizhou entered a rapid and high-quality period. In 2020, there were a total number of 98 MCH institutions, 17, 009 MCH workers, including 14, 318 health technical workers, and 11, 306 beds.

## II. The health of women and children has improved significantly

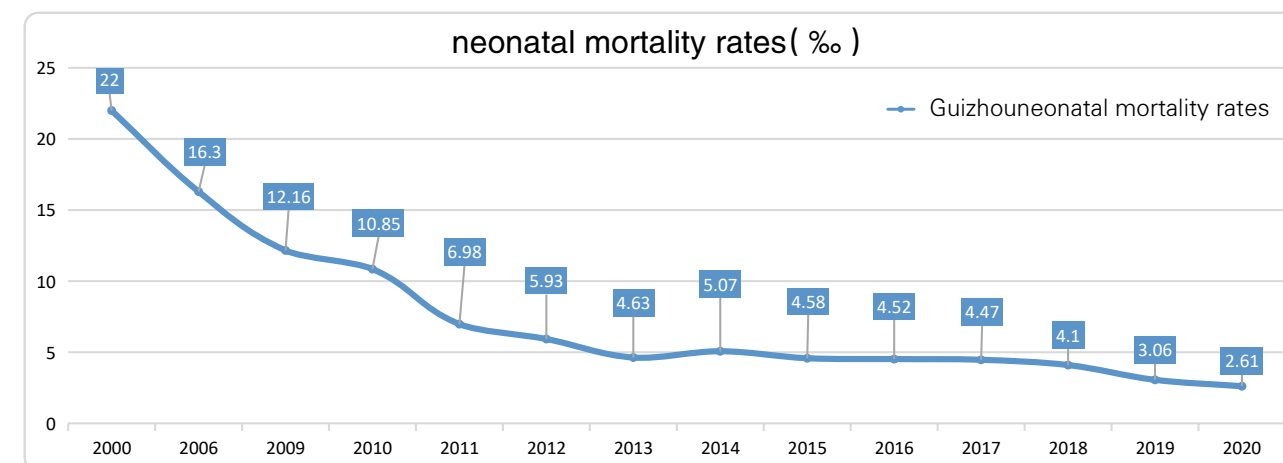
### 1) The maternal mortality rate has declined steadily

The nationwide maternal mortality rate was 88.8 per 100, 000 in 1990 and 16.9 per 100, 000 in 2020, 80.9 percent lower than 1990. In Guizhou province, the maternal mortality rate was 385 per 100, 000 in 1990 and was reduced to 15.9 per 100, 000 in 2020, 95.9 percent lower than 1990 (Figure 1). In 2019 and 2020, the maternal mortality rates in Guizhou were lower than the national average for two consecutive years.



(Figure 1) 1990-2020 Trends of maternal mortality rates nationwide and in Guizhou Province

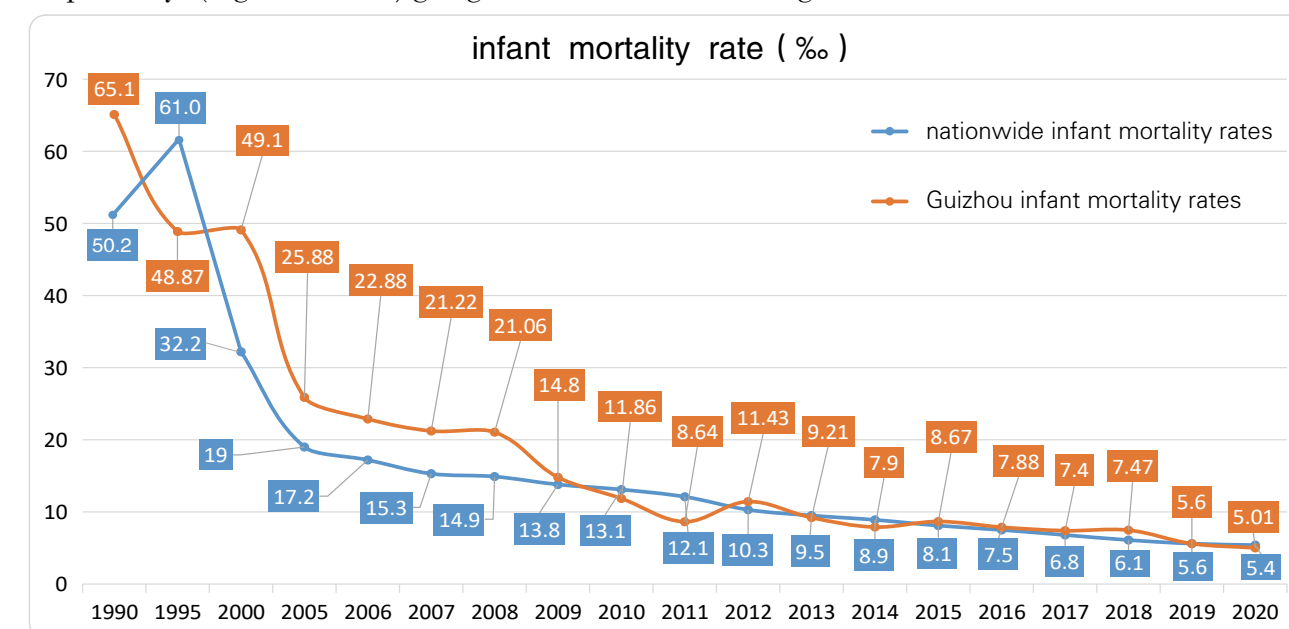
### 2) The child mortality rate has decreased significantly



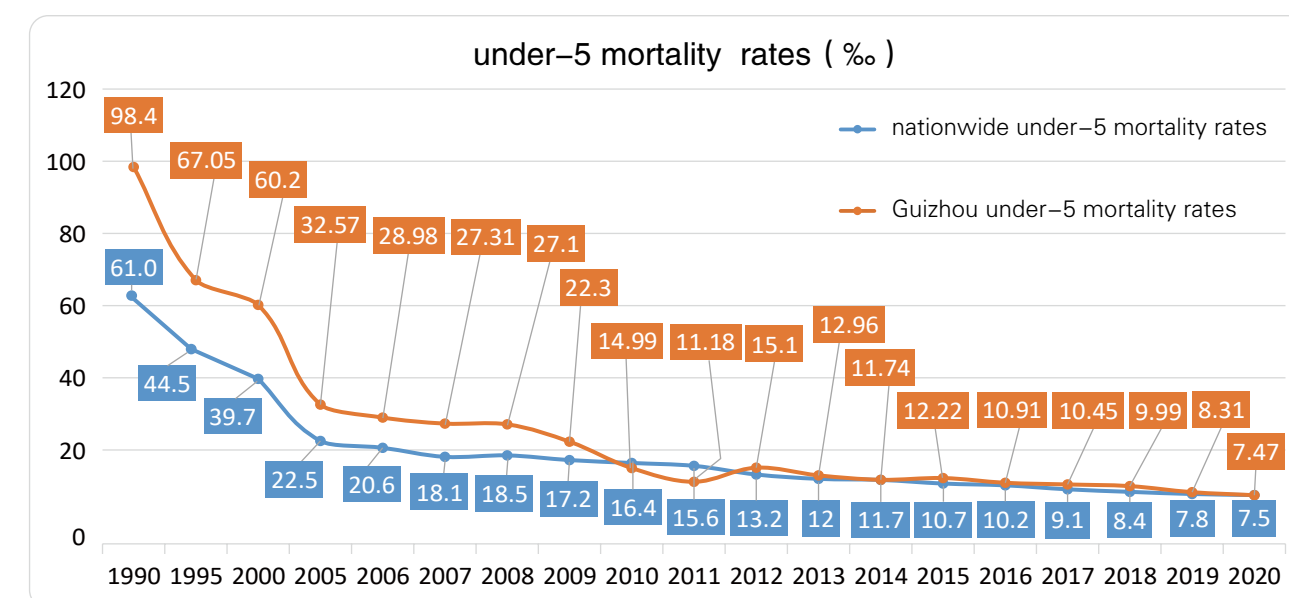
(Figure 2) 2000-2020 Trends of neonatal mortality in Guizhou Province

The newborn mortality rate in Guizhou province dropped from 22‰ in 2000 to 2.61‰ in 2020, a decrease of 88.1%(Figure 2).

The nationwide infant mortality rate and under-5 child mortality rate were 50.2‰ and 61.0‰ respectively in 1991, 5.4‰ and 7.5‰ respectively in 2020, reduced by 89.2% and 87.7% respectively. In Guizhou, the infant mortality rate and under-5 mortality rate were reduced from 65.1‰ and 98.4‰ in 1991 to 5.01‰ and 7.47‰ in 2020, which decreased by 92.3% and 92.4%, respectively, (Figure 3 and 4) going below the national average for the first time.



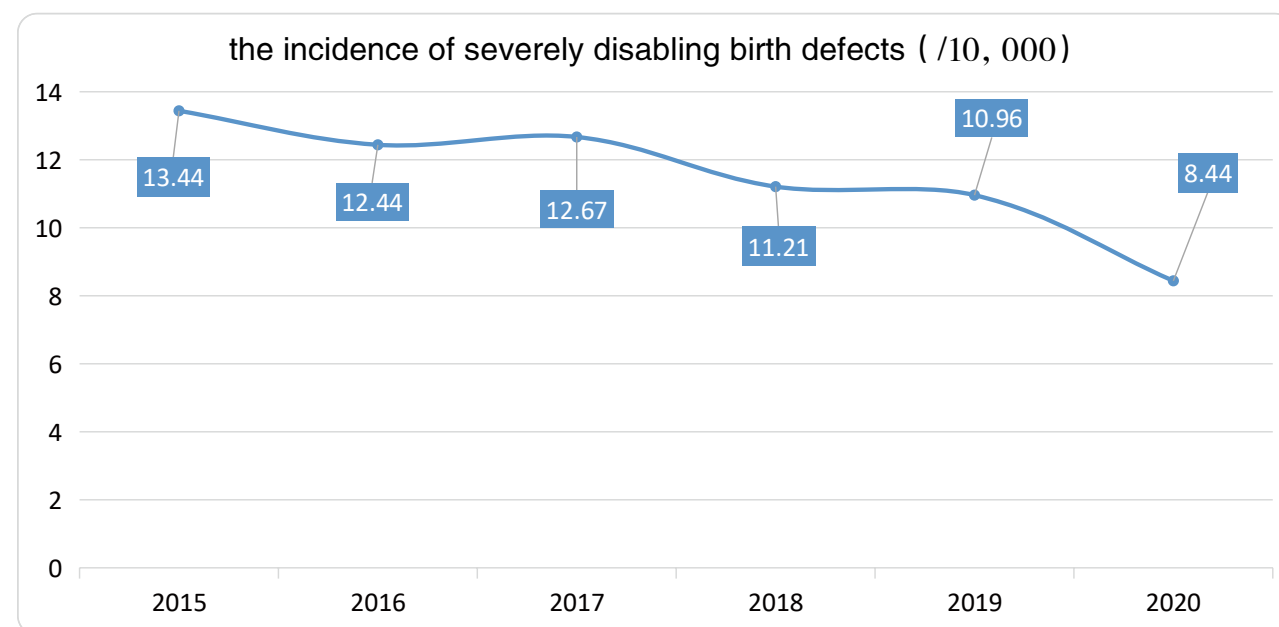
(Figure 3) 1990-2020 Trends of infant mortality rates nationwide and in Guizhou Province



(Figure 4) 1990-2020 Trends of under-5 mortality rates nationwide and in Guizhou Province

### 3) The prevention and treatment of birth defects have achieved remarkable results

The incidence of severely disabling birth defects has declined significantly. Compared with 2015, the incidence of severely disabling birth defects decreased from 13.44 to 8.44 per 10,000 in 2020. This has played an important role in improving the quality of the newborn population and the health of children (Figure 5).



