

THE PRIORITY DIRECTIONS OF INTEGRATION OF OBSTETRICAL AND GYNECOLOGICAL CARE TO THE FEMALE POPULATION OF UKRAINE AT THE PRIMARY LEVEL

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ABSTRACT

The aim: To determine the priority directions for the integration of obstetric and gynecological care for the female population of Ukraine to the primary level of its provision.

Materials and methods: Sociological, statistical and bibliosemantic methods were used in the research. The systematic approach was the methodological basis of the study. 79 health care providers, 127 family doctors, 92 doctors of obstetrics and gynecology, and 248 women of reproductive age were interviewed as experts using a special questionnaire.

Results: Some priority management and organizational measures that need to be carried out for the effective integration of obstetric and gynecological care to the female population of Ukraine at the primary level of its provision were identified in the research. They include, first of all, the training of family physicians and family nurses to provide medical services to the female population and the coordination of primary care and specialized obstetric and gynecological services.

Conclusions: The priority of application of management and organizational measures for the effective integration of obstetric and gynecological care to the female population of Ukraine to the primary level of its provision was determined by an expert way.

KEY WORDS: obstetric and gynecological care, primary level, integration, priorities, expert determination

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INTRODUCTION

A comprehensive reform of the health care system [1-3] with the priority development of primary health care on the basis of general medical practice-family medicine [4,5] and the introduction of a fundamentally new system of financing health care facilities for medical care services within the package of free state guarantees [6] is carrying out in Ukraine. At the legislative level, it is determined that the responsibilities of family doctors include the provision of comprehensive obstetric and gynecological care to women [7]. At the same time, in the publications of recent years, it has been established that the primary care unit in Ukraine is not sufficiently prepared to provide women with this type of medical care [8]. All above mentioned determined the relevance of this study.

THE AIM

To determine the priority directions for the integration of obstetric and gynecological care for the female population of Ukraine to the primary level of its provision.

MATERIALS AND METHODS

Sociological, statistical and bibliosemantic methods were used in the research. The systematic approach was the

methodological basis of the study. 79 health care providers, 127 family doctors, 92 obstetrician-gynecologists, and 248 women as providers and consumers of obstetric-gynecological medical services were interviewed as experts by a special questionnaire. The competence of medical workers was determined by their highest and first attestation categories.

The results obtained in the study were processed using generally accepted statistical methods.

The application of these methods in the study was reviewed and approved by the committee on ethics of state higher educational institution «Uzhhorod National University» (protocol No. 3 of December 11, 2020).

RESULTS

At the beginning of the study, the approaches of primary health care activities of the obstetric and gynecological services were determined by an expert way. The results of the expert way are presented in table 1.

The following positions received the highest assessment from the experts: the preventive examinations to detect visual forms of malignant neoplasms in the early stages of development (100.0 % of health care providers, family doctors, obstetricians-gynecologists assessed this form of activity, women – 96.4 %), the complex information

Table I. The forms of activity of primary health and gynecological services care for the provision of obstetric and gynecological services (results of an expert assessment)

The forms of activity and types of medical services	Health care providers		Family doctors		Doctors obstetricians-gynecologists		Women	
	abs.	%	abs.	%	abs.	%	abs.	%
The complex information and educational activity among the female population on disease prevention and preservation of the reproductive health	74	93.7	125	98.4	92	100.0	240	96.8
An informational and educational activity among adolescent girls on safe sexual behavior and preservation of reproductive health	75	94.9	120	94.5	87	94.6	227	91.5
Educational work among parents of adolescent girls and teachers, informing them about the features of educational work during the puberty period	72	91.1	112	88.2	83	90.2	201	81.0
The conducting preventive examinations to detect visual forms of malignant neoplasms in the early stages of development	79	100.0	127	100.0	92	100.0	239	96.4
Providing family planning counseling services	70	88.6	120	94.5	87	94.6	217	87.5
The management of pregnant women with the physiological course of gestation	72	91.1	117	92.1	82	89.1	192	77.4
Organization of the School for Responsible Parenting	74	93.7	112	88.2	82	89.1	187	75.4
Medical monitoring of women in the postpartum period	72	91.1	117	92.1	82	89.1	192	77.4
The diagnosis and medical care for women with the most common gynecological diseases	70	88.6	109	85.8	83	90.2	194	78.2
The provision of counseling services for the prevention of sexually transmitted infections, their syndrome diagnosis and treatment	63	79.7	105	82.7	74	80.4	171	68.9
Providing emergency medical care in obstetrics and gynecology problems to women	75	94.9	125	98.4	88	95.7	201	81.0
The referral, if necessary, of women to receive specialized medical care at the highest levels	79	100.0	127	100.0	92	100.0	248	100.0

