



Service to Mothers and Children in Primary Medical and Sanitary Care Institutions According to the Universal-Progressive Model

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ABSTRACT

Cost:

The need to modernize (modernize) the primary medical and sanitary care service and switch to a new model (pattern) of patronage service arose because the system of visiting the homes of pregnant and giving birth women and young children did not sufficiently meet the modern quality requirements.

The goal:

The main goal of the universal-progressive model is to protect and promote the health and well-being of children in connection with the well-being of parents and their relatives.

In the family environment - conducting interviews with pregnant and nursing women and children in their homes, early detection of risks and hazards affecting the child's health and organization of recommendations, education of mothers, pregnant women and children, development of their health and safety teaching nurses to make positive use of available opportunities in the family to create an environment.

Method:

The patronage nurse provides universal coverage by visiting all households where pregnant women and children live, evaluates social and household factors that threaten their health, development and safety, and in cooperation with a general practitioner (nurse, pediatrician, gynecologist) Plans measures to reduce these cases.

Results:

By successfully implementing the universal-progressive model of patronage services, positive results can be achieved on the part of the child, parents, family and society.

By children:

Improvements in neonatal outcomes (i.e. low birth weight, preterm birth, reduced births with congenital malformations), improved feeding, improved growth, reduced morbidity and mortality, immunization rates, cognitive and improved social development, reduced injuries, disabilities, and child abandonment, maltreatment, and violence.

By parents and family:

Improving care during pregnancy and preventing obstetric complications, increasing parents' skills and knowledge of infant feeding (breastfeeding and complementary feeding), improving rates of seeking medical care, and improving parental infectious increase their understanding of disease prevention and their practical knowledge of child development, safe home environment, improved support for families of children with special needs, parental stress levels, maternal depression and anxiety reduce

By the community:

Reduce health care costs, improve school readiness and achievement, improve developmental outcomes, reduce costs of immunization-managed diseases, reduce hospital costs, reduce parental leave and abuse reducing the necessary costs for child care, reducing costs related to the fight against crime and drug addiction, reducing the number of suicides.

Key findings:

The universal-progressive model is an effective technology with a high level of evidence proven in practice. Using this model will have a long-term impact on the health, development and well-being of people, families and the entire society. Investing in early childhood is a self-paying and economically profitable process.

This model does not provide quick results, it envisages deep changes in the relationship and communication of the patronage nurse with families, in the health system and between different organizations, based on the professional and personal growth of the nurse. But the expected results are long-term and sustainable, and will have a positive impact on the future of our children and will be left to future generations.

The implementation of the model should be consistent, step-by-step: including processes from an improved universal model to a consistent expansion of progressive services.

Keywords:

1. **PMASCI**- Primary medical and sanitary care institutions.
2. **Progressive (targeted) model** - covers those with high medical or psychosocial risk who need special needs with patronage monitoring.
3. **Cognitive** - (mental) development is the growth of the ability to acquire knowledge or more complex thinking.
4. **The universal-progressive (mixed) model** of patronage is a mixed model that includes "home visits", which combines the advantages of universal and targeted models, overcomes limitations and increases efficiency.
5. **Neonatal period** - the period from birth to 28 days.
6. **WHO** - World Health Organization.
7. **Universal (general) model** - it covers all children of early age, pregnant and giving birth women with patronage monitoring and makes necessary visits to them at certain ages and situations.

Providing services to mothers and children in primary health care institutions according to the universal-progressive model"

The main goal of the universal-progressive model is to protect and promote the health and well-being of children in connection with the well-being of parents and their relatives.

Patronage service means the organization and implementation of "home visits" to children of the first age, prenatal and postnatal women, conducted by patronage nurses. Meeting with the family in its environment gives the specialist important opportunities to understand the problems and make the right decision. z has advantages and disadvantages:

1. **Universal (general) model** - it covers all children of early age, pregnant and giving birth women with patronage monitoring and makes their necessary visits at certain ages and situations.
2. **Progressive (targeted) model** - covers those with high medical or psychosocial risk who need special needs with patronage monitoring.

3. The universal-progressive (mixed) model of patronage is a mixed model that includes "home visits", which combines the advantages of universal and targeted models, overcomes limitations and increases efficiency. According to the universal-progressive model, universal (general) services are provided for the whole family, and progressive (targeted) services are provided to some members of the family based on the assessment of risks and needs.