(Figure 5) 2015-2020 Trends of severely disabling birth defects in Guizhou

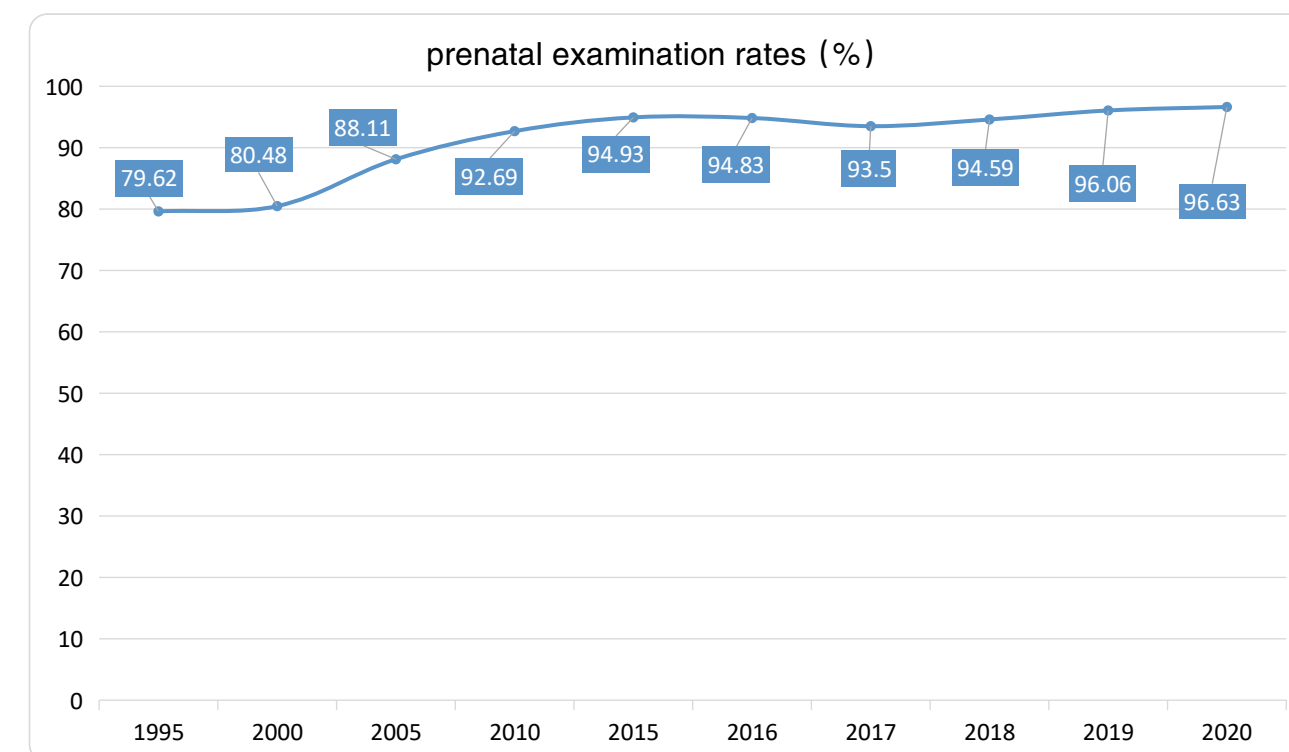
## III. Maternal and child health services continued to improve

The health authority will continue to focus on women and children, and strive to provide equitable, accessible, systematic and continuous maternal and child health services for all women and children; and they will continue to improve policies, institutions and service chains, and gradually achieve whole-process health services and guarantee from the fetus to the end of life.

### 1) Maternal health care

#### 1.A full range of pregnancy health services have been provided.

The prenatal examination has been popularized, the connotation of services enriched. Pre-pregnancy consultation clinics have been set up to provide fertility assessment and pregnancy preparation guidance, and the public have been educated to establish a scientific conception of pregnancy. Midwifery institutions are encouraged to open schools for pregnant



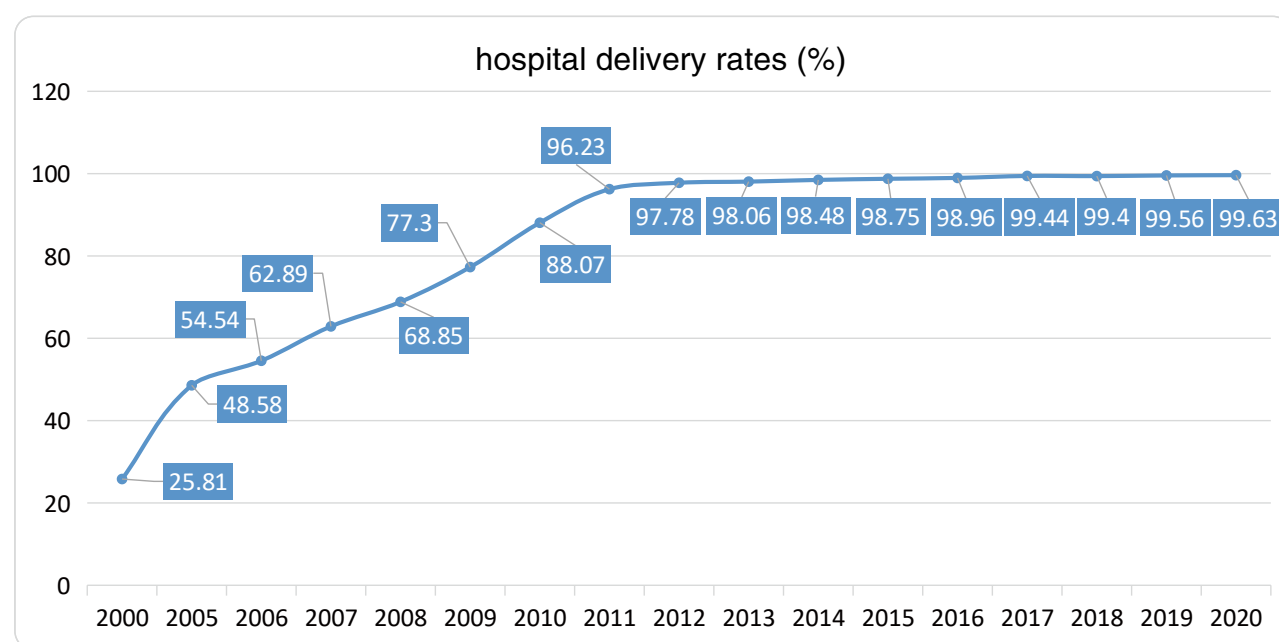
(Figure 6) 1995-2020 Trends of prenatal examination rates in Guizhou Province



women, to strengthen health education and health promotion for pregnant women and their families, popularize pregnancy health knowledge, and improve the health literacy and skills of pregnant women. With the whole-course reproductive health service as the carrier, pregnant women are provided with five free prenatal examinations to promote whole-course reproductive health care services. A tiered management of pregnancy risks and project management of high-risk pregnant women were fully implemented to advance the line of defense of risk management for pregnant women. Therefore, the rate of prenatal examination in Guizhou province has steadily increased from 79.62% in 1995 to 96.63% in 2020 (Figure 6).

## 2. Hospital delivery has been promoted across the province.

The rate of hospital deliveries has increased significantly, from 25.81 per cent in 2000 to over 99 per cent, which has made an important contribution to reducing maternal mortality (Figure 7). In 2020, Guizhou had 26,000 midwifery institutions, 1,170 midwives and nearly 210,000 obstetricians, thanks to the vigorous promotion of natural childbirth, encouraging midwifery institutions to carry out doula delivery and delivery accompanying services, and actively promoting labor pain relief services.

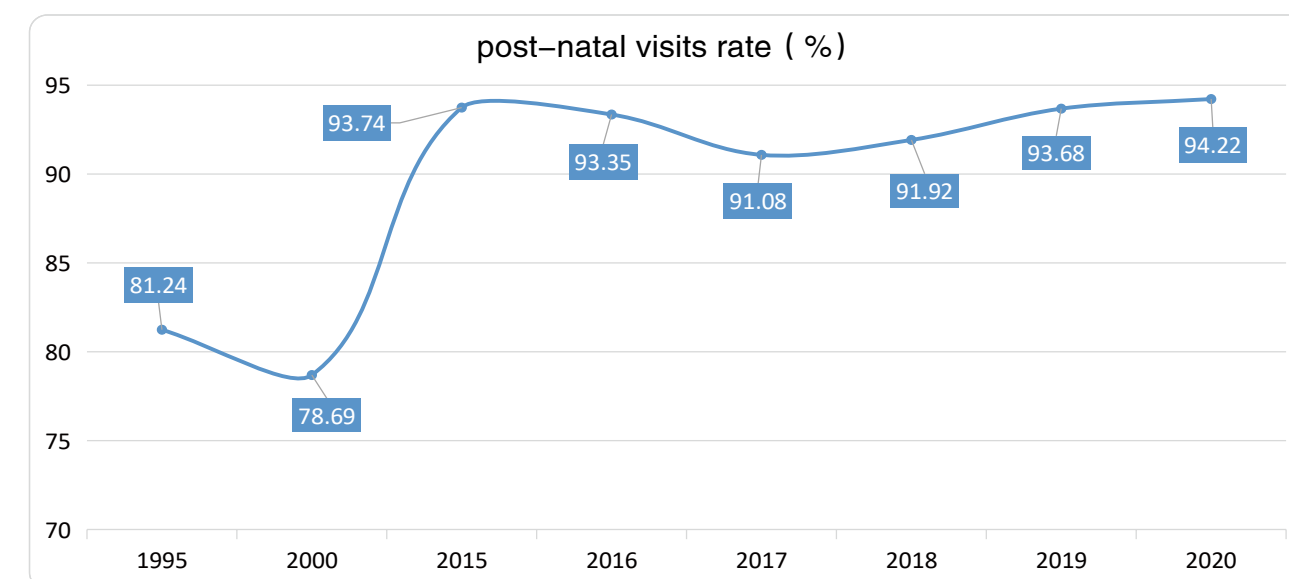


(Figure 7) 2000-2020 Trends of hospital childbirth rates in Guizhou

High-risk treatment has been strengthened. A top-tier hospital has been set up including centers for critically ill pregnant women and centers for neonatal care at the provincial, municipal and county level respectively, among which there are 123 centers for critically ill pregnant women, including 4 at provincial level, 28 at municipal level and 91 at county level. There are 118 critical newborn treatment centers, including 4 at provincial level and 26 at municipal level and 88 at the county level. Green channels for first-aid referral have been established at all levels, and allocation of medical devices and team building have been strengthened; meanwhile, emergency plans have been established and first aid drills have been carried out. The multidisciplinary diagnosis and treatment cooperation model of obstetrics, neonatology, anaesthesiology, critical care and medical services has been continuously improved, and the capacity of critical treatment has been significantly improved.