and educational activity among the female population on disease prevention and preservation of the reproductive health (93.7 %, 98.4 %, 100.0 % and 96.8 %, respectively), an informational and educational activity among adolescent girls on safe sexual behavior and preservation of reproductive health (94.9 %, 94.5 %, 94.6 %, 91.5 %, respectively), providing emergency medical care in obstetrics and gynecology problems to women (94.9 %, 98.4 %, 95.7 % and 81.0 % respectively), referral, if necessary, of women to receive specialized medical care at the highest levels (supported by all experts). At the same time, the following positions of obstetric and gynecological care at the primary level received the lowest assessment of experts: the provision of counseling services for the prevention of sexually transmitted infections, their syndrome diagnosis and treatment (79.7 %, 82.7 %, 80.4 %, 68.9 %), diagnosis and medical care for women with the most common gynecological diseases (88.6 %, 85.8 %, 90.2 %, 78.2 %, respectively).

The level of support by women for certain obstetric-gynecological services at the primary level was assessed by us as the level of their primary attachment to receive these services from the family doctors. According to the expert

survey, the level of commitment of women to receive certain obstetric and gynecological medical services from family doctors is not high.

The next step of the study was an expert assessment of the priority of management measures to ensure the effective integration of obstetric and gynecological care at the primary level. We divided the necessary management measures that need to be taken for the effective integration of obstetric and gynecological care at the primary level according to the levels of their adoption: sectoral, regional, territorial and local. The results of the expert assessment are presented in table 2.

The following management decisions had the highest assessment of experts: to approve the local motivational mechanisms for family doctors and family nurses at the level of territorial communities (100.0 % of health care providers and family doctors assessed this form of activity, obstetricians-gynecologists – 89.1 %, women – 92.7 %), to approve the rational routes for women with obstetric and gynecological pathology at the level of administrative territories (100.0 %, 96.8 %, 92.4 %, 92.7 % respectively), to improve the table of equipment of family outpatient clinics in accordance with

Table II. The priority of management measures to ensure the effective integration of obstetric and gynecological care at the primary level (results of an expert assessment)

The forms of activity and types of medical services	Health care providers		Family doctors		Doctors obstetricians-gynecologists		Women	
	abs.	%	abs.	%	abs.	%	abs.	%
At the level of territorial communities - to approve complex plans for the integration of obstetrical and gynecological care at the primary level.	73	92.4	122	96.1	81	88.0	216	87.1
At the level of public health centers - to prepare and spread among family doctors the methodological materials for conducting comprehensive informational and educational activity.	78	98.7	127	100.0	90	97.8	245	98.8
At the level of the Ministry of Health Ukraine - to improve the table of equipment of family outpatient clinics in accordance with the medical services in obstetrical and gynecological care	78	98.7	125	98.4	91	98.9	241	97.2
At the level of territorial communities - to approve local motivational mechanisms for family doctors and family nurses.	79	100.0	127	100.0	82	89.1	230	92.7
At the level of the Ministry of Health Ukraine - to approve the division of responsibilities between family doctors and family nurses for the provision of medical care to women.	72	91.1	115	90.6	84	91.3	225	90.7
At the level of administrative territories - to approve the rational routes for women with obstetric and gynecological pathology.	79	100.0	123	96.8	85	92.4	230	92.7
At the level of primary health care centers to approve plans-schedules for theoretical and practical training of family doctors and family nurses to provide the certain obstetrical and gynecological services.	74	93.7	125	98.4	90	97.8	238	95.9
At the level of higher medical establishments - to develop the educational programs in the universities to train family doctors and family nurses to provide comprehensive obstetric and gynecological services.	74	93.7	125	98.4	87	94.6	238	95.9
At the level of administrative territories - to approve the mechanisms of interaction between family doctors and specialized obstetric and gynecological services.	72	91.1	117	92.1	84	91.3	230	92.7

the medical services of obstetrical and gynecological care at the level of the Ministry of Health Ukraine (98.7 %, 98.4 %, 98.9 %, 97.2 % respectively), to approve complex plans for the integration of obstetrical and gynecological care at the primary level at the level of territorial communities (92.4 %, 96.1 %, 88.0 %, 87.1 %, respectively).

The necessity to develop educational programs in the universities to teach family doctors and family nurses to provide comprehensive obstetric and gynecological services and the approval of plans-schedules for theoretical and practical training of family doctors and family nurses at the level of primary health care centers to provide the certain obstetrical and gynecological services received the high level of the assessment by the experts.