Expanded to families experiencing socio-economic difficulties, psycho-social stress situations and other inconveniences (difficulties in child feeding, development, providing a safe environment, etc.) Intensive care is provided for families with highly vulnerable children, and joint support from health, social and education services is needed to reduce risk. The scheme of the universal-progressive model of patronage service for children in primary health care facilities is presented in Appendix 1.

The basis for implementation

The application of the universal-progressive model to the patronage service has a three-step basis.

1. The importance of a safe, stimulating and emotionally warm environment for the development of the child's brain, the formation of early life experience, the negative impact of stress on the developing child's brain, and a number of other scientific discoveries show that the child from the womb to the age of 5 is vulnerable and indicates that there are windows of opportunity. Interventions aimed at eliminating weaknesses and developing strengths in early childhood lead to the highest achievement of the child throughout life.

2. During this period, the main mediator of the child's health and development are his parents and family members. Acquaintance with the child's family in his home allows to fully understand the problems of this family and to choose the right strategy for overcoming difficulties.

3. Especially pregnant and giving birth women, parents and children need patronage visits more. They are often exposed to the "weaknesses" of the health care, social protection (including child protection) and education systems. Important features of the new patronage service model:

- parents are the first educators of the child;
- in any family, there is hope for the future of their children, but there are differences in how families support their children to achieve this goal; the support of the child by the family has a greater influence on the results of his development than the socio-economic status of the family;
- all parents have enough opportunities to support their children's growth and success in life, but many of them need help to unlock these opportunities;
- in order to provide support, every family can give their child the best way in life, regardless of the difficult circumstances;
- it is right to treat parents as equal partners;
- patronage nurses assess the needs of the family and fully understand the situation, by supporting strong characteristics (proactive approach) of the family

increasing stability and improving the quality of life of children and families

can help. In this approach, the family changes from a "consumer" to an active agent turns;

- "Engaging and working with any parent can be difficult," but professionals are primarily responsible for building relationships with parents and families;

- a unique approach is taken to parents, it is not appropriate to generalize them and attach labels to them based on gender, nationality, marital status and education or material wealth. The difference between the new Patrona model and the traditional one is not in the number of patronage trips, but in the quality of its performance:

- From the principle of "problem identification and orientation" to the principle of "timely identification and elimination or significant reduction of the risk that causes the problem"; emphasis is placed on a set of activities aimed at strengthening physical and other health;
- attention is paid not only to the child's physical health, but also to the child's mental-emotional, social development, safety and well-being;

- the child's health is considered not in isolation from the family and the environment, but in the intervention of the family (for example, in the presence of mental depression, neglect or cruel treatment of the father or mother);

- establishing equal partner relationships with the child's parents and family members, not treating them as subordinates who are obliged to follow the instructions of patronage nurses unconditionally;

- patronage nurse does not work alone, she is a member of a team consisting of a doctor, head nurse, head of the institution, social worker, psychologist, pediatrician and other specialists. The product of this task force is developed through effective interactions with other departments and within the department;
- the patronage nurse becomes the primary confidant of the family, linking available services and the needs of the child. In the eyes of the family, the role of the "secondary person after the doctor" is put to an end.

Basic principles

The main goal of the universal-progressive model is to protect and develop the health and well-being of children in connection with the well-being of parents and their relatives. The patronage nurse must work with all levels of society, taking into account the influence of other conditions, and the child and his interests and rights are always the main focus. In order to successfully implement the new model of patronage, the following principles should be followed:

1. It is necessary to establish contact with the most needy and pay more attention to them. Usually, the most needy families are underserved by existing services.
2. From the mechanical model of "identification of problems and trends" to the model of "assessing risk factors and taking action before a problem occurs", i.e. to an approach focused on risk prevention. The patronage nurse assesses the child's basic needs.
3. Overcome the division of tasks between different departments, health, neighborhood, education and social welfare services, develop cooperative relations within networks and with other organizations.
4. Professional skills of patronage nurses are developed.
5. Appropriate management of patronage services is ensured.

Expected results

By successfully implementing the universal-progressive model of patronage services, positive results can be achieved on the part of the child, parents, family and society.

By children:

Improvements in neonatal outcomes (i.e. low birth weight, preterm birth, reduced births with congenital malformations), improved feeding, improved growth, reduced morbidity and mortality, immunization rates, cognitive and improved social development, reduced injuries, disabilities and child abandonment, maltreatment and violence.

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