## 3. Post-natal health services are improved.

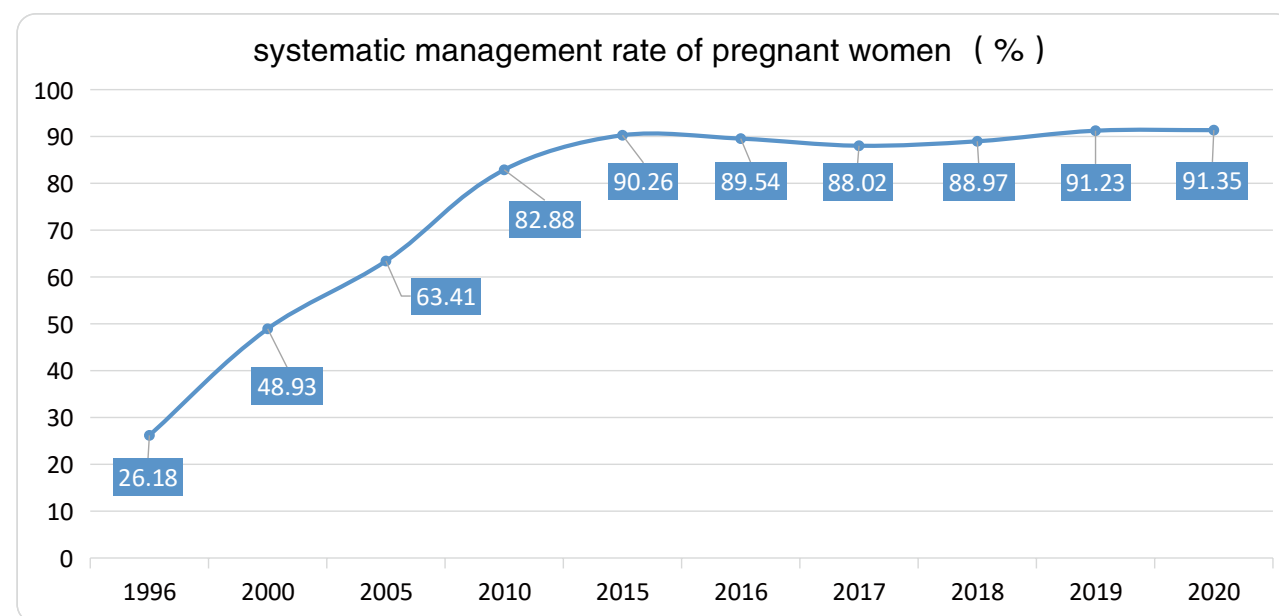
Post-natal visits are strengthened. The state provides free one-week post-natal visit and 42-day postpartum examination services to all pregnant women, and carries out post-natal health care guidance and health examination, as well as breast-feeding and post-natal contraceptive guidance. The post-natal visit rate in Guizhou province increased from 81.24% in 1995 to 94.22% in 2020 (Figure 8).



(Figure 8) 1995-2020 Trends of post-natal visits in Guizhou Province

post-natal rehabilitation services are strengthened. Medical institutions at all levels actively explore the development of post-natal breast health care, pelvic floor function rehabilitation and other medical and health care services to support and encourage the society to run hospitals, standardize and carry out personalized post-natal rehabilitation services, and constantly meet the diverse needs of the people for health services.

The systematic management of pregnant women is strengthened. A systematic and standardized management system and service model for pregnant women has been gradually established, effectively ensuring the health of pregnant women and their newborns. The systematic management rate of pregnant women has increased from 26.18% in 1996 to 91.35% in 2020 (Figure 9).



(Figure 9) 1996-2020 Trends of systematic management rate of pregnant women in Guizhou

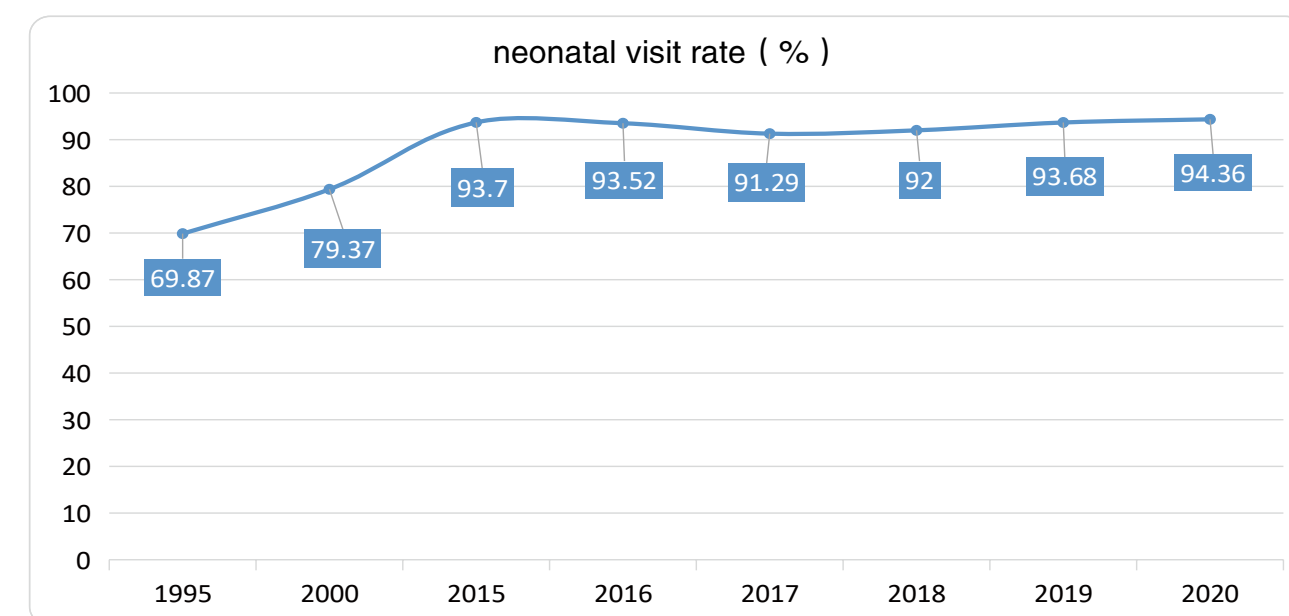
## 2) Child health care

### 1.The management of children's health has been improved

The management of premature infants is strengthened. Project management is carried out for premature infants, the implementation of kangaroo care for premature infants is promoted, the quality of life of premature infants improved, neonatal early basic health

care promoted with neonatal resuscitation and other appropriate technologies, and the level of newborn health care is improved.

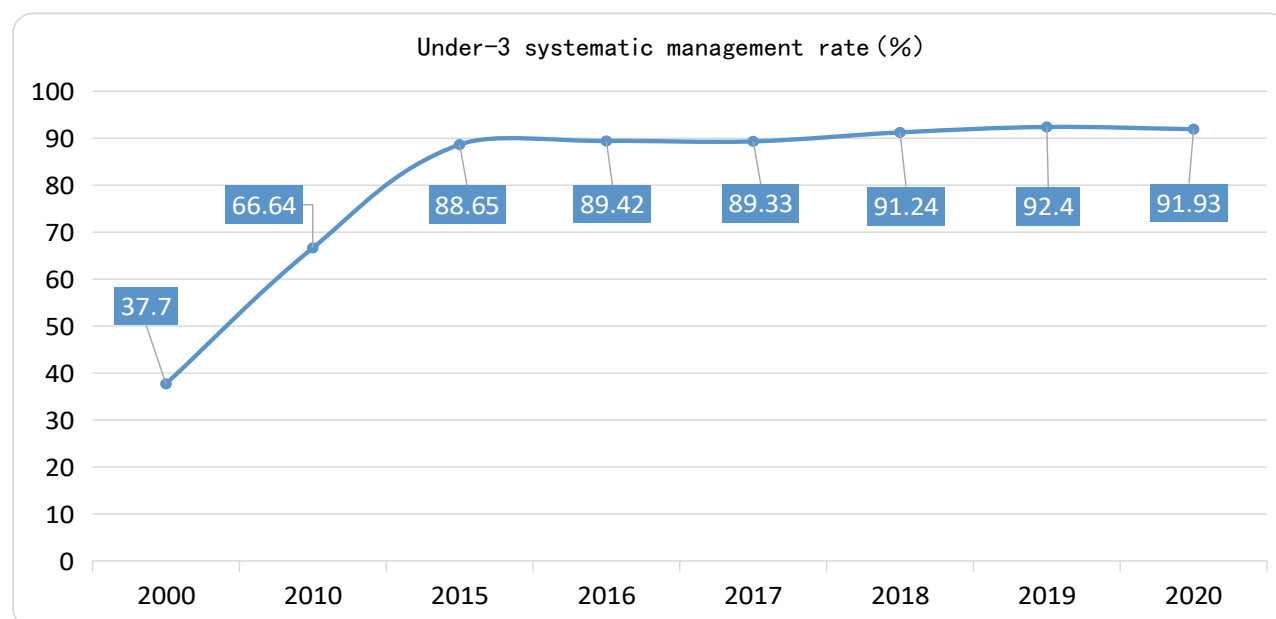
Neonatal visits are strengthened. The parents are guided to do better in newborn feeding, care and disease prevention to realize early detection of abnormalities and diseases, timely treatment and seeing a doctor. Therefore, the number of neonatal visits increased steadily, from 69.87% in 1995 to 94.36 in 2020 (Figure 10).



