Reproductive Health of the Female Population and Ways to Optimize Obstetric and Gynecological Care at the Level of Primary Health Care

Najmutdinova D. K.
DSc in medical sciences, professor at second Obstetrics and gynecology department of Tashkent medical academy

Juraeva G. T., PhD
Medical sciences, assistant professor at second Obstetrics and gynecology department of Tashkent medical academy

Abstract: The study assessed the knowledge of primary care among visiting nurses (VN) on the topics: reproductive health and law, contraception and family planning, antenatal care (ANC), prevention of cervical cancer, sexually transmitted diseases (STD) and human immunodeficiency virus (HIV). Based on the results of the assessment, it can be concluded that it is necessary to improve the qualifications of VN for severe conditions in obstetrics. It is necessary to develop protocols for the management of ANC of pregnant and reproductive health for primary care, in particular VN, taking into account their working conditions.

Keywords: primary health care, antenatal care, reproductive health.

Introduction
The World Health Organization (WHO) considers primary health care as one of the components of the health care system, which has significant human resources [1]. In October 2003, at a 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 role of PHC will contribute to further improvement in healthcare to provide the population with affordable, high-quality medical care [2].

In Uzbekistan, the reproductive health (RH) of the population is one of the priority medical and social areas along with other institutions of the healthcare system [3, 4]. 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 sphere [9]. Increasing epidemiological risks in the world require the improvement of approaches in the fight against chronic diseases of women of reproductive age, based on existing capabilities, resources, conditions and experience gained [5,6]. It is necessary to review the methods of work of primary health care institutions for accurate diagnosis and treatment of conditions associated with pregnancy, to introduce a completely new system of healthcare organization in the field of reproductive health, including antenatal care.

Purpose of work: To analyze the quality of patronage services provided in the field of antenatal care and reproductive health.

Results of the study: As part of the study, based on the results of a survey of 812 patronage nurses (VN), a social portrait of a patronage medical worker providing home services to pregnant women, the elderly, the disabled and other categories of vulnerable groups of the population was compiled. The main part of the interviewed VN is nurses and nurses with an average age of 40 years who worked in polyclinics even before the introduction of the patronage system. The
average length of service of patronage nurses (VN) was 17–18 years. Primary care nurse knowledge was assessed in the following areas: knowledge of reproductive health and rights, contraception and family planning, antenatal care, cervical cancer prevention, sexually transmitted diseases (STDs) and human immunodeficiency virus (HIV). As can be seen from the chart, the top scores for female genital cancer prevention, low scores for antenatal care and contraceptive methods, these topics form the basis of antenatal care.

![Figure 1](image1.png)

**Figure 1. Primary care nurse knowledge assessed in different areas**

Although the majority of VN - 77% were able to give a correct answer to the question about the timing of planned visits during the physiological course of pregnancy, 62% of patronage nurses were unable to demonstrate satisfactory knowledge of the diagnosis of severe conditions in obstetrics. In order to identify the level of professionalism and experience of patronage workers, they were asked a number of questions on the symptoms of diseases, tactics of primary medical services.

Headaches are one of the warning signs during pregnancy. According to the program of antenatal care in such cases, VN should warn the pregnant woman about alarm signals, in which the woman should urgently consult a doctor, since headache can be a symptom of preeclampsia [7]. 15.1% of the interviewed nurses believe that headaches during pregnancy are not an indication for going to the clinic. In the case of observing symptoms of severe preeclampsia, the patronage nurse must provide qualified emergency medical care in a hospital, that is, call an ambulance and notify the doctor. But, as can be seen from diagram 2, only 57.1% indicated the correct answer, and 14.6% gave a categorically wrong answer.

![Figure 2](image2.png)

**Figure 2. Answers of visiting nurses at the case of severe preeclampsia**

Thus, we can conclude that it is necessary to improve the qualifications of VN for severe conditions in obstetrics. Screening under the ANC program should be carried out up to 12 weeks, according to the results of the respondents, satisfactory answers were received. We can talk about good awareness in this matter. The majority of respondents - 83.3 VN - correctly answered the question about medical examination. Unfortunately, 25.8% of medical workers believe that medical examinations should be carried out every month, which indicates a lack of understanding in matters of medical examinations, in particular, the frequency of its implementation. At the same time, according to the VN, the lack of doctors, the lack of modern diagnostic methods, the remoteness of the family polyclinic from the patient's place of residence have an impact on the medical examination of the population [8]. For a wider coverage of the population with medical examinations, it is necessary that each patronage worker inform the
population about the significance of medical examinations, and possess the skills of persuasion. According to the results of the survey, it can be seen that the load of each VN is different and there is no standard for the number of coverage of pregnant women per day. Almost every fifth VN indicates that they serve more than 4 women per day, which raises the question of the quality of services.

![Figure 3. Answers of visiting nurses](image)

As can be seen from Diagram 3, the questions presented, including methods of examination during pregnancy, in the postpartum period at home, 68.7% and 59.7% of the VN respondents did not have complete answers. The main part of VN's working time is occupied by manual filling of treatment cards, as well as reporting. Thus, 40.7% of respondents noted that 55% of the working time is spent on filling out questionnaires, while 36.2% noted even up to 70% of the working time. 64.9% of VN responded that the main sources of professional information on mother and child care are seminars and lectures.

**Conclusions**

1. It is necessary to develop protocols for the management of ANC for pregnant women and reproductive health for primary care. In particular VN, taking into account their working conditions (individually for each SVP and PRT) and resources, as well as take into account the staff of medical personnel and the mentality of women living in each individual district of the city and region).

2. Organize systematic training of medical workers of the patronage service in methods of identifying the needs of the population, information and educational work, including the need for regular medical examinations.

3. Emphasize the quality of visits, not 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.

4. Consider digitalization opportunities for information collection and reporting.

**References:**


3. Isslyedovaniye “Ryeproduktivnoye zdorovye i zdorovaya syemya v Uzybekistanye” [Research on “Reproductive health and healthy family in Uzbekistan”]. Institut sotsialnix isslyedovaniy pri Kabinyetye Ministrov Ryespubliki Uzybekistan, Fond OON v oblasti narodonasyelyeniya (YuNFPA). 2013g/
4. The concept of development of the healthcare system of the Republic of Uzbekistan for 2019-2025 (Appendix N 1 to the Decree of the President of the Republic of Uzbekistan dated December 7, 2018 N UP-5590).


9. Law "On the Protection of the Reproductive Health of Citizens". Decree of the President №5325 of 02.02.2018 "On measures to significant improvement activities in the field of supporting women and strengthening the family institution". Decree of the President №6110 of 12.11.2020 "On measures to introduce fundamentally new mechanisms in the activities of primary health care institutions and further increase the effectiveness of reforms in the healthcare system"