The experts determined the prioritization of organizational measures to ensure the effective integration of obstetric and gynecological care at the primary level. The

results of which are demonstrated in table 3. It was found that all experts supported.

The necessity to provide family doctors with the methodological and visual materials for carrying out informative and educational activity among the female population and almost all experts supported the necessity to train family doctors and family nurses to conduct preventive examinations of women.

The priority of organizational activities as a teaching of the family doctors and family nurses to diagnose pregnancy, management of pregnant women and women in the postpartum period (94.9 % of the health care providers assessed this form of activity, family doctors and obstetricians-gynecologists – 100.0 % each, women – 81.0 %), as well as a training of the family doctors and family nurses to provide emergency medical care in obstetrics and gynecology to women (96.2%, 98.4%, 100.0%, 89.9%, respectively)

Table III. The priority of organizational measures to ensure the effective integration of obstetric and gynecological care at the primary level (results of an expert assessment, %±m)

The forms of activity and types of medical services	Health care providers		Family doctors		Doctors obstetricians-gynecologists		Women	
	abs.	%	abs.	%	abs.	%	abs.	%
A providing of family doctors with the methodological and visual materials for conducting informational and educational activity among the female population.	79	100.0	127	100.0	92	100.0	248	100.0
A providing of family doctors with the methodological and visual materials for educational activity among adolescent girls and their parents and teachers.	72	91.1	127	100.0	87	94.6	217	87.5
To develop a website for each family doctor with a specialized informative section for women.	75	94.9	120	94.5	85	92.4	207	83.5
A providing of the family outpatient clinics with medical supplies necessary for the provision of obstetric and gynecological services.	72	91.1	122	96.1	84	91.3	241	97.2
A formation of women's commitment to receive medical care from family doctors.	73	92.4	115	90.6	83	90.2	209	84.3
A preparing of the family doctors and family nurses for preventive examinations of women	79	100.0	127	100.0	92	100.0	231	93.1
A preparing of the family physicians and family nurses to provide family planning counseling services.	74	93.7	120	94.5	83	90.2	217	87.5
A preparing of the family doctors and family nurses to diagnose pregnancy, management of pregnant women and women in the postpartum period.	75	94.9	127	100.0	92	100.0	201	81.0
A preparing of the family doctors and family nurses to provide medical care to women with the most common gynecological diseases.	71	89.9	117	92.1	87	94.6	206	83.1
A preparing of the family doctors and family nurses to provide services for women with sexually transmitted infections, their diagnosis and treatment.	65	82,2	113	88,9	74	88,4	192	77,4
A training of the family doctors and family nurses to provide emergency medical care in obstetrics and gynecology to women.	76	96,2	125	98,4	92	100,0	223	89,9
The introduction of the mechanisms of interaction between the family doctors and specialized obstetric and gynecological services, including rational routes for women in the cases of the necessity of specialized medical care	77	97,5	127	100,0	90	97,8	244	98,4

and the introduction of the mechanisms of interaction between the family doctors and specialized obstetric and gynecological services, including rational routes for women in the cases of the necessity of specialized medical care (97.5 %, 100.0 %, 97.8 %, 98.4 %, respectively) received a high level of support from experts.

DISCUSSION

It was determined in our research a sufficiently high level of the support by providers of medical services of the activities of primary health care for the provision of obstetric and gynecological services, which indicates their readiness

to integrate the provision of obstetric and gynecological services to the level of primary health care. Thus, the level of support for the provision of certain services by healthcare providers ranges from 79.7-100.0 %, by family doctors within 82.7 -100.0 %, by obstetricians-gynecologists – 80.4-100 %. The level of support by women, as recipients of medical services, of individual services is lower, between 75.4-100.0%, which indicates an insufficient level of women's readiness to receive obstetric and gynecological medical care in family doctors.

In order to ensure the effective integration of obstetrical and gynecological services for their provision by family doctors, the experts have supported at different levels of

ranges the management and organizational measures, which indicates their possible impact on the integration process. At the same time, it is important that all experts support the priority of theoretical and practical training of the family doctors and family nurses for the comprehensive provision of medical services in obstetrics and gynecology and mechanisms for professional interaction between family doctors and specialized obstetric and gynecological services, including the development of the rational routes for women who need specialized obstetrical and gynecological care.

CONCLUSIONS

It was determined by an expert way the priority of application of management and organizational measures, which must be provided at the all levels of government from the level of united communities to the Ministry of Health of Ukraine, for the effective integration of obstetric and gynecological care to the female population of Ukraine to the primary level of its provision. At the same time, it is ought to pay attention of health care providers to the necessity for the activity on the formation of women's commitment to receive obstetric and gynecological medical services from family doctors.

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The Authors declare no conflict of interest.

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