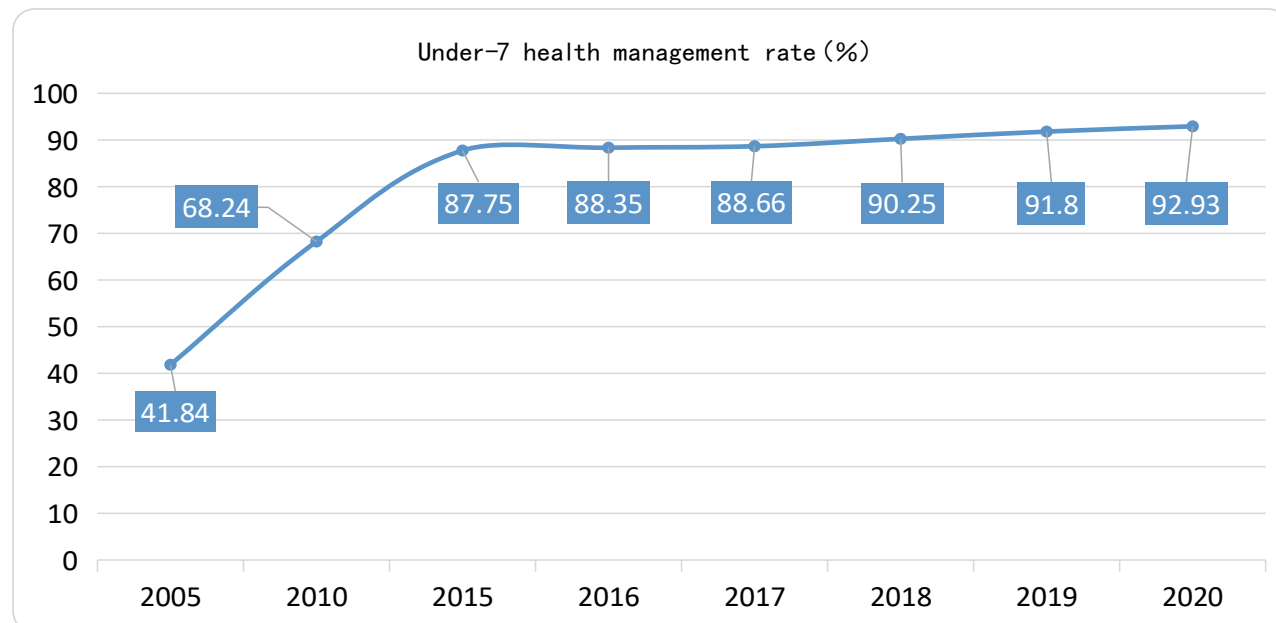
(Figure 10) 1995-2020 Trends of the number of neonatal visits in Guizhou

Health management has been strengthened for children under seven years of age, and considering the characteristics of different developmental stages, four free health examinations are provided for children under one year of age; Two free health examinations per year for children aged 2 and 3 years and one free health examination per year for children aged 4 to 6 years. Emphasis will be placed on physical examination, growth and psychological development assessment, hearing and vision screening, and health guidance such as breast-feeding supplement, accidental injury prevention, psychological and behavioral development, oral health care and prevention of common diseases for parents. As a result, the systematic management rate of children under 3 and the health management rate for children under 7 have increased steadily, with under-3 systematic management rate rising

from 37.7% in 2000 to 91.93% in 2020; and under-7 health management rate rising from 41.84% in 2005 to 92.93% in 2020. (Figure 11, Figure 12).



(Figure 11) 2000-2020 Trends of Under-3 systematic management rates in Guizhou



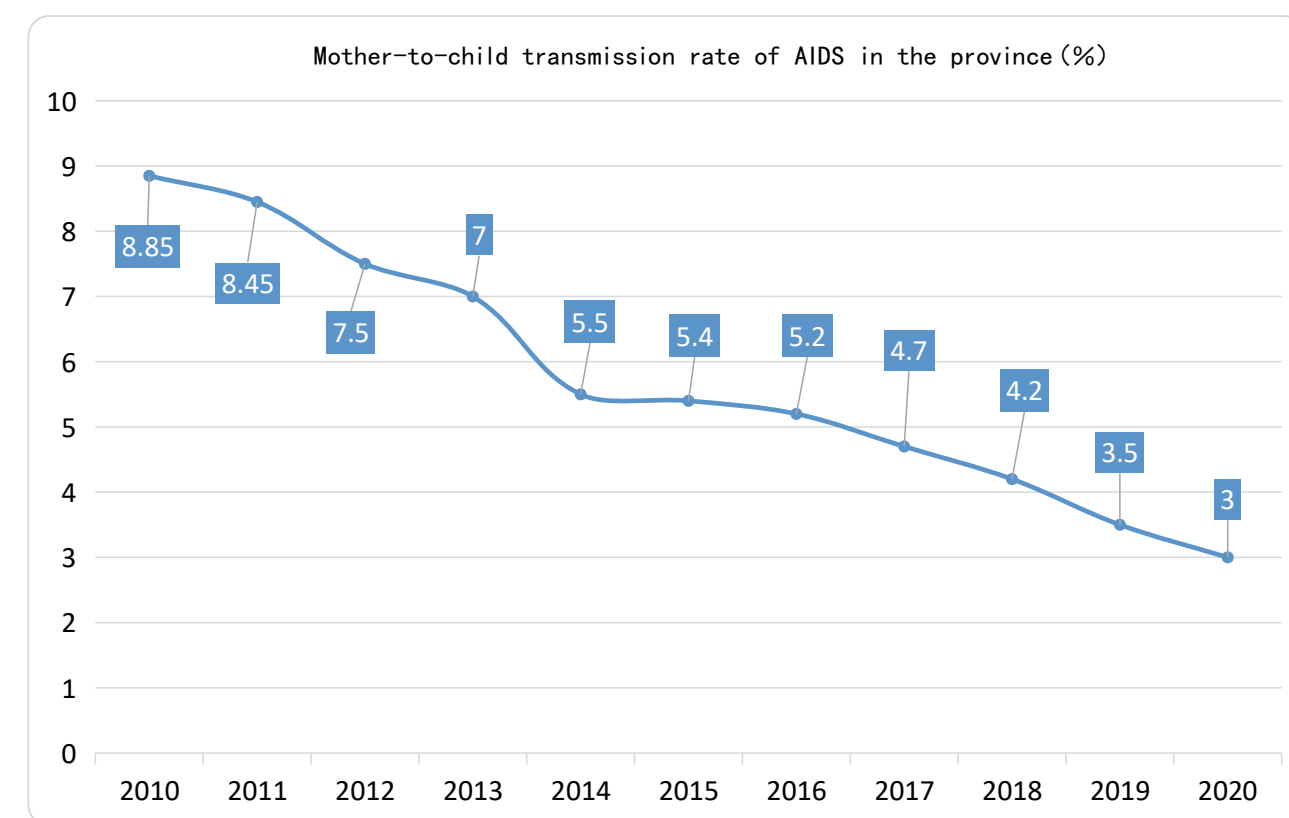
(Figure 12) 2000-2020 Trends of Under-7 health management rates in Guizhou

## 2. prevention and treatment of childhood diseases are strengthened

Efforts were made to vigorously promote hospital delivery, new methods of delivery, and to achieve the elimination goal of reducing the incidence of neonatal tetanus to 1‰ by

county. standardized immunization services have been carried out, a provincial immunization program for children has been implemented, and the types of vaccines in the national immunization program have been continuously expanded to prevent 15 diseases from the original six. Vaccination services have been provided free of charge by primary medical and health institutions to children within the jurisdiction. By 2020, the inoculation rate of BCG, polio, hepatitis B and hepatitis A vaccines had all reached over 95 percent. In addition, Major infectious diseases among children have been effectively brought under control. Smallpox have been gradually eliminated, and poliomyelitis has been eliminated.

scientific efforts are made to prevent and control major children's diseases. Since the implementation of the prevention of MOTHER-to-child transmission of HIV, syphilis and hepatitis B in 2010, the mother-to-child transmission rate of HIV in the province, an important indicator for measuring mother-to-child transmission, has dropped from 8.85 percent in 2010 to 3 percent in 2020, marking great progress in interrupting MOTHER-to-child AIDS in the province. Therefore, 2368 children were successfully prevented from

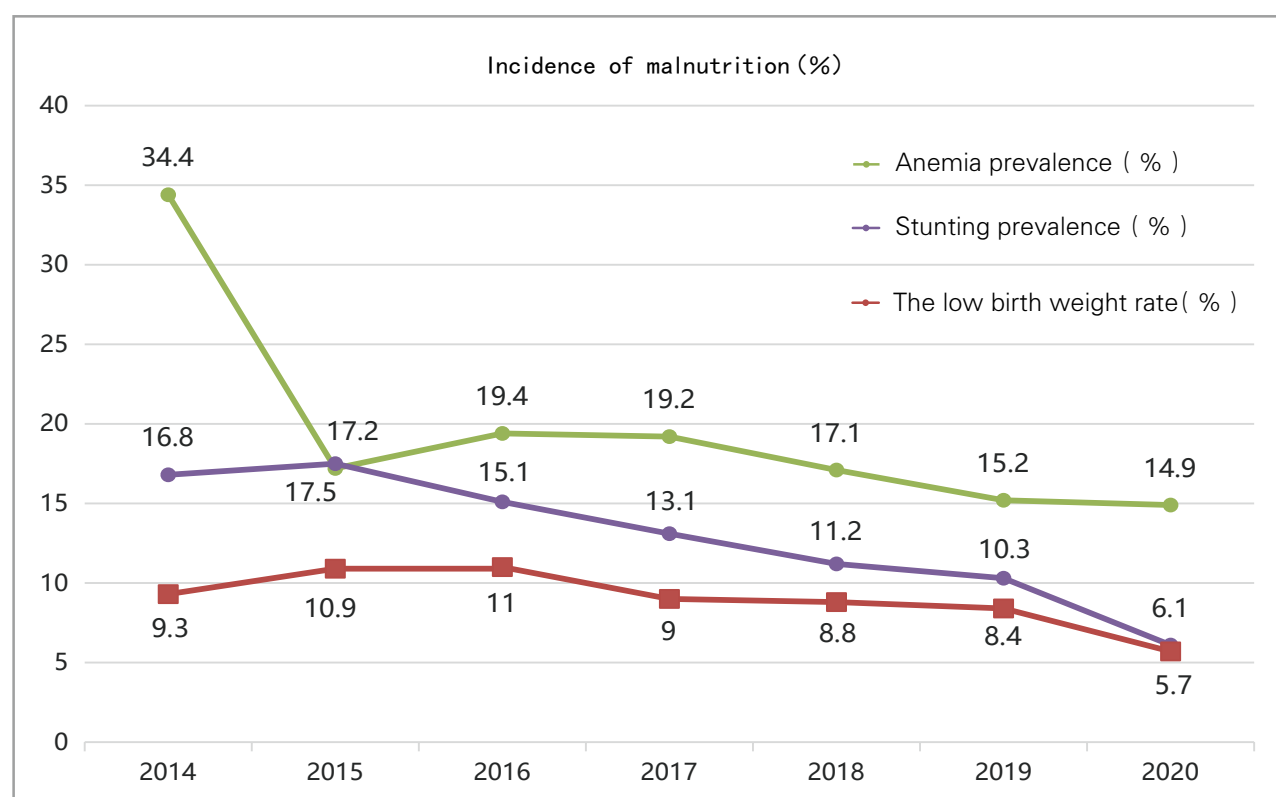


(Figure 13) 2010-2020 mother-to-child transmission rate of HIV/AIDS in Guizhou

contracting HIV through mother-to-child transmission and 38, 234 children from contracting congenital syphilis.(Figure 13).

