



ANALYSIS OF THE PRIMARY HEALTH CARE WORK IN THE FIELD OF ANTENATAL CARE.

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Article history:	Abstract:
Received: December 11 th 2022 Accepted: January 11 th 2023 Published: February 20 th 2023	The World Health Organization (WHO) considers primary health care as one of the components of the health system with significant personnel resources. In October 2003, at the conference in Alma-Ata dedicated to the 25th anniversary of the adoption of the Declaration on Primary Health Care (PHC), it was emphasized that the strengthening of the PHC role will contribute to the further improvement of the health system in providing the population with affordable, high-quality medical care. Moving the center of gravity from curative activities to prevention will improve the health of every citizen and, thereby, of society as a whole. Strengthening of the PHC role in the field of sexual and reproductive health (RH) is one of the most important areas in the further improvement of issues of maternal and child health. In Uzbekistan, RH of the population is one of the priority medical and social areas along with other institutions of the healthcare system. This is confirmed by the adoption of a number of legal acts aimed at regulating relations in the field of protecting the reproductive health of citizens, at further improving the quality of services in this area [1].

Keywords: antenatal care, pregnancy, primary health care, reproductive health, world health organization.

INTRODUCTION. Increasing epidemiological risks in the world require the improvement of approaches in the fight against chronic diseases of women at reproductive age, based on existing capabilities, resources, conditions and experience gained. It is necessary to revise the methods of work in the primary health care institutions for the prevention of pregnancy complications, early detection of chronic diseases, accurate diagnosis and treatment of conditions associated with pregnancy, and introduce a completely new healthcare system in the field of reproductive health, including antenatal care.

AIM OF THE WORK WAS: to analyze the work of the primary health care service for the provision of antenatal care for pregnant women and gynecological counseling for women at reproductive age in the Republic of Uzbekistan.

Tasks

1. To study women's satisfaction with the quality of services which are provided in the PHC system.
2. Assess the knowledge and organization ability of medical workers in primary health care.

Geography of the research

Maternity institutions and family clinics located in the city of Tashkent, Tashkent region: Chinaz, Bekabad,

Akhangaran districts and in Surkhandarya region: Termez, Denau, Sherabad, Kumkurgan districts.

Subjects of the research

- Quality of antenatal care at home.
- Quality and accessibility of services in polyclinics and maternity facilities.
- The level of training of medical personnel.

METHODS

The design of the study is combined, based on the use of the following methods and tools.

1. Questioning employees and patients of maternity institutions, polyclinics by using a standardized questionnaire;
2. Poorly formalized participatory observation of the process of patients admission;
3. Analysis of the patient's medical record, audit of the management of a pregnant woman registered in a polyclinic who was admitted to a maternity institution with a complicated condition during pregnancy and childbirth.

The study is based on a random non-representative selection of medical staff and patients in maternity hospitals and family clinics. The basis of selection observation was the data of official statistics of the Ministry of Health of the Republic of Uzbekistan.



During the study selection was performed in maternity hospitals and family clinics in Tashkent and Surkhandarya regions. The selection is territorial, cluster, two-stage, unstratified using nested, random methods. All maternity hospitals and family clinics were used as a sample to construct a matrix consisting of 8 clusters.

Table 1. Selection plan according to the main characteristics of the observation units

Observation units	Absolute value	Percentage
Medical staff		
GP	345	27
AG	78	6,1
Women	3563	100

DATA PROCESSING TECHNOLOGY

The collected data was processed in Excel. Data collection was conducted from November 8 to December 19 of 2021.

RESULTS.

Satisfaction of the population with services

The majority of women (60%) who took part in the study live in patriarchal traditional families with their husband's parents. Often they are dependent on the opinion of the husband and his parents in matters of reproductive health and family planning. Quite a lot of women (16%) are in a related marriage.

Despite the fact that 75% of the women surveyed have college or university degrees, 70% of them are housewives.

According to the results of questionnaires, 54.4% and according to statistics, about 60% of women suffer from anemia. The main reason, perhaps, is the diet, since the diet of main families does not include vitamins, proteins, meat and dairy products.

Every fifth pregnant woman who took part in the study did not register on time. The main reasons, according to the study, lie both in the low medical culture of the woman herself, and in the patriarchal way of the family, where she does not always have the right to a decisive vote.

Some women register only (it was noted during the oral interview) in order to receive an exchange card and a certificate that she gave birth in order to receive an allowance or other benefits.

The vast majority of women - 71.5% during prenatal care use folic acid and iodine preparations. At the same time, a low percentage of taking iron-containing drugs is noted in the Surkhandarya region, while the total number of women with hemoglobin levels below 100 mg/l in this region was 60%.

Every fifth woman who was interviewed noted that the patronage nurse rarely visited her during pregnancy. The main reason for this was the remote location of the household from the family polyclinic (FP).

