

Fundamentals of treatment and preventive care
organization for women and children.

Protection of maternity and childhood

It is a system of state, public and private measures aimed at preserving and strengthening the health of women and children, creating optimal conditions for the woman to fulfill her most important social function - the birth and upbringing of a healthy child

- **Maintaining the health of women,**
- **Reduction of maternal and child mortality**
- **Ensuring the conditions necessary for the comprehensive harmonious development of children**

Protection of maternity and childhood. Complex of state system measures.

- **Ensuring guarantees of women's civil rights and measures to encourage maternity**
- **Development and provision of legislation on marriage and family**
- **Protection of female labor and work of adolescents**
- **State material and social assistance to families with children**
- **Guaranteed system of education and upbringing of children in conditions that do not violate their health**
- **Qualitative and available medical and social assistance**

Organization of obstetrical and gynecological care

The main institutions of ambulatory obstetrics and gynecological care for women are women's counseling (gynaecological and maternity clinics)

Tasks of women's counseling:

- **Preventing complications of pregnancy, childbirth, the postpartum period, gynecological diseases**
- **Formation among women of a healthy lifestyle, prevention of abortions**
- **Provision of therapeutic obstetric and gynecological care for women (on a territorial principle)**
- **Providing social and legal assistance to women**
- **Sanitary and educational work**

The principles of women's counseling work organization

- **PRECINCT territorial principle.** At the obstetric gynecological precinct 3300-3500 women over 15 years of age or 2000 women 15-49 years
- **Availability.** The district obstetrician-gynecologist conducts outpatient reception on a sliding schedule, medical assistance is provided in accordance with the state guarantees program of free medical care.
- **Prophylactic orientation**
- Continuity and interrelation in the implementation of therapeutic and preventive activities with territorial polyclinics, maternity hospital, children's polyclinic, etc.

Structure of women's counseling

- **Registry**
- **Offices of precinct obstetrician-gynecologists**
- **Offices of specialized gynecological receptions (family planning, gynecological endocrinology, pathology of the cervix, and others).**
- **Rooms of other specialists (therapist, dentist, lawyer, social worker)**
- **The office of psycho-preventive preparation for childbirth, the school of young mothers and fathers**
- **Rooms of physiotherapeutic methods of treatment, exercise therapy**
- **Day hospital**
- **Clinical biochemical laboratory**

Dispensary follow-up for pregnant women

- **Timely registration (up to 12 weeks of pregnancy)**
- **Systematic health monitoring**
- **Comprehensive examination**
- **Execution of documents (the individual card of the pregnant woman and the puerpera (f. 111 / y), the exchange card of the maternity hospital (f. 113 / y), the certificate of the need for transfer to easy labor (f. 081 / y), the list of incapacity for work)**
- **Determination of belonging to a risk group**
- **Organization of antenatal patronage**
- **Examination of working conditions**

- **Determining the period of birth and granting maternity leave**
- **Providing timely qualified treatment**
- **Psychoprophylactic preparation of pregnant women for childbirth**
- **Organization and conduct of classes in schools of young mothers and fathers**
- **Observation, restorative treatment of puerperas**

Currently, there is an increase in complications of pregnancy (anemia of pregnant women, kidney disease, circulatory system diseases, late toxicosis of pregnant women). The proportion of normal births is about 32.0%. Annually in Russia more than 40 thousand births are premature.

Gynecologic morbidity

40-60% of women in active reproductive age have gynecological diseases, but not all of them refer to a doctor

Dispensary follow-up of the health status of women with gynecological diseases:

- **Active detection of gynecological diseases during medical examinations**
- **Organization and conduct of examination and treatment**
- **Timely direction for hospitalization**
- **Examination of work capacity**
- **Timely taking on dispensary supervision**

Specific indicators of women's counseling practice

- **Timeliness of taking pregnant women on the register**
- **Frequency of mistakes in the terms of childbirth definition**
- **Average number of pregnant women visits before delivery**
- **Completeness of pregnant women examination**
- **Coverage of pregnant women with psycho-preventive preparation for childbirth**
- **The frequency of pregnancy complications**
- **Pregnancy outcomes**
- **Indicators of gynecological incidence**