The national basic public health service has been implemented to provide early screening services for children's mental and behavioral development problems, and early screening for visual, hearing, physical, intellectual and other disabilities as well as autism. The prevention and control of myopia in children has been strengthened, and primary-level medical and health institutions have been guided to provide eye care services. For children under 7 years vision examination and the establishment of vision health archives are provided every year free of charge. The knowledge of prevention and control of myopia is Promoted to improve the awareness of prevention and control of myopia in the whole society, strengthen the prevention and control of children's oral diseases, as oral health education is carried out for children nationwide together with health examination, local fluoride fosse closure and other comprehensive intervention efforts such as intervention of oral diseases.

### 3.Improvement of child nutrition



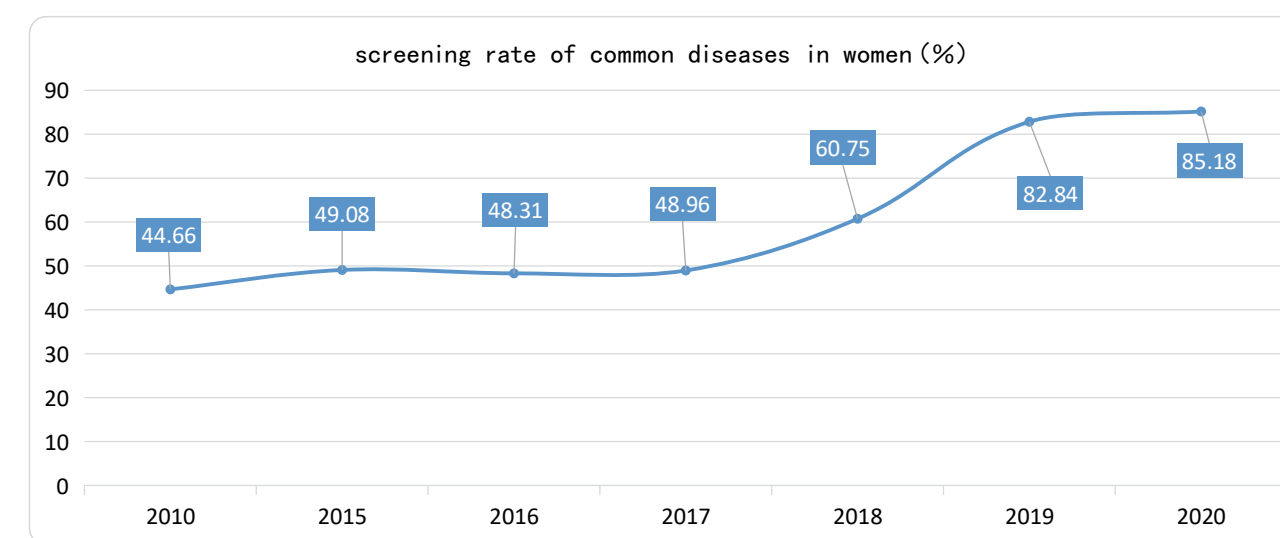
(Figure 14) 2014-2020 Monitoring of the child Nutrition improvement Project area

The infant and young child feeding strategy is implemented. The scientific infant feeding guidance is strengthened, so are the science knowledge and skills of the health care workers in scientific infant feeding. Baby-friendly hospital management is innovated, and medical institutions promoted to carry out the breastfeeding guide rooming-in and science. The construction of facilities for mothers and infants in public places and employers are accelerated. The publicity of breastfeeding is promoted, supported and advocated throughout the society. The child nutrition improvement program covered 88 counties in the province, benefiting children aged upto 36 months and seamlessly connected with YingYangBao (YYB) in kindergartens, primary and secondary schools, totalling 1.8 million children, with an effective use of 97.3%. These have effectively improved the nutrition and health status of children in poor areas. The anaemia rate, growth retardation rate and low weight rate in project monitoring areas decreased from 34.4%, 16.8% and 9.3% in 2014 to 14.9%, 6.1% and 5.7% in 2020 respectively (Figure 14).

## 3) Health care of women

### 1.Women's health is fully guaranteed

The prevention and treatment of common diseases among women have been strengthened, and the screening rate of common diseases among women has gradually increased, from 44.66 percent in 2010 to 85.18 percent in 2020 (Figure 15) A good job



(Figure 15) 2010-2020 Trends of the screening rate of women's common diseases in Guizhou province

should be done in follow-up visits for the treatment of common diseases among women, improving the mechanism for linking screening, diagnosis and treatment, and ensure women's health.

The major disease prevention and control are advanced. Women's major health problems, according to different historical period forces to were carry out the concentrated census; in addition, the project of rural women cervical cancer and breast cancer screening was implemented, to improve early detection and treatment rates early, screening for cervical cancer each year reached 500000 people, and 250000 for breast cancer. The two cancers have been brought into the scope of national treatment of a serious illness, with the treatment.

## 2. Advancing adolescent and menopausal health care

Efforts are made to explore the development of adolescent health care, integrate health education into the national education system, and vigorously promote reproductive health and AIDS prevention and control in schools and communities, so as to improve the level of sexual and reproductive health of adolescents. It encourages Adolescents are encouraged to have a reasonable diet and control their weight, take an active part in sports and social practice, pay attention to their mental health problems, and facilitate their forming a positive and healthy physical and mental state. Maternal and child health institutions at all levels are encouraged to set up adolescent health care clinics, and provide adolescent health care services and health counselling and guidance.

Efforts are made to promote climacteric health care. To meet the health needs of climacteric women, popular health education is carried out, and health consultation and guidance are provided to encourage maternal and child health care institutions at all levels to set up climacteric outpatient clinics, promote the construction of climacteric health care departments, and provide health status screening and assessment, counseling on nutrition psychology and exercises, hormone measurement, diagnosis and treatment of osteoporosis, pelvic floor function assessment and rehabilitation, individual health education and other services, to constantly improve the quality of life of menopausal women.

## 4) Reproductive health

### 1. Women's reproductive health rights and interests are respected

### and protected

Contraception services are Vigorously promoted to promote equalization of the implementation of the national basic public health services. contraceptives are distributed and birth control surgery are provided to all people of childbearing age for free. Efforts are made to increase the intensity of spreading reproductive health knowledge and health education, extensive consultations, to encourage the introduction of contraceptives into the community, set up automatic machine, to improve the accessibility of contraceptive services.

In addition, efforts are made in promoting the integration of reproductive health care into women's health management centered on women's health, improving policies, optimizing procedures and actively promoting postpartum and post-abortion contraceptive services, providing systematic, standardized and warm reproductive health care services to improve the reproductive health awareness and ability of people of childbearing age, maintaining appropriate birth spacing and reducing unwanted pregnancies.

### 2. The diagnosis and treatment of infertility is standardized

With the rapid development of assisted reproduction technology, the technical level has been gradually improved, and the service capacity has been continuously enhanced, bringing good news to tens of thousands of infertile couples, and promoting family happiness and social harmony.

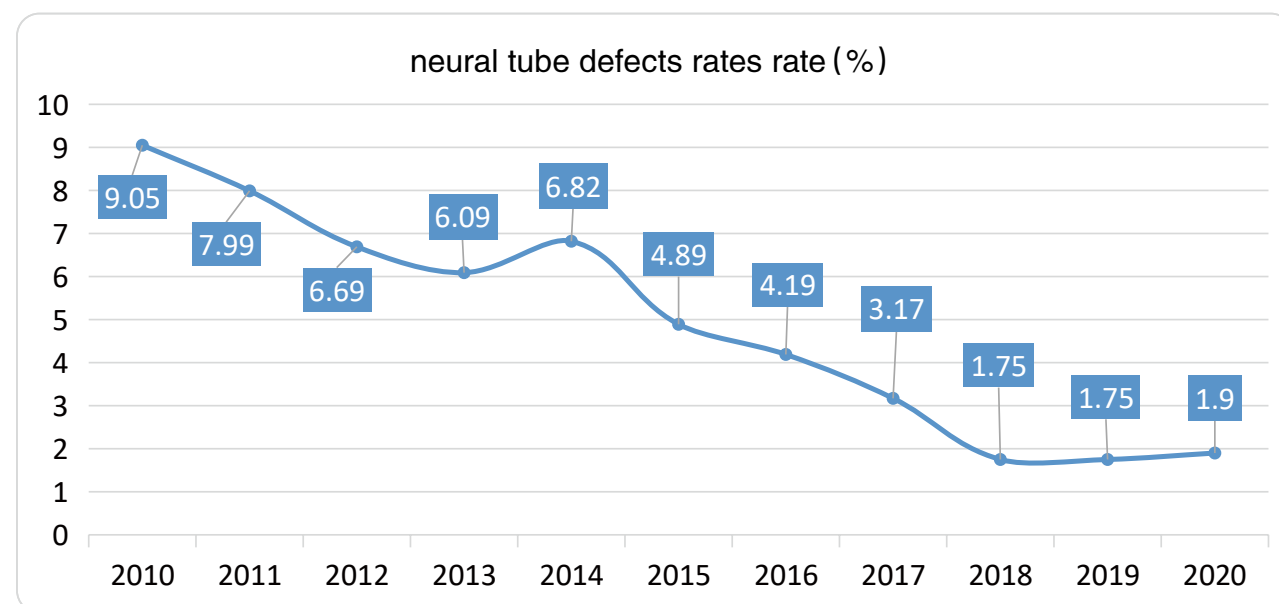
## 5) Comprehensive control of birth defects

### 1. primary prevention is comprehensively promoted

Health education and publicity on the prevention and treatment of birth defects have been strengthened, and pre-marital health care services have been actively promoted. The rate of pre-marital medical examination rose from 0.14 percent in 2005 to 21.77 percent in 2020. China has implemented the national pre-pregnancy healthy birth Examination program, providing 19 pre-pregnancy healthy birth services, including free health education, health examination, risk assessment, consultation and guidance, to rural couples planning to become pregnant, and providing pre-pregnancy healthy birth examination to more than 360,000 couples planning to conceive every year, while providing free folic acid to more than 400,000 women planning pregnancy to prevent neural tube defects. In 2020, the incidence of neural