Only a few respondents (56.9%) regularly visit a gynecologist. The vast majority receive services in the SP and only one in ten - in a private clinic.

During the survey, women expressed dissatisfaction with the organization of the services provided in the field of antenatal care, in particular, an obstetrician-gynecologist visit SPs and SVPs once a week. While the GP does not have enough competence to answer a highly specialized question in the field of gynecology / management of pregnancy and possible complicated conditions associated with pregnancy, and in connection with this, long queues are formed for an appointment with a gynecologist. In addition, there were dissatisfaction with the employment of medical personnel with paperwork, the quality of medical services (some laboratory examinations are not carried out in polyclinics, in places where there is a modern ultrasound machine, there is no specialist who conducts this study).

A third of the women surveyed had various pathologies during childbirth. Many have had cases of spontaneous miscarriages. The background for miscarriages, both in early and late pregnancy, may be the presence of related marriages and gynecological diseases of the female genital organs (FGO).

Most of the interviewed women (73.3%) noted the low quality of medical examinations, while 8% did not go through them at all.

The majority of women - 65.1% would find it difficult to purchase contraceptives, if not the possibility of obtaining contraceptives provided by state medical institutions.

Postnatal care is provided by GPs and/or PHC, in 75% of cases the interviewed women confirmed visits by these specialists. But there is still a certain contingent of women after childbirth who were not visited by a medical officer.

Quality of work of medical personnel

The knowledge of general practitioners (GPs) in matters of maternal and child health and contraceptive methods is somewhat lower compared to the knowledge of obstetricians-gynecologists (AGs). Gynecologists come to the family polyclinic for consultations on schedule and serve pregnant women under the AC program.

Antenatal monitoring of pregnant women should be carried out in accordance with the order of the Ministry of Health of the Republic of Uzbekistan No. 137, which includes 25 standards for the management of prenatal conditions. When assessing the quality of services



provided to pregnant GPs and AGs, only 45.4% of GPs in rural areas and 52.4% of GPs in urban areas fulfilled their obligations to provide antenatal services, while among AGs 68.2% in rural areas 71% in the city was provided with a full range of services during the antenatal visit

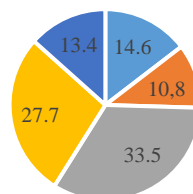
According to the results of the survey, about 60% of women prefer to visit a gynecologist with questions about the reproductive system, although according to the order of the Ministry of Health of the AC, GPs should be served by doctors.

There is a low coverage of GP counseling for warning signs of pregnancy. Only 39% of GPs and AG indicated that they use specialized literature, despite the availability of regularly updated literature and protocols. Basically, they use local protocols where information is available on the provision of services in the field of RH and antenatal care (ANC), but the use of more detailed information on diseases, treatment and diagnosis, which is fully given in the medical literature, is not available due to language barrier.

Data analysis and interpretation

The study involved women represented by different age groups, educational levels and marital status. There is a big imbalance towards those who live in urban areas.

Diagram 1. Intergenic interval (in %)



■ till 1 year ■ 1 year ■ 1,5-2 years ■ 2-3 years ■ 3 years and more

- Of great importance in reducing maternal mortality is the increase in the intergenic interval between births, the use of effective contraceptives and the prevention of unplanned pregnancy [2]. According to WHO recommendations, the optimal intergenic interval between two consecutive births is 24+9 (gestation) months [3]. In this regard, the normal intergenic interval among women in the Republic of Uzbekistan was determined as at least 2 years 9 months [4]. Most of the respondents noted the duration of the intergenic interval of 1.5–2 years, and more than 14% of women noted the onset of pregnancy with an interval of up to 1 year, which indicates the insufficient use of contraceptive methods after childbirth.
- Among other diseases that women are susceptible to, were named endocrine - 9.2%, cardiac pathologies - 8.3%, pathologies of the gastrointestinal tract - 7.6%, diseases of the nervous system - 6.7%, rheumatism - 4, 3%, oncology - 1.5%, and COVID - 9.2%. Unfortunately, in the Republic of Uzbekistan, anemia is the most common pathology among women of reproductive age, this is due to an unbalanced diet (iron deficiency, deficiency or excess of vitamin B12); disorders of folic acid metabolism; increased body's need for nutrients (growth period - adolescents, pregnancy), uncontrolled blood loss (after childbirth, hyperpolymenorrhea, wearing an IUD, etc.). It is worth noting that as a result of women's self-assessment, the next most

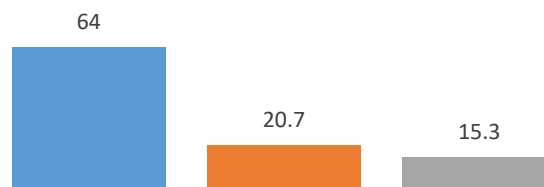


common disease was deviations in mental states (21.2%), probably due to working and living conditions, phobias, insomnia, depression (including postpartum), as well as the absence of a husband for a long time (labor migration among men is often found in the Surkhandarya region).