Organization of in-patient obstetrical gynecological care

- **The main institution providing inpatient obstetrical gynecological care is the maternity hospital**
- **The maternity hospital can be: Independent; United (having in its composition a women's consultation); Specialized (for servicing women with certain types of extragenital pathology)**
- **The maternity hospital works mainly on a territorial principle, but the woman has the right to choose the maternity institution herself**

The structure of the maternity hospital

- **Receiving and inspection unit**
- **Physiological obstetrics department (first)**
- **Observational obstetric department (second)**
- **Chambers for the newborn in the physiological and observational department**
- **Department of pregnancy pathology**
- **Resuscitation and Intensive Care Service**
- **The 1st stage of newborns and premature babies nursing department**
- **Gynecological departments (for conservative treatment, for surgical treatment, artificial termination of pregnancy)**
- **Laboratory Diagnostic Department**

Hospitalizations in the observatory department are subject to pregnant and parturient women having:

- **Acute inflammatory and infectious diseases**
- **Feverish states**
- **Diarrhea**
- **Skin and venereal diseases**
- **The long anhydrous period**
- **Intrauterine fetal death**
- **Absence of the "Exchange card of the maternity hospital" ($\phi.113 / y$)**
- **Parents in the early postpartum period in the case of deliveries outside the maternity hospital**

In a modern maternity hospital

- **At least 70% of the beds in the physiological postpartum department should be allocated for joint stay of the mother and child**
- **The joint stay the mother and the child limits the contact of the newborn with the medical personnel. It reduces the possibility of the child infection and creates favorable conditions for the settlement of the newborn organism with the microflora of the mother**
- **When the mother and the newborn stay together, they are placed in boxes or half-boxes (one or two beds)**

Specific indicators of the maternity hospital

- **Proportion of births with drug anesthesia**
- **Proportion of labor with complications**
- **Cesarean section frequency**
- **The frequency of complications in the puerperium**
- **Frequency of prematurity**
- **Morbidity of newborns**
- **Perinatal mortality**
- **Early neonatal mortality**
- **Stillbirth**
- **Maternal mortality**

The birth certificate was introduced from January 2006

- **The aim: to increase the material interest of medical organizations in providing quality medical care**
- **Provides a pregnant woman with a choice of a woman's consultation and a maternity hospital**
- **It is given in the antenatal clinic at the place of residence starting from 30 weeks of pregnancy (with multiple pregnancies from 28 weeks of pregnancy)**
- **Mandatory condition - regular visits to this women's consultation for at least 12 weeks**

The birth certificate contains three vouchers

- **Talon №1 is intended for payment of the medical services rendered by female consultation during pregnancy**
- **Talon №2 is intended for payment of medical assistance in maternity hospitals**
- **Talon No. 3-1 for the first 6 months of child observation**
- **Talon No. 3-2 for the second 6 months of child observation**
- **Coupons are transferred to the regional office of the Social Insurance Fund for payment**
- **The birth certificate, where the date of birth, weight, height of the baby is recorded, is given to a woman at the discharge from the maternity hospital (without coupons).**

Organization of outpatient care for children

- **Children's polyclinic is a medical organization providing medical care outside the hospital to children from birth to 18 years**
- **The work of the children's polyclinic is organized according to the territorial-division principle (precincts)**
- **Each pediatric precinct is assigned: a district nurse and a district pediatrician (at the rate of 1 post for 800 people attached to the children's population)**
- **The most rational for a children's polyclinic is a five-day work week from 8 to 19 hours on weekdays**
- **On weekends and holidays, pediatricians are on duty from 9 to 14 hours**

Tasks of the children's polyclinic:

- **Provision of preventive, consultative-diagnostic and therapeutic assistance to the attached children's population**
- **Primary patronage of newborns and children under one year of age**
- **Conducting preventive examinations of children, including in educational institutions**
- **Organization and conduct of immune prophylaxis against infectious diseases**
- **Organization of sanitary-hygienic education and training of children and their parents**
- **Implementation of medical, social and psychological assistance to children and families with children**

In the activities of the district pediatrician, the leading place is occupied by preventive work (70-80% of working time). Its components are:

- **Antenatal fetal protection**
- **Dynamic monitoring of healthy children development and the organization of rational feeding**
- **Conducting preventive vaccinations and dispensary examinations of children by medical specialists**
- **Preparation of children for admission to preschool institutions, school**
- **Parent health education**
- **Principles of preventive work in relation to children's polyclinics are most pronounced in the dispensary method**

