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PREGNANCY – MISSED PREVENTION AND INTERVENTION OPPORTUNITIES IN COMMUNITY HEALTH NURSING

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Attachment is a term used to describe a deep and lasting emotional relationship with another individual. It primarily designates emotion between a mother and her baby, but it is also inherent to life-long human behavior. It is characterized by a tendency to seek and maintain closeness with caring people in stressful situations. The feeling of safety that is generated through the mother-child relationship is the foundation for basic trust or distrust in relationships, and also affects children's expectations concerning how the environment will respond to their needs. Development of attachment is to a large extent determined by the mother's responsiveness to the child's needs, compatibility of the mother and her child, the child's temperament, the mother's recollections of her childhood, and the supporting community. Good functioning of families is of great importance to all family members, especially pregnant women. The health care system supports pregnant women through the visiting nurse service that is in charge of preventive measures. Of all health professionals, the community health nurse is the only one who, visiting the home and family environment of a pregnant woman, has complete insight into the possible occurrence of risk factors for the development of maternal and child disorders. With this intervention, we can act preventively in order to preserve physical, mental and social well-being. The aim of this study was to determine discrepancy in the number of anticipated and performed preventive nursing visits to pregnant women in Croatia. The situation was analyzed at county (regional) and national level. The authors used the information on the health care of pregnant women, puerperal women and infants up to 12 months of age published in the Croatian Health Statistics Yearbooks and in reports on the natural change in the population by the Croatian Bureau of Statistics between 1995 and 2018. Study results showed the rate of nursing visits to pregnant women and to infants up to 12 months of age, as well as the difference in the number of nursing visits in the Republic of Croatia over a period of 23 years. During the observed period, there was a significant drop in the total number of childbirths, as well as in the number of nursing visits to pregnant women, and the trend has continued. During the observed period, a mean of 42.1% of women went through their pregnancy without a single nursing visit, which means that an opportunity to provide such a vulnerable group with an important segment of social and professional support was lost. The potential opened by drop in the number of pregnant women to increase the scope of nursing visits to at least once per pregnancy, after the 16th week of pregnancy, remained unused. The number of visits to newborns and women in the puerperal period was on the rise, while visits to infants were oscillating with a slight downward trend. In conclusion, the opportunity created by drop in the number of pregnancies was not utilized to improve the scope of community nurse visits to at least once in pregnancy after week 16. Community health nursing for pregnant women failed to reach the desired health care standard.

Key words: visiting nurse, pregnant women, health care organization, Croatia

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INTRODUCTION

Good functioning of families is of great importance to all family members, especially pregnant women. The health care system supports pregnant women through the visiting nurse service that is in charge of implementing preventive measures. Of all health professionals, the community health nurse is the only one who, visiting the home and family environment of a pregnant woman, has complete insight into the

possible occurrence of risk factors for development of maternal and child disorders. With this intervention, we can act preventively in order to preserve physical, mental and social well-being.

Immediately after giving birth, a sensitive phase for the mother, the newborn and the father begins; one that is going to have a major impact on the relationship that is later to be developed between the parents and their children. During the first few hours of life, the newborn is basically accepted and the mother-child bond is created. Uninterrupted contact with the parents, primarily between the mother and the child, immediately after birth, has positive impact on the psychological development of the child and his/her social behavior. Bonding designates strong emotional link that is developed between the mother and her baby at childbirth (1). Bonding is continuation of the connection that started developing during pregnancy. Physical and chemical changes that occurred in the pregnant woman's body reminded the mother-to-be of the presence of a new individual. Birth makes this connection stronger and 'real', while bonding enables channeling of love to the baby. From the moment they are born, children learn about the world around them by observing their parents. Parents are the child's most important teachers. The baby's first experiences in interaction with his/her parents leave an impact on his/her overall growth and development. The first senses that babies rely on are touch and smell, which is why skin-to-skin contact and breastfeeding are extremely important for both the baby and the mother. Improving initial contacts will improve communication, and thus humanization (2).