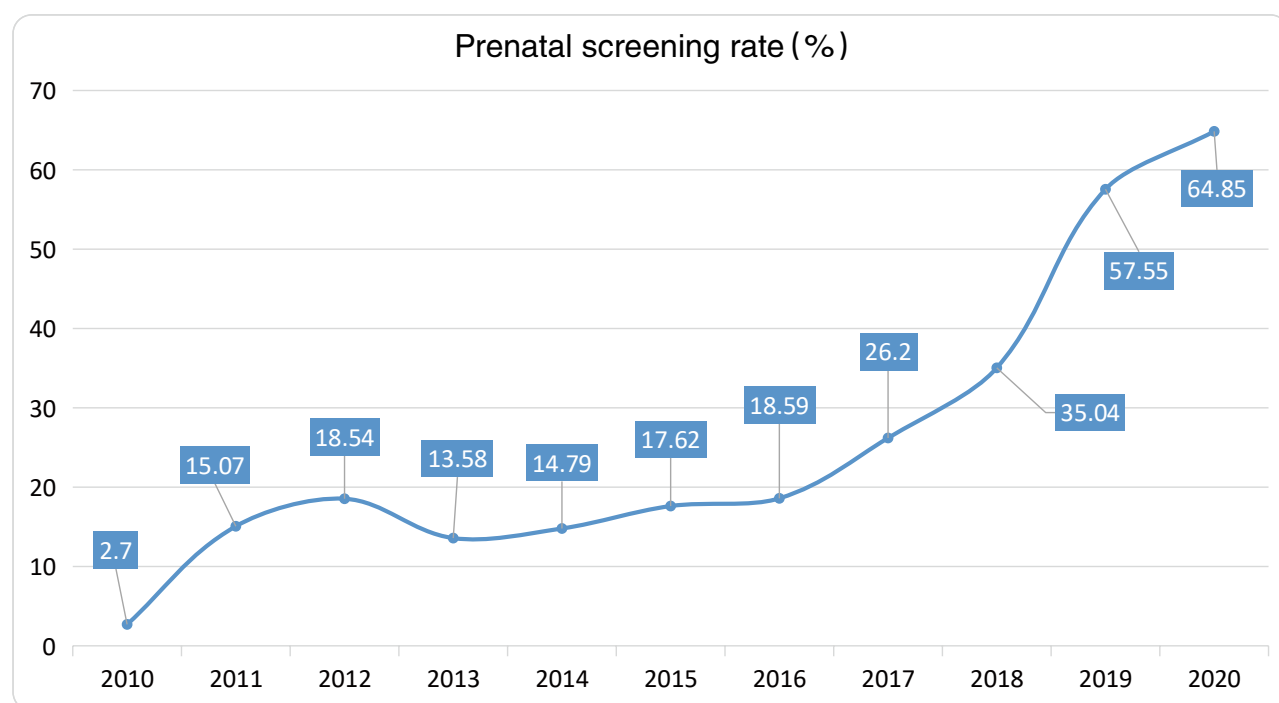
tube defects at birth dropped from 9.05 per 10,000 cases to 1.09 per 10,000, reducing by 79%.(Figure 16)



(Figure 16) 2010-2020 rate of neural tube defects in Guizhou Province

## 2.Efforts are made to continue to strengthen secondary prevention

Starting from 2011, the development of prenatal diagnosis and screening networks

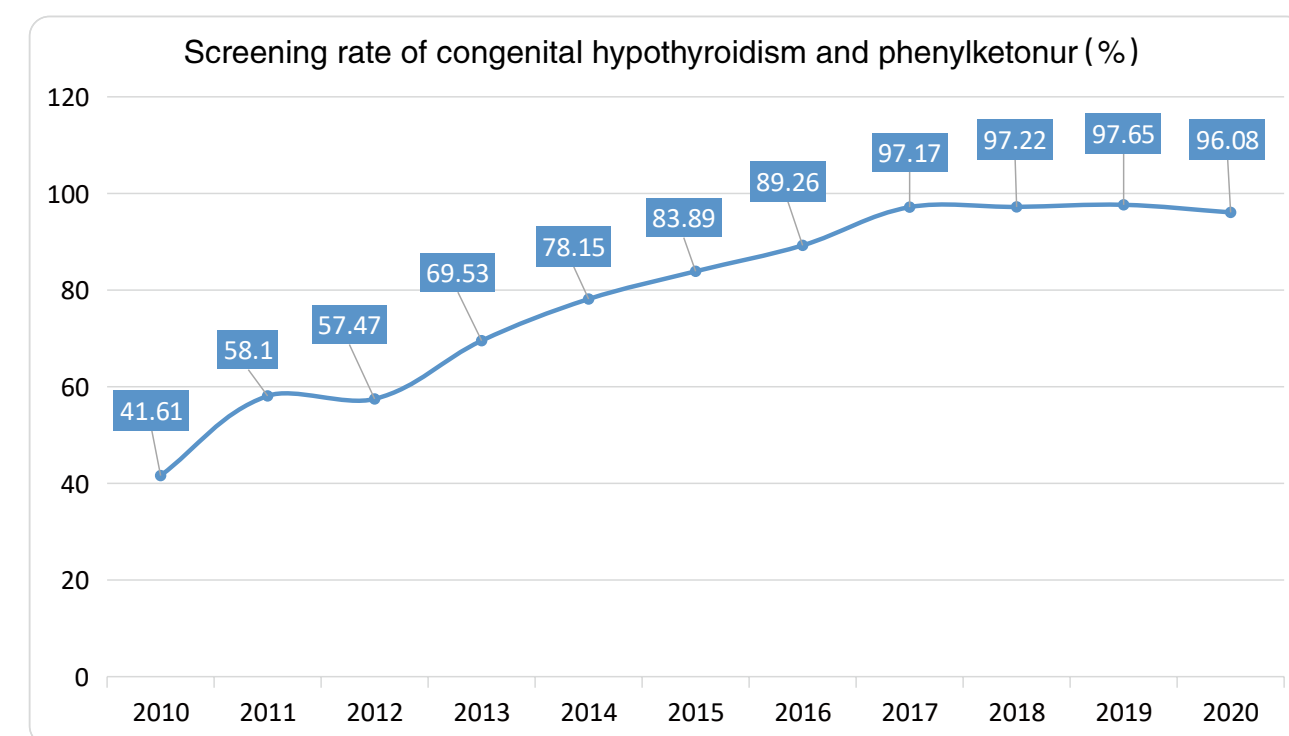


(Figure 17) 2010-2020 Trends of Prenatal screening rate in Guizhou

have been vigorously promoted while personnel training is strengthened and practice license standardized. Education and publicity efforts have been made to promote the Law on Maternal and Child Healthcare of China to gradually expand prenatal screening and prenatal diagnosis coverage, continue to promote the management and promotion of appropriate technologies such as genetic consulting, medical imaging, molecular biology, cellular genetics and molecular genetics, enhance the management and promotion of appropriate technologies such as genetic consulting, medical imaging, molecular biology, cellular genetics and molecular genetics, and prenatal screening rate went up from 2.7% in 2020 to 64.85%, 24 times higher.(Figure 17)

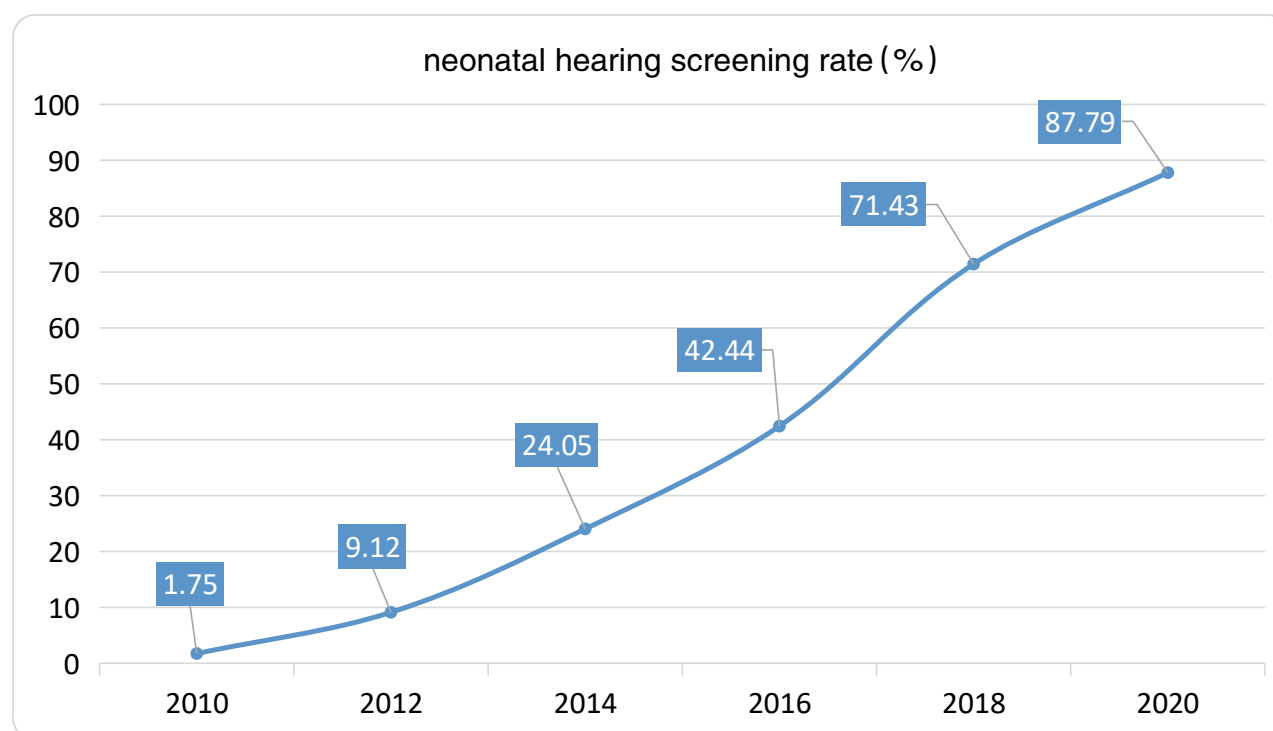
## 3.The tertiary prevention is gradually implemented

The coverage of screening for neonatal diseases has been steadily expanded, with the focus on screening for congenital hypothyroidism phenylketonuria and hearing impairment. The rate of screening for congenital hypothyroidism and phenylketonuria and hearing impairment among newborns in Guizhou province increased from 41.61% and 1.75% in 2010 to 96.08%



(Figure 18) 2010-2020 Trends of the Screening rate of congenital hypothyroidism and phenylketonuria in Guizhou

in 2020 (Figure 18, Figure 19) To strengthen the treatment guarantee of birth defects, five birth defects were included into the coverage of serious diseases, including congenital heart disease, hemophilia, cleft lip, palate, hypospadias, and phenylketonuri.