Despite the fact that pregnancy is a natural process for the female body, at different periods of bearing a child, pathologies can occur that pose a serious danger to the health and life of the mother and child. Therefore, one of the research questions was to study the quality of services provided to pregnant women.

- Of those registered in antenatal care (AC), 79.3% of women were registered in the first trimester of pregnancy in accordance with country standards and 11.3% were registered after 12 weeks of pregnancy. Women did not register for up to 12 weeks, both because of their carelessness and because of the patriarchal family structure, when a woman does not always have the right to a decisive vote. Considering that the prohibition of a pregnant woman to register is socially unapproved, it is quite possible that the choice of the answer "it was not possible" is also based on the decision of the family.

Diagram 2. Why women were not registered before 12 weeks (in %)



- According to the clinical protocol during the first trimester of pregnancy, folic acid (400 mcg daily), potassium iodide (200 mg daily) and iron supplements are recommended for confirmed anemia. In general, women in both regions received folic acid and iodine supplements during antenatal care.
- A low percentage of taking iron-containing drugs is noted in the Surkhandarya region both in the city and in the regions - 58.8%, while the total number of women with hemoglobin levels below 100 mg/l in this region was 60%.

More than half of the respondents (56.9%) visit a gynecologist on a regular basis, while general

practitioners are visited when they have complaints (44.5%).

- At the same time, only every tenth woman surveyed can afford to use the services provided by private clinics (PC). The vast majority receive consultations in family polyclinics (FP).
- Although most of them are dissatisfied with the quality of services provided in the SP, as can be seen from Table 1. This, apparently, is one of the reasons for the irregularity of visits to doctors.

Table 1. Satisfaction with FP services (in %)

Answers	Distribution of responses
Waiting in line for a long time at the doctor's office	45,6
Conditions and medical services are satisfactory	26
Doctors spend a lot of time on issuing a medical card	17
The medical staff does not pay enough attention	11,5

Thus, judging by the data obtained, the low quality of services is the reason not only for the lack of desire to visit the FP without special need. But, perhaps, is one of the factors affecting the late registration.

At the same time, most women prefer to be screened either in a specialized screening center or in private

clinics (PC): 68.5% - Tashkent city, 67.5% - Tashkent region, 57.7% - Termez city, 56% - Surkhandarya regions.

- When visiting AGs and GPs, doctors are mainly interested in the health of the mother and fetus,



and also provide advice on the principles of proper nutrition.

- In the postpartum period, women are mainly under the supervision of medical personnel at their place of residence, 75% of respondents noted that they were visited by GPs and PHC and 8.2% - AG. At the same time, according to 8.1% of respondents, no one visited them, another 8.2% noted that they themselves had to be reminded of the need for medical care after the birth of a child.
- During the survey, a third of women (32%) noted that they had various pathologies during childbirth. Many have had cases of spontaneous miscarriages.
- High-quality clinical examination could contribute to the early detection of diseases or foci of infection that contribute to the

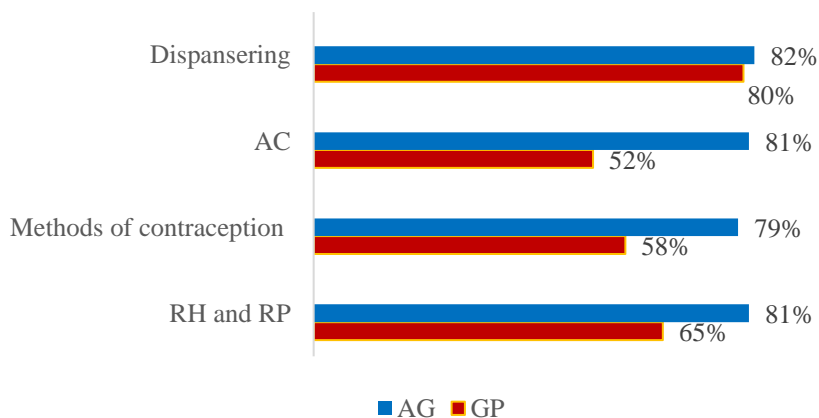
development of serious pathology during pregnancy. However, the majority of the interviewed women (73.3%) noted the low quality of medical examinations, and 8% did not undergo medical examinations at all.

- In turn, early detection of the threat of developing pathologies will allow the doctor to identify relative and absolute contraindications for pregnancy and recommend various means of protection against unwanted pregnancy.

