NEED OF OBSTETRIC FAMILY CONSULTATION ACTIVITIES FOR PATIENTS FROM MARGINAL GROUPS

Teodora Evtimova

Department of Health Care, Shumen Affiliate, Medical University of Varna

ABSTRACT

The research on the problem concerning the health of women during pregnancy, childbirth and the postnatal period arose from the fact that the lack of involvement of a midwife in consultation activity leads to failure to satisfy the needs of promotive and preventive activities focused on the health and welfare of mothers and children. This problem has a pronounced medico-social aspect among marginalized groups of the society.

AIM: The aim of this paper is to analyze the needs of family consultation of obstetric patients from marginal groups.

MATERIALS AND METHODS:

We have used the following methods:

• Documentary method – an analysis of existing at the time legal and normative documents regulating the activities of the midwife.

• Sociological method – a survey through direct anonymous poll among 416 patients hospitalized at the Maternity Ward of the St. Anna University Hospital, SHOGAT – Varna, MHAT - Shumen, Sliven, and Rousse in the period May 2014 - April 2015.

• Statistical method - the analysis of the data from our own study used non-parametric analysis of the results with statistical package SPSS for Windows version 19.0.0.

RESULTS AND CONCLUSIONS: The expanding functions of the midwife focus on the deficits in healthcare, which are mainly in the volume and quality of obstetric care during pregnancy, childbirth and the postpartum period. The deficits in health care are associated with some of the characteristics of the respondents. Such dependence is established at an educational level. Women with higher and secondary education are more likely to visit regularly women's consultation centers (5-6 or more visits) when pregnant (75÷80%), while 28% to 37% of less educated patients (P<0.001) do this. The need for more information about pregnancy and childbirth increases with the increase in education level - in women with low education it is 48 to 57 percent, while those with higher education - 75%. The mother tongue can also be considered a factor playing a role in the increased medical and social risk. Half of the respondents (50%) speak a language other than Bulgarian. This is very likely to cause difficulties in understanding the recommendations given to them by the midwife.

The identification of such communities is relevant in public health in order to take appropriate steps leading to cover their health needs.

Keywords: *midwife, family consultation, patients*

Address for correspondence:
Teodora Evtimova
Shumen Affiliate
Medical University of Varna
63 Vasil Aprilov St
Shumen
e-mail: valitedi@abv.bg

INTRODUCTION

The research on the problem concerning the health of women during pregnancy, childbirth and the postnatal period arose from the fact that the lack of involvement of a midwife in consultation activity leads to failure to satisfy the needs of promotive and preventive activities focused on the health and welfare of mothers and children. This problem has a pronounced medico-social aspect among marginalized groups of the society.

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RESULTS AND DISCUSSION

The expanding functions of the midwife focus on the deficits in healthcare, which are mainly in the volume and quality of obstetric care during pregnancy, childbirth and the postpartum period. The age distribution of patients from 15 to 45, with the peak age range being 19÷23.

The ethnic group of patients was studied by analyzing the mother tongue. Approximately half of the respondents (49.04%) indicated that they spoke Bulgarian. In the regions of Shumen and Sliven significant part of the population was defined as a Turkish ethnic group. With a mother tongue other than Bulgarian were almost half of the respondents: Turkish - 28.85% and Roma - 20.67%. This calls into question the efficiency of verbal communication between healthcare providers and professionals, and patients The deficits in health care are associated with some of the characteristics of the respondents. Such dependence is established at an educational level.

The analysis of the level of education of the patients shows that one third of the respondents are with lower education (primary and elementary) - 27.64%. If to them are added the 14.18% of the surveyed who have not attended school, both would form a risk group based on the education criterion. The low level of literacy or absolute illiteracy lead to misunderstanding of the information and advice provided by health professionals and formed the trend of lower health culture in these groups The increase in illiteracy and school dropout has strong adverse effects on the future reproductive behavior of the population and its quality reproduction. The low educational status hampers the establishing of self-control and responsibility in reproductive behavior. Illiteracy in many cases is accompanied by social risks - unemployment, poverty, lack of or inadequate health care and education of children, and deviant behavior. The low educational level of the surveyed places them in a disadvantageous position in the labor market. A high proportion of patients (45.67%) said they were unemployed. Almost half of the respondents (41.59%) have permanent employment and a few are engaged in seasonal work or temporary and occasional activities (12.74%).