(Figure 19) 2010-2020 Trends in neonatal hearing screening rate in Guizhou

## IV. Comprehensive progress has been made in maternal and child health

### 1) Party committees and governments attach great importance to providing organizational guarantee for the construction of maternal and child health service system

Governments at all levels in Guizhou province insist on integrating women and children's health work into the overall economic and social development plan, and attach great importance to the development of the maternal and child health service system. They have issued several documents, including Opinions of the Provincial Medical and health service reform and development leading group Office on strengthening the work of maternal and child health under the new situation, Guidelines on the implementation of whole-process reproductive health services, and Circular of the General Office of the Provincial People's Government on the transmission of the Action Plan of the Eight Projects to Improve the Health Service Capacity of the Provincial Health Commission (2019-2022); meanwhile, they have established and improved a maternal and child health service system, with primary medical and health institutions as the foundation and private hospitals as the main body, such as maternal and child health institutions and specialized maternity and children's hospitals of general hospitals, supplemented by relevant scientific research and teaching institutions as the technical support.

### 2) The capacity building of maternal and child health services is promoted, starting with the establishment of a multi-level system.

The health authority has adhered to the integrated development of prevention and health care and clinical services in maternal and child health care institutions; strengthened the scientific, regulated and standardized management of maternal and child health care institutions; taken into account the overall situation of the reform and development of the medical and health care system and promoted the establishment of a multi-level system of

maternal and child health care institutions, providing strong support in terms of human and financial resources; and promoted the construction of a maternal and child health service system with clear objectives, reasonable layout, appropriate scale, optimized structure, clear hierarchy, and improved functions.

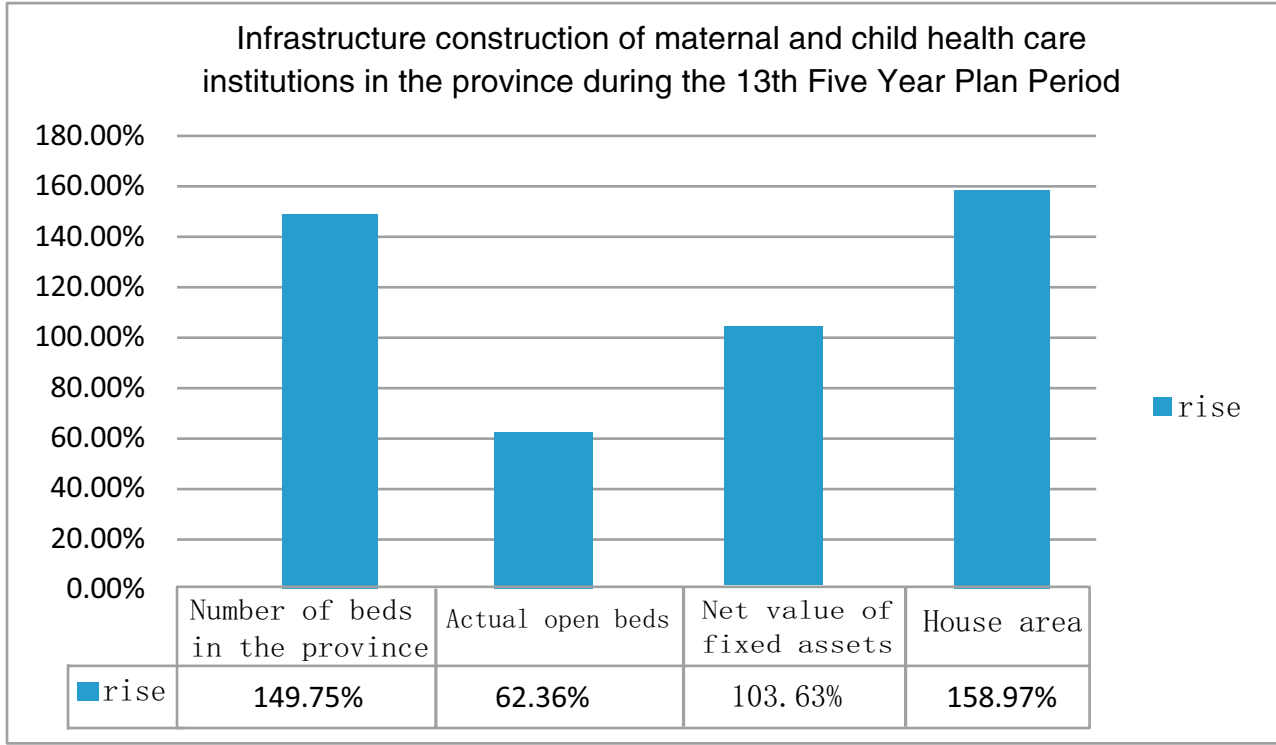
Since the 13th Five-Year plan, the establishment a multi-level system in maternal and child health care in Guizhou Province has achieved significant results. At present, a total of 98 maternal and child health care institutions have been built in the province, achieving full coverage of maternal and child health care at the provincial, municipal and county levels. The number of triple-A institutions in the city (prefecture) has reached 77.77%, among which 57.95% are second-class maternal and child health care hospitals at the county (municipal and regional) level and 43.18% are second-class A-level maternal and child health care institutions; meanwhile, 51 county-level maternal and child health institutions have set up neonatal departments or neonatal wards, of which more than 30% are the first local medical institutions to set up neonatal departments. Through the establishment of the multi-level system, the infrastructure and service capacity of maternal and child health institutions have been significantly improved, the connotation of maternal and child health services have been continuously enriched and improved, the service scope has been continuously expanded, and the scientific research capacity of discipline construction has been progressing with the higher demands of women and children.

3)Accelerate infrastructure construction and establish a new pattern of maternal and child health services

“During the 13th Five-Year Plan period, the infrastructure construction of maternal and child health care institutions in Guizhou province advanced by leaps and bounds and made great progress. Compared with 2015, the MCH undertakings had a significant increase in 2020, in terms of business occupancy area of maternal and child health care institutions in the province, the number of beds, the actual number of beds available, and the average price of medical equipment in county-level maternal and child health care institutions,

Increase in net fixed assets by 158.97% and 149.75%, 62.36% and 103.63% respectively.

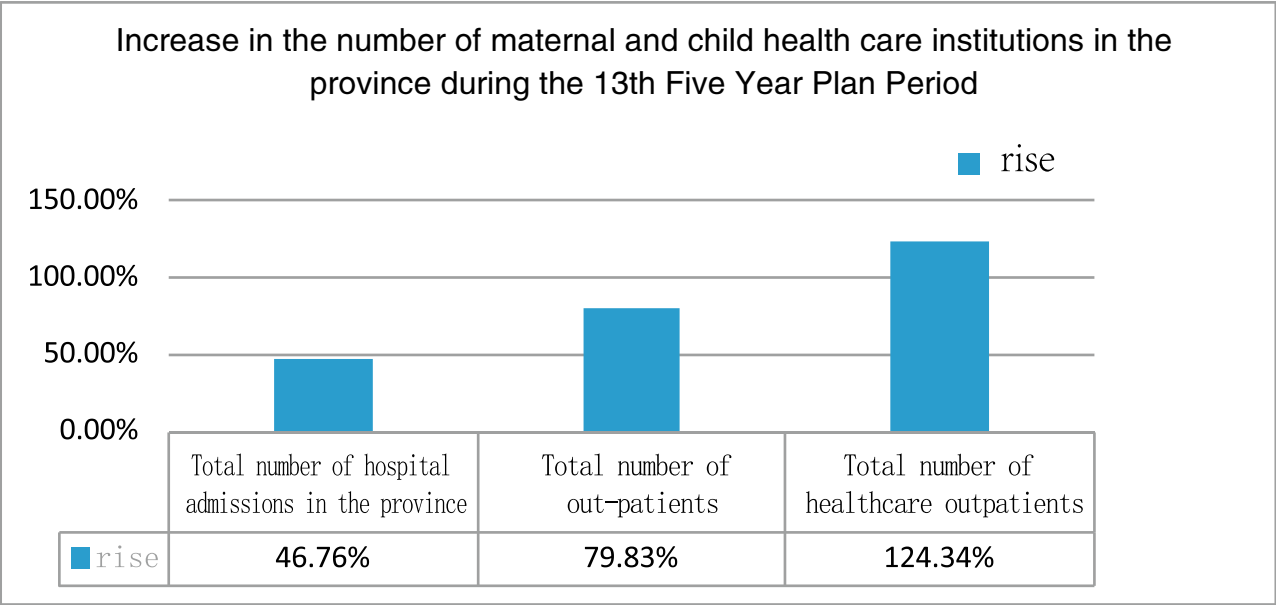
Infrastructure construction of maternal and child health institutions in Guizhou during the 13 <sup>th</sup> Five-Year Plan Period				
years	the number of registered beds	actual number of beds available	fixed assets Net value (100 million yuan)	business occupancy area ( sqm )
2015	4527	5997	4.96	427762
2020	11306	9737	10.10	1107768



4) The connotation of maternal and child health services are improved with a Service oriented framework

Through the standardization process, the framework of the four major parts of maternal and child health institutions has been gradually built, the medical and health service field has been continuously expanded, the position construction and the department setting have been continuously improved, the process has been continuously optimized, the technical

level has been continuously improved, and the service connotation enriched. Compared with 2015, the total number of inpatients increased by 46.76% in 2020, among which the growth rate of hospital delivery neonatology, pediatrics and gynecology (family planning) was 67.81%, 86.50%, 35.69% and 10.24% respectively; And the increase in paediatric, obstetrics and gynaecology (family planning) was respectively 53.16%、76.40%、59%; The total number of health clinics increased by 124.34 percent, among which child health care, obstetric care and gynecology (family planning) increased by 121.39 percent, 137.79 percent and 72.22 percent respectively.