The quality of medical services in the field of ANC

Based on the results of testing for questions on the topics: clinical examination, antenatal care, methods of contraception, RH and RP among obstetrician-gynecologists and GPs, the following data were obtained.

Diagram 4. Knowledge of AG and GPs on clinical examination, ANC, MC, RH and RP (in %)



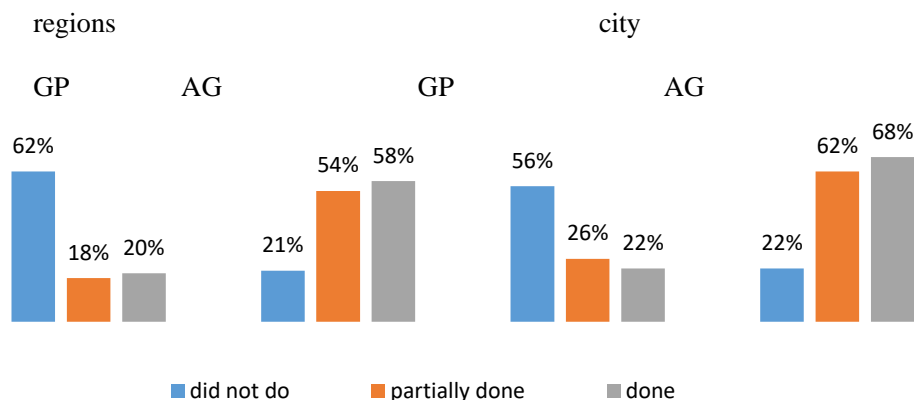
Between doctors in cities and rural areas, the difference between the correct answers was about 1.5 times greater among doctors in the city. About 80% of GPs gave correct answers to questions about clinical examination, however, they found it difficult to answer questions about the protection of motherhood and childhood, methods of contraception. Not all AGs were able to correctly answer questions directly related to their professional activities. Thus, only 55% of GPs and 82% of AGs were able to give correct answers on

antenatal care, 59% of GPs and 78% of obstetrician-gynecologists were able to correctly answer questions about contraceptive methods.

To study the quality of ANC services provided to pregnant women by GPs and AGs, a monitoring instrument was developed that includes 18 indicators (see Annex "Quality indicators of services provided by GPs and AGs"). The rating scale consisted of three values: "completed", "partially fulfilled", "did not fulfill."



Diagram 5. Quality of services for pregnant GPs and AG according to ANC (in %)



- During the evaluation of GP counseling in Surkhandarya and Tashkent regions, the percentage of coverage of such a topic as “Warning signs of pregnancy” turned out to be very low (6.4% and 20%, respectively). This was confirmed in a survey of women who were unable to answer the question: “What alarms did the doctor tell you about during counseling?”
- Administration of folic acid and potassium iodide is only recommended during the first trimester of pregnancy. Considering the number of women enrolled up to 12 weeks of gestation, coverage with these drugs was generally satisfactory.
- According to the results of the survey among the population, it was revealed that AGs work more actively in the RH and ANC than GPs and PHC, although according to the qualification characteristics, ANC belongs to the duties of GPs.
- Introduce the topics of RH, FP, prevention of sexually transmitted infections into the curriculum for schoolchildren and students.
- It is necessary to develop protocols for the management of ANC for pregnant women and RH and FP for primary care for both GPs and PMS, taking into account their working conditions (individually for each SVP and PPH) and resources. Moreover, take into account the staff of medical personnel and the mentality of women living in each separate area of the city and region. It is important not only to develop and adopt local protocols, taking into account the staff of GPs and hypertension (during the analysis, polyclinics were identified that need an obstetrician-gynecologist), but also to organize training so that each medical staff can recognize a particular pathology, were able to assess the risks and complications during pregnancy and childbirth.
- It is necessary to take into account the public opinion on the issue of providing an opportunity to choose to receive the ANC service from a general practitioner or an obstetrician-gynecologist. Determine the involvement of GPs and AGs in which areas/topics it is better for GPs to work, and in which AGs.

RECOMMENDATIONS

- To improve educational work among women of reproductive age, it is necessary to regularly monitor, evaluate the activities and professionalism of medical workers, as well as introduce tools for self-assessment of the quality of knowledge on RH, family planning (FP), contraceptive methods.
- It is necessary to concentrate efforts on raising the level of education in reproductive health issues not only for women, but also for men. Given the large role of men in family planning (FP), consider using various institutions for this, for example, religious ones that are respected among men.
- Emphasize the quality of home visiting rather than the quantity. Moving from the principle of “identify the problem and redirect” to the principle of identifying the risk that can lead to a problem and eliminate / prevent it.
- Consider digitalization opportunities for information collection and reporting, as well as timely referral of patients with threatened or suspected conditions. Digitalization should link the databases of polyclinics and hospitals so that hospitals are aware of who they are waiting for, which is important for ANC.



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