The need for attachment is a fundamental human need. When displaying attachment behavior, the child's main objective is to be near the person that makes him/her feel safe. Attachment development towards a mother or primary care giver is a process that starts shortly after birth and can be clearly identified in six- to eight-month-old infants (3). It is a universal pattern in human development, manifested differently among various cultures (4). Children use attached behavior to increase closeness to a potential caregiver and to encourage positive reactions, increasing the likelihood of getting help for a weak, dependent or threatened child. Such behavior serves as a guarantee that a 'safe base' will be found in the form of a reliable individual whose love and attention they can rely on, before going on to discover the wider environment. Attachment is crucial for the child's well-being and his/her future development (5).

There are four main functions to attachment, i.e. it provides a sense of safety and security, regulates affect and excitement, promotes emotional expression and communication, and serves as grounds for research. In the process, emotions act like signals. The presence of the mother is psychologically as important for the child as the mother's milk (6). During the first several weeks of life, the baby is learning about his/her mother's characteristics. Repetitive interactions help it recognize his/her mother by her face, smile, touch and voice. Attachment styles are to a significant degree determined by the quality of care given to the newborn. The mother's sensitivity to the child's needs, how quickly and adequately the baby's needs are met, pampering and encouragement, all of these provide emotional safety and stimulation, which are so important for normal development (7). In this manner, the mother's bonding with her newborn immediately after birth eventually leads to good attachment.

Emotional warmth is especially important for human development as emotions are the language of socialization. Development of attachment is to a large extent determined by the mother's responsiveness to the child's needs, the compatibility of the mother and her child, the child's temperament, the mother's recollections of her childhood, and the supporting community (2). Any one of the elements that have an impact on the early mother-child relationship can also be a disturbing factor and lead to development of an insecure (anxious) attachment style (2).

New mothers can be given informal support, wider social support, professional care, but also support provided by the family and the partner. Informational support refers to providing the new mother with advice and guidance. Instrumental support is any tangible form of assistance given to new mothers, such as material aid or assistance with tasks. Emotional support can be provided by expressions of care, empathy and esteem for new mothers (8).

Well-functioning families and well-developed family relationships are some of the most important components of social support, which can take the form of emotional or instrumental support. Being able to efficiently address cultural, ecologic, psychosocial and socio-economic stresses throughout the family's life cycle is what defines well-functioning families. It is characterized by the ability of the family system to satisfy the needs of its members throughout its developmental stages (Nursing Outcomes Classification, NOC) (9).

According to the current program of measures, the visiting nurse service in the Republic of Croatia should implement one community nurse visit *per* pregnancy, two visits to puerperal women and newborns, two visits to newborns, one to preschool children, and at least one visit to other children or the school (10,11). These

are the foreseen standards, but implementation usually comes short of the set standards, which means that the opportunity to implement preventive measures and contribute to the health of future generations is being missed (12-14).

METHODS

The number of nursing visits during pregnancy was analyzed as a possible indicator of successful interventions and compared with the total number of childbirths. The number of pregnant women who were not visited at least once by community nurses while pregnant was also calculated for each county (region) of the Republic of Croatia and for the whole country. Data published in the Croatian Health Statistics Yearbooks and in reports on the natural population change by the Croatian Bureau of Statistics between 1995 and 2018 were analyzed and are shown in tables and figures (15,16).

RESULTS

This study searched data on the medical intervention that has a great potential to influence nursing outcomes, but which has been unduly neglected in most local communities in the Republic of Croatia, i.e. community nurse visits to pregnant women after the 16th week of pregnancy. The authors compared the rate of nursing visits to pregnant women at county level and provide a view on the current trends at the national level during the period of observation.

Table 1.
Number of visits to pregnant women, childbirths and pregnant women who did not receive nursing visit in 2018, according to counties of the Republic of Croatia

County	Visits to pregnant women (1 *per* pregnancy)	Childbirths total	Pregnant women with no nursing visits during pregnancy	% of all pregnant women without a single nursing visit during pregnancy
City of Zagreb	2401	8269	5868	71.3
Zagreb County	836	2762	1926	69.9
Krapina-Zagorje	713	1116	403	36.1
Sisak-Moslavina	208	1229	1021	83.1
Karlovac	124	963	839	87.2
Varaždin	586	1441	855	59.3
Koprivnica-Križevci	361	1005	644	64.1
Bjelovar-Bilogora	787	994	207	20.8
Primorje-Gorski Kotar	2442	2137	0	0.0
Lika-Senj	202	367	165	45.0
Virovitica-Podravina	283	695	412	59.3
Požega-Slavonia	163	600	437	72.8
Brod-Posavina	577	1198	621	51.8
Zadar	113	1546	1433	92.7
Osijek-Baranja	1022	2353	1331	56.6
Šibenik-Knin	35	800	765	95.6
Vukovar-Srijem	944	1283	339	26.4
Split-Dalmatia	829	4287	3458	80.7
Istria	514	1676	1162	69.3
Dubrovnik-Neretva	450	1196	746	62.4
Međimurje	479	1192	713	59.8
Overall	14,070	37,109	23,345	61.2