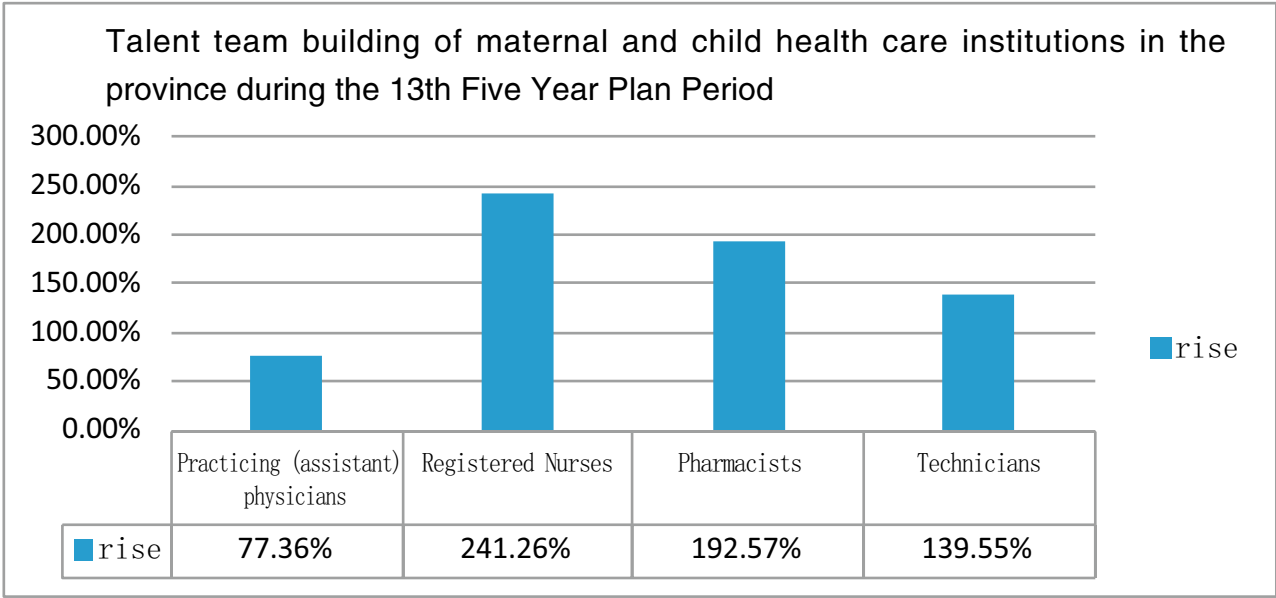


5) Efforts in talents building are strengthened and a solid foundation is laid for the healthy and sustainable development of women and children

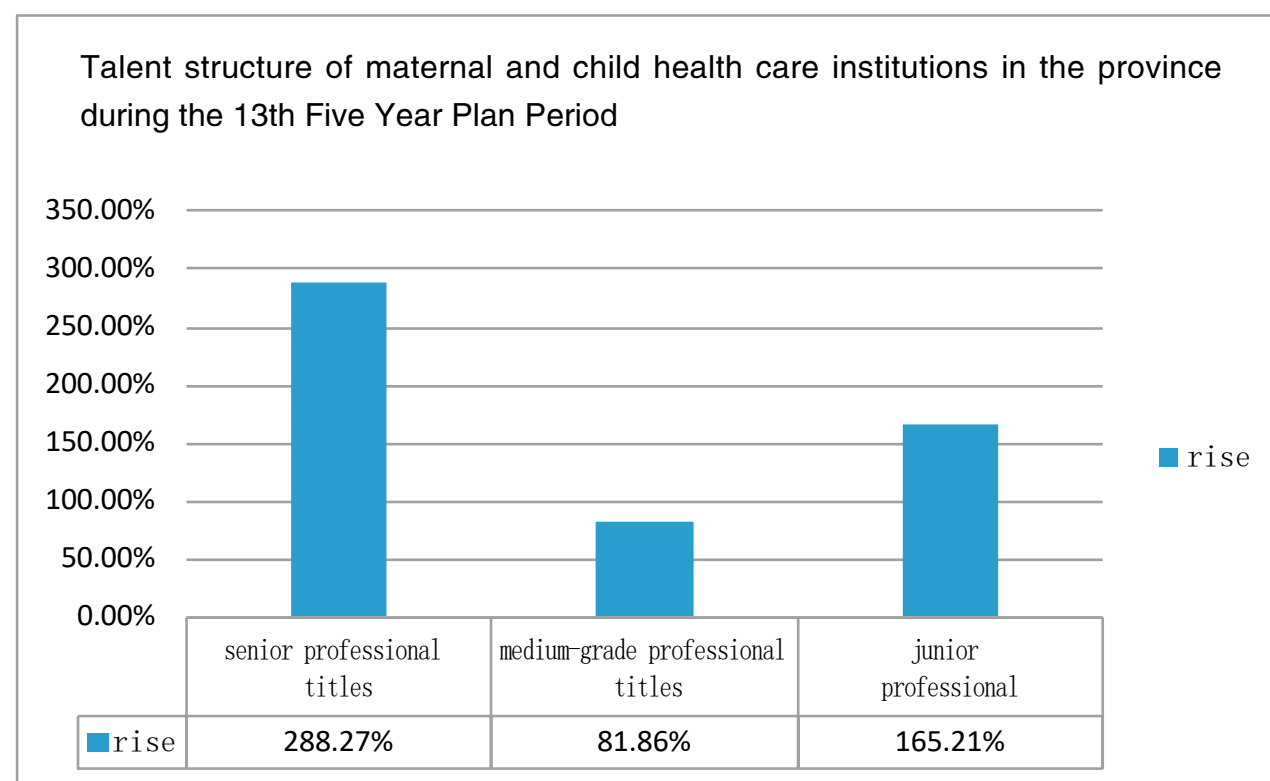
The talent team of maternal and child health care institutions in the province have been growing. In 2020, the number of professional and technical personnel increased by 7, 075, an increase of 137.27% compared with 2015.

In terms of the technical personnel titles: senior titles increased by 288.27%; Intermediate titles increased by 81.86%; Junior titles increased by 165.21%, with senior titles showing the largest increase.

Talent building of maternal and child health care institutions in Guizhou Province during the 13 <sup>th</sup> Five–Year Plan period				
years	Practicing (assistant) physicians	Registered Nurses	Pharmacists	technicians
2015	2588	1946	175	445
2020	4590	6641	512	1066



The professional and technical titles of maternal and child health care institutions in Guizhou Province during the 13th Five–Year Plan period			
years	senior professional titles	medium–grade professional titles	junior professional titles
2015	307	1433	3280
2020	1192	2606	8699



## 6) Accelerate the high-quality development of maternal and child health by utilizing the advantages and resources

The first is to make full use of the national high quality medical and health resources to accelerate the development of maternal and child health, and realize a complete coverage of maternal and child health care institutions eastern and western through counterpart aids. Second, the remote platforms are playing a growing role as maternal and child health care institutions at the county level see significant increases in the comprehensive ability; and the third is to explore the development model of medical community, realize the resource sharing, dislocation development, and strive for new achievements in the women and children's undertakings in the province.

## V.Experience in the development of maternal and child health undertakings

### 1) Adhering to the thinking of putting the health of women and children at the center of development

During the development, the health authorities have fostered and adhered to the development concept of promoting greater health for women and children by shifting the focus from medical treatment to health insurance, so as to ensure that women and children benefit more fairly from reform and development.

### 2) Adhering to the development thinking of guidance of the government and leadership of the Party

The Party's leadership over women's and children's health has been strengthened. The cause of maternal and child health has been taken into overall consideration in the context of economic and social development, while the leading role of the government is given full play, departmental cooperation and public participation promoted, and women and children's health integrated into all policies so that people can jointly build the undertakings and share the fruits.

### 3) Adhering to the development path of combining prevention and control with Chinese characteristics

In the long-term practice in the long-term practice, we have always adhered to of the development path characterized by the “combination of health care and clinical individual and group combination of Chinese medicine and western medicine with Chinese characteristics”

### 4) Adhering to the development model of whole-life medical care services



With improving the health of women and children as the core, the authorities have provided continuous and standardized medical and health services for women and children, and effectively coordinated policies and measures related to basic public health services, such as basic medical insurance and maternity insurance, and major public health services, so as to provide comprehensive and full cycle services and guarantees for women and children.

### 5) The development has been driven by comprehensively deepening the reform

Through reform, the shortcomings in ideology, system and mechanism could be eliminated, a new mechanism could be established around the operation compensation, performance appraisal, personnel salary and other aspects of maternal and child health institutions, so as to stimulate the internal impetus for the development of undertakings.

## VI.Opportunities and Prospects

As socialism with Chinese characteristics enters a new era, and the CPC Central Committee with Comrade Xi Jinping as the core, the maternal and child health care undertakings are to embrace new opportunities for high-quality development. Guizhou Provincial Party Committee and provincial government have put forward the overall development idea for the period of the 14th Five-year plan, which provides guidance for the high-quality development of maternal and child health undertakings in the whole province.

During the golden decade of rapid development, Guizhou has accumulated a lot of valuable experience as a major strategic achievement in the fight against poverty has been achieved, together with a major strategic achievement in epidemic prevention and control. Big data and big ecology of rural revitalization have provided broader soil for innovative maternal and child health services. The normalization of epidemic prevention and control has posed new challenges to maternal and child health work. Accelerating the connotation of building maternal and child health services will be an important measure to adapt to the new changes in the new period.

During his visit to Guizhou, General Secretary Xi called for adopting a new approach in the Western Development Campaign in the new era, breaking new ground in rural vitalization, grasping a new opportunity in the implementation of the digital economy strategy, and making new achievements in ecological civilization construction. Upon entering a new stage of development, the theme of health for women and children has been expanded from keeping the bottom line of life safety to promoting comprehensive health and development. The majority of women and children have a stronger demand for diversified health services, a stronger yearning for a better life, and a higher demand for maternal and child health service capacity, mode and quality. In respond, maternal and child health workers in Guizhou will be adhering to the ideas of putting the people at the center of the development, basing themselves on the new stage of development, carrying out new development concept, building a new development pattern centered on women and children's health to promote the development of maternal and child health quality, to bring the majority of women and children greater sense of



attainment, wellbeing and security.

Upon entering a new stage of development, the development of women and children's health should always stick to the five new development concepts of innovation, coordination, eco-friendliness, opening up and sharing. By focusing on high-quality development, it is possible to provide whole-process services for maternal and child health, while firmly adhering to the two bottom lines of development and ecology. Meanwhile, maternal and child health will be integrated into the three strategic initiatives of rural revitalization -- big data and big ecology. Efforts will be made to continue to strengthen the foundation, improving the weak links, and transforming weaknesses into strengths to increase the impetus for the development of maternal and child health.

Entering a new stage of development, maternal and child health work should respond to the practice of the times and the needs of people, scientifically plan high-quality development plans for maternal and child health in the next five, ten years or even longer. Health authorities must seize opportunities and work hard to realize the new vision for the development of maternal and child health undertakings.

The guidance of Party building needs to be strengthened, and the focus should remain on raising the average life expectancy and improving the quality of the newborn population, accelerating the improvement of the service system for women and children with higher standards, shortage of talents, inadequate service capacity, and improving the development of key specialties with special features. A problem-oriented approach should continue to be taken to address major health problems of women and children in the new era, and ensure that core health indicators such as maternal mortality and child mortality remain stable and low.

General secretary Xi's instructions should be resolutely implemented to continue to solve the myopia and overweight problems of the young children. The health authorities must adhere to the principle of being driven by demand to strive to meet women and children's demand for a better life and healthy development. The health authorities will continue to fulfill the mission, improve the capacity for modern governance to meet new goals for the new era, and promote high-quality development of maternal and child health.