A relatively high percentage of respondents have a health insurance (79.57%) but a large enough part do not have one (20.43%). This is not only a negative social phenomenon. A particularly serious problem is the medical monitoring and counseling of pregnant women who are uninsured. They do not attend women's consultation, their pregnancy is not monitored and their meeting with the doctor and midwife is when they give birth. Based on Decree No. 26 from June 14, 2007, the Ministry of Health pays for a single check-up during pregnancy, which, however, is not enough for tracking even a normal pregnancy. Women's consultation is attended regularly by more than half of the respondents (57.93%) as most of them have begun visiting the doctor in the first trimester of the pregnancy. The pregnant women who irregularly attend antenatal consultation and whose first visit was in the later months of the pregnancy rep-

resented 41.35% of the respondents. This high rate is worrisome, because the visits are two or three and cannot ensure safe pregnancy.

There are also those who have never visited a specialist - 3 and the first examination of their pregnancy was performed upon admission to give birth (Figure 1).

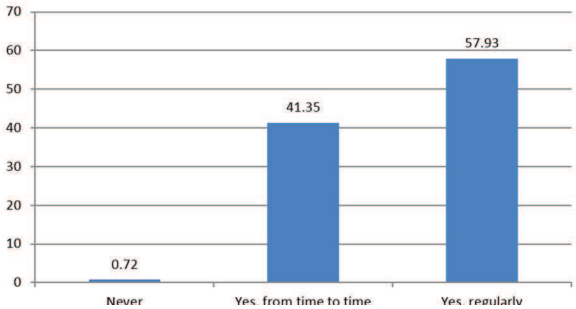

Fig. 1. Visits of women's consultation centers (WCC)

The educational level is directly proportional to the number of visits to women's consultation centers. The number of regular preventive increases with education. More educated patients show higher health literacy and behavior, which corresponds to regular visits to women's consultation during pregnancy - 5.6 times or more. They are more concerned about their health and more likely to bear live, full-term baby. Most of the patients with no or low level of education have visited women's consultation centers 2 to 4 times (38 ÷ 47%) (Figure 2).

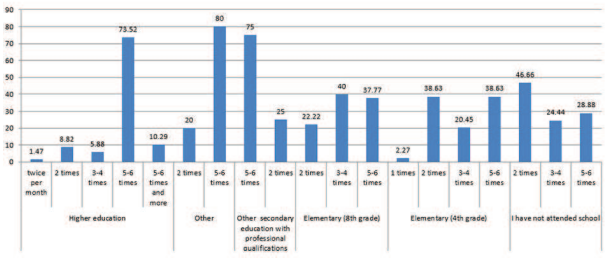

Fig. 2. Comparative analysis of the relation education / number of visits to WCC

The high percentage of surveyed patients who reported that they were consulted by a midwife during her pregnancy (80%; P<0.001) proves the leading role of the midwife in this period. In a substantial proportion of the cases the consultation work is carried out in women's consultation centers (60.10%). These patients are given basic obstetric care through the following activities: pelvimetry, auscultation of children's heart tones, measuring abdominal height of the uterus, measuring arterial blood pressure. Discussed were issues related to pregnancy, childbirth and the postnatal period. Despite numerous ways of obtaining information (books, internet, prenatal courses) associated with pregnancy, childbirth and the postnatal period, the respondents categorically stated (62.26%; P<0.001) the need for additional information, which they expect to receive from the midwife. It should be born in mind that the majority of our respondents rarely turn to written information because of their low education and/or illiteracy. For them the midwife remains the main source of information about the pregnancy, birth and care for the newborn. The midwife must fine-tune the volume and presentation of the information for it to be understood by the patients (Figure 3).

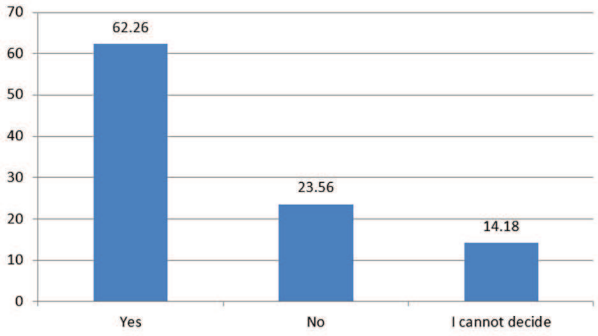