The dispensary method in the work of the children's polyclinic is an active dynamic observation not only for patients, but also for healthy children

- Clinical examination is carried out: 1) according to age, regardless of the condition of the child; 2) depending on the disease
- The most important part of children's prophylactic medical examination is its organization
- In the clinic among the children who undergo medical examinations, there are three groups: 1) children under 7 years of age who do not attend preschool institutions; 2) children attending pre-school institutions; 3) schoolchildren

Features of the medical work in the children's polyclinic

- **Treatment at home for children with acute diseases and exacerbations of chronic pathology until complete clinical recovery**
- **Daily observation of a doctor and a nurse right up to the recovery of children up to a year with any disease left for home treatment**
- **The polyclinic is visited mainly by healthy children, convalescent after acute diseases, which do not pose a danger to others, and also suffer from chronic diseases without acute phenomena.**

The structure of children's polyclinic

- **The administrative and economic part (the office of the chief doctor, the offices of the head of the departments, the senior nurse, the sister of the hostess)**
- **Informational and analytical service (registry, cabinet of medical statistics)**
- **Treatment-and-prophylactic department (offices of district pediatricians, a cabinet of a healthy child, vaccination room, treatment room, day hospital)**
- **Consultative and diagnostic department (offices of specialist doctors, functional and radiation diagnosis room, laboratory)**

- Department of rehabilitative treatment (physiotherapy, exercise therapy and massage rooms, paraffin therapy and electrosleep, hydrotherapy (pool), halo chamber, inhalatorium, etc.)
- Department of medical care organization for children in educational institutions - medical offices of educational institutions
- Emergency department
- Department of medical and social assistance
- Centralized sterilization department
- The lobby group of rooms (stroller, reception and observation filter (box with separate entrance))
- Dairy kitchens and baby food distribution points

Performance indicators of the children's polyclinic:

- **Coverage with systematic medical supervision for children of the first year of life**
- **Breastfeeding frequency**
- **Frequency of eating disorders in children of the first year of life**
- **Frequency of active rickets in children of the first year of life**
- **Health index**
- **Completeness of the coverage by children preventive examinations**
- **Completeness of coverage with children preventive vaccinations**
- **Morbidity of children**

Organization of children inpatient care

- **Children's hospitals can be integrated (with a children's polyclinic) and ununited; On the profile children's hospitals can be multidisciplinary and specialized**
- **Documents for the planned hospitalization of the child (through the children's polyclinic):** 1) Referral;
- 2) A detailed extract from the history of the child's development about the onset of the disease, treatment and the examination performed in the conditions of the polyclinic;
- 3) Medical certificate about absence of contact the child with infectious patients (validity 24 hours);
- 4) Medical certificates of vaccinations.

**The admissions ward of the hospital of the children's hospital
must contain isolation rooms (boxes)**

- **Insulating rooms account for 3-4% of the total number of beds**
- **The most convenient for work are individual Meltzer-Sokolov's boxes, which include a pre-box, a ward, a sanitary unit, a personnel gateway.**
- **To provide emergency care in the admission department there is a permanent set of necessary medications and first aid equipment**
- **At the admission department, wards of intensive care and temporary isolation of patients are organized**

The departments of the children's hospital are formed according to the age of the children and the nature of the diseases

- ***Depending on the age*, the departments are: for preterm, for newborns, for infants, for young children, for older children**
- ***By the nature of diseases* department can be: pediatric general, surgical, infectious and other narrow-profile departments.**
- **In the departments for children of preschool and school age, the chambers should be small - with the number of beds not more than four.**
- **Between the chambers there must be glazed partitions so that the staff can monitor the state of children and their behavior**

Features of work organization in children's hospitals

- **It provides for a stay with one of the family members**
- **Carrying out educational work with children**
- **Conducting educational work with patients who are treated in the hospital for a long time**
- **Organization of children's leisure in the hospital, especially in the evening hours (manual labor, modeling, drawing, reading aloud, etc.)**
- **Departments must be provided with toys, games, books, materials for drawing, etc.**
- **In the department should be provided dining rooms, playrooms, verandas or walking rooms**