Table 1 shows data on the number of nursing visits to pregnant women, total number of childbirths and number of pregnant women who did not receive nursing visit during pregnancy, for each county and overall for the Republic of Croatia. During 2018, a total of 37,109 babies were born in Croatia and there were 14,070 nursing visits to pregnant women. This implies that 23,345 (61.18%) women went through their pregnancy without a single nursing visit, which means that an opportunity to provide such a vulnerable group with an important segment of social and professional support was lost. The worst ranking, with more than 70% of pregnant women who did not receive nursing visit, was the Šibenik-Knin County (95.6%), followed by the Zadar (92.7), Split-Dalmatia (80.7%), Karlovac (87.2%), Sisak-Moslavina (83.1%), Požega-Slavonia (72.8%) counties and the City of Zagreb (71.3%) (Table 1). Compared with the total number of births, nursing visits were rather rare and there were many women who had not received a single visit of community nurses. Data shown here reflect the situation at the country level, while regional data are displayed in Table 1.

The numbers differ, indicating that the approach to this issue varies countrywide. The Primorje-Gorski Kotar County was leading in the number of nursing visits to pregnant women, while in the Zadar and Split-Dalmatia Counties and the City of Zagreb nursing visits were organized almost solely for high-risk pregnancies.

Table 2.
Nursing visits to pregnant women and babies and difference in the number of visits in the Republic of Croatia between 1995 and 2018

Year	Childbirths total	Nursing visits to pregnant women	Difference in childbirth total and nursing visits to pregnant women	Nursing visits to puerperal women	Nursing visits to newborns	Nursing visits to infants
1995	50430	21646	28784	90686	92714	92373
1996	54056	25267	28789	113036	117991	101421
1997	55754	27756	27998	127003	136024	112316
1998	47068	30098	16970	134228	147593	111605
1999.	45179	28584	16595	132925	145714	106893
2000	43746	32032	11714	136976	149664	109607
2001	41209	30602	10607	138723	149975	113096
2002	40283	33206	7077	128857	143768	100567
2003	39848	29086	10762	139808	167536	101323
2004	40486	28225	12621	134672	155787	94660
2005	42678	25237	17441	135265	155540	81838
2006	41628	24397	17231	131300	154206	77834
2007	42070	26076	15994	149349	172951	86370
2008	43929	24243	19686	148468	172629	80571
2009	44754	24132	20622	148658	174201	78728
2010	43546	24966	18395	153170	179627	83836
2011	41342	24588	16754	156211	186571	82844
2012	41901	25384	16517	175357	207468	86095
2013	40083	23340	16743	154093	177242	75876
2014	39716	21105	18611	161016	180632	74427
2015	37666	18779	18887	152696	179163	67323
2016	37706	16874	20832	156631	167134	68049
2017	36705	13344	23361	166522	170936	71199
2018	37109	14070	23039	185475	156737	66986
Overall	**1,029,067**	**593,037**	**436,030**	**3,317,770**	**3,841,803**	**2,125,837**

Table 2 shows the number of nursing visits to pregnant women and childbirth in total and difference in the number of visits over a period of 24 years. There was a significant drop in the number of births but also in the number of visits to pregnant women. While nursing visits to puerperal women and newborns was rising, nursing visits to infants showed oscillations with a falling tendency.

According to the current health care standard in Croatia, pregnant women require community nurse visits once in pregnancy (after week 16), twice while the babies are newborns (with a simultaneous visit to the puerperal woman), and twice during the baby infancy.

Figure 1 shows a slight drop in visits to pregnant women, but also a clear falling tendency in community nurse visits to children. Furthermore, there was significant decline in the number of childbirths. The difference in the number of visits to pregnant women and number of childbirths has remained almost the same in Croatia since 1995 to this day, which only means that the health service did not use the opportunity to increase the number of nursing visits to pregnant women, which opened due to the fall in the number of pregnancies.

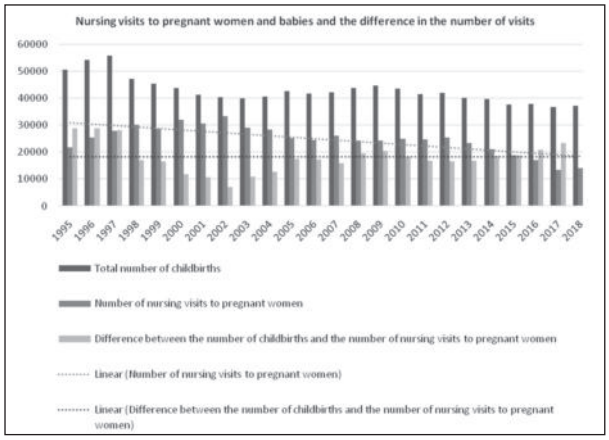

Figure 1. *Diagram illustrating the number of nursing visits to pregnant women and childbirth in total, difference between the two, and trend in the Republic of Croatia between 1995 and 2018.*

The community health (visiting nurse) service is provided by senior staff nurses specializing in community health care, at a standard of 5100 inhabitants *per* community nurse prescribed by the Ordinance on the standards and norms of healthcare rights pertaining to the basic health insurance plan (11). The number refers to the number of inhabitants covered by the competent outpatient clinic/organizational unit of the county outpatient clinic (11-13). In 2005, there were overall 871 community nurses and 4877 insurance beneficiaries *per* visiting nurse. In 2014, there were 897 community nurses (with secondary education and higher). According to data on health insurance beneficiaries, each nurse had on average 5063 beneficiaries in their care. In 2018, the situation deteriorated, so that there were 865 community nurses (secondary education and higher) but 5200 beneficiaries *per* nurse (15).

Looking at the number of visits to pregnant and puerperal women, it is quite clear that visits to puerperal women were on the rise, while visits to pregnant women were dropping (Figure 2).

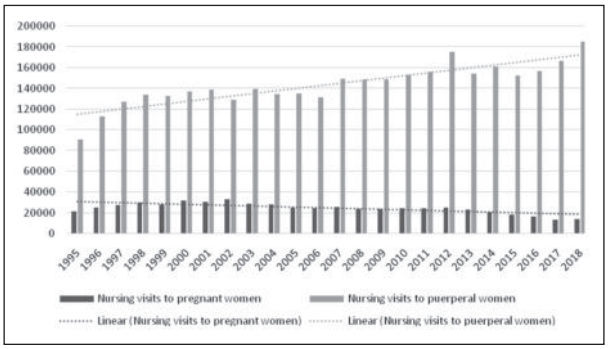

Figure 2. *Relationship between the number of nursing visits to pregnant and puerperal women and the observed trend, Republic of Croatia, 1995-2018.*

Judging by the data published, during the last observed year there were five nursing visits to puerperal women (5 visits; 185,475/37,109) while newborns (156,737/36,945) were visited somewhat less often (4.2 visits on average), which is twice the prescribed norm (10).

DISCUSSION

Securely attached children are adaptable, more independent, more respectful, more resilient to stress, and less impulsive. While growing up, they easily make friends and maintain friendships, develop social skills and achieve better academic success. As adults, they achieve closeness easily, form stable emotional relationships and establish better attachment with their children. Insecurely attached children are raised without a feeling of fundamental security and have extremely high stress hormone levels, which is a risk factor for healthy intellectual, emotional and social development. The consequences of neglecting emotional needs in children can lead to behavior disorders, depression, apathy, learning difficulties, and likelihood of developing chronic diseases. When compared with the securely attached, insecurely attached children are at a far greater risk of developing aggressive, destructive or asocial behavior. Disorders in attachment during the crucial first three years can lead to development of the 'non-empathetic personality disorder', where

the individual is incapable of entering into emotional relationships, is chronically angry or frustrated, has poor impulse control and an underdeveloped sense of morality and conscience (17).

A critical period for a family is the transition to parenting. The arrival of the first child brings about upsetting changes in the family development process (18). The changes that occur in parents' lives during the postpartum period are more negative than positive and equally disruptive for men as for women, and for their marriage (18). During the transition, three factors can impact parenting satisfaction, i.e. expectations before the baby is born, changes in communication, and pre-baby marital strain (18). With the birth of the baby, the center of family attention shifts (19). Optimal child development requires parental sensitivity and a harmonious atmosphere at home.

Mothers need social support, while fathers need understanding and support, and these needs remain largely unsatisfied. Mothers find the transition to parenting far more challenging, but traditionally receive far more support (20). Fathers' needs for support should not be neglected in order to ensure normal functioning, warmth and security within the family. By widening contacts to grandparents, the child sees a wider range of behaviors that can have an impact on his/her personality development (21). They can be sources of financial, instrumental and emotional support to the parents. The birth of a baby determines new intergenerational rules and relationships in the wider family. Relationships between parents and their primary families can change with the birth of a child, and vary from total dependence to independence (21,22). The past ten years have seen an increasing number of studies researching the links between wider family support through the affirmation of love and highlighting family relations through several generations. Multi-generational ties are becoming more important for well-being, as a form of support throughout a family life cycle (23).

Community health care is provided by senior staff nurses specializing in community care at a standard of 5100 inhabitants *per* visiting nurse, pursuant to the Ordinance on the standards and norms of healthcare rights pertaining to the basic health insurance plan (11). That number refers to the number of inhabitants covered by the competent outpatient clinic/organizational unit of the county outpatient clinic (11,13,14).

For pregnant women, the visit of a community nurse is important because of the early assessment of their health, and provision of support and information on all available health and social services related to improving their health, emotional and economic status (10,24).

Care for the mother and the child, including visits to gynecologists, starts when they leave the maternity ward. The first visit of the community nurse is thus the first visit to the newborn. In Croatia, when new mothers are discharged from the maternity ward, the usual procedure is for the hospital staff to inform the chief nurse of the competent outpatient clinic of the new mothers released the day before. The chief nurse then informs the community health nurse covering the place of residence of the new mother (12).

The legal and organizational framework of the health care system in the Republic of Croatia foresees community health service visits to pregnant women (10,11). The aim of such visits is to implement primary and secondary preventive measures by estimating medical, psychological, social and economic condition of pregnant women, their abilities to adopt new knowledge, skills, habits and attitudes concerning pregnancy and motherhood, and to detect vulnerability factors in a timely manner. Once pregnancy is determined, during the first gynecologic check up in pregnancy, the gynecologist's nurse informs the community health nurse of the new pregnant woman. The first visit takes place between the 4th and 5th month of pregnancy (10-12). This leaves ample room for interventions and preparation of mothers-to-be, their family and all those involved for the arrival of a new member of their community. Data on the Republic of Croatia and its counties show that there is major discrepancy in the number of reported nursing visits to pregnant women; more than half of all pregnancies end up without a single nursing visit. The data indicate that there are many unused opportunities and only few interventions in the families of pregnant women prior to the baby's birth, and that trend is visible throughout the observed period (12,13,15).

Care for the mother and the child starts with the visit of the community nurse to the pregnant woman and continues after birth with visits to puerperal women and newborns. Once the pregnant woman has visited her gynecologic clinic and they have determined her pregnancy, the gynecologic nurse informs the community health service of the new pregnant woman, providing basic data such as the pregnant woman's address and phone number so that the service can plan a visit. The first visit takes place between the 4th and 5th month of pregnancy. In Croatia, the usual procedure when the baby is born and the new mothers are discharged from the maternity ward is for the hospital staff to inform the chief nurse of the competent outpatient clinic of the mothers released the day before. The chief nurse then goes on to inform the visiting nurse in charge of the woman's place of residence that the new mother declared when registering at the hospital.

Pregnancy and the postpartum period are a good time to achieve a positive and permanent impact on the health and development of children. Intervention programs provide support and services that can fulfill the potentials of the community and meet the needs of the family. This is a unique opportunity to support children with the aim of fostering their potential for healthy development (25).

CONCLUSION

The results of this research indicate that there is an opportunity to intervene in the formation of the social dimensions of personalities in the earliest stages of life. The existing health care instruments, such as nursing visits to future mothers in their primary family setting, can be used to help the families adapt to the arrival of the new member and to encourage the fathers' and other family members' involvement to support the mother and her baby. The aim of such visits is to implement primary and secondary preventive measures by estimating medical, psychological, social and economic condition of pregnant women, their abilities to adopt new knowledge, skills, habits and attitudes concerning pregnancy and motherhood, and to detect vulnerability factors in a timely manner. This approach leaves ample room for interventions and for the preparation of future mothers, the family and all those involved, for the arrival of a new member of their community. Data indicate that the opportunities are being missed and that interventions in the family prior to the baby's birth are insufficient.

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SAŽETAK

TRUDNOĆA – NEISKORIŠTENE PRILIKE ZA PREVENCIJU I INTERVENCIJU U PATRONAŽNOJ SLUŽBI

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Privrženošću opisujemo duboku i trajnu emocionalnu vezu s drugom osobom. Privrženošću se primarno opisuje emocionalna veza između dojenčeta i majke, iako je privrženost svojstvena cjeloživotnom ljudskom ponašanju. Obilježava ju tendencija traženja i održavanja bliskosti privrženim ljudima za vrijeme stresnih situacija. Osjećaj sigurnosti nastao iz odnosa majke i djeteta stvara osnovno povjerenje ili nepovjerenje u odnosima te određuje vjerovanje djeteta o tome kako će okolina reagirati na njegove potrebe. U razvoju privrženosti važnu ulogu ima osjetljivost majke za potrebe djeteta, usklađenost majke i djeteta, temperament djeteta, majčina sjećanja iz njezina djetinjstva kao i podržavajuća okolina. Zdravo obiteljsko funkcioniranje vrlo je važno svim članovima obitelji, osobito trudnicama. Zdravstveni sustav trudnicama pruža potporu kroz sustav preventivnih posjeta patronažne službe. Od svih zdravstvenih djelatnika patronažna sestra je jedina koja ulaskom u dom i obiteljsku sredinu trudnice ima cjelokupan uvid u moguću pojavu rizičnih čimbenika za razvoj poremećaja povezanosti majke i djeteta. Ovom intervencijom možemo preventivno djelovati u cilju očuvanja fizičkog, psihičkog i socijalnog blagostanja. Cilj je bio utvrditi razlike u broju predviđenih i ostvarenih preventivnih posjeta patronažne sestre trudnicama u Hrvatskoj. Analiza je napravljena po županijama Republike Hrvatske i na razini cijele Hrvatske. Korišteni su podatci o zdravstvenoj zaštiti trudnica, babinjača i djece do godinu dana života objavljeni u hrvatskim zdravstveno-statističkim ljetopisima i izvješću o prirodnom kretanju stanovništva Državnog zavoda za statistiku u razdoblju od 1995. do 2018. godine. Prikazan je broj posjeta patronažne sestre trudnicama i djeci do godine dana života te razlika broja posjeta u Republici Hrvatskoj u razdoblju od 23 godine. Očevidan je značajan pad broja živorođenih, ali isto tako i pad broja posjeta trudnicama, a tendencija pada se nastavlja. U promatranom razdoblju prosječan broj trudnica (nakon 16. tjedna trudnoće) bez ijednog patronažnog posjeta je 42,5 %, a posljednjih godina taj postotak raste. Tako se propušta prilika da se toj osjetljivoj skupini pruži makar taj segment socijalne i stručne potpore i pomoći. Nije iskorišten prostor nastao smanjenjem broja trudnica za povećanje obuhvata posjetom patronažne sestre makar jednom u trudnoći. Broj posjeta babinjačama i novorođenčadi raste, dok broj posjeta trudnicama pada, pa je 2018. godine bez ijednog patronažnog posjeta bilo 62,1 % trudnica u Hrvatskoj. Zaključuje se kako nije iskorišten prostor nastao smanjenjem broja trudnica za povećanje obuhvata posjetom patronažne sestre makar jednom u trudnoći, a nakon 16. tjedna trudnoće. Patronažna zaštita trudnica nije dostigla predviđeni standard zdravstvene zaštite.

Ključne riječi: patronažna djelatnost, trudnice, organizacija zdravstvene zaštite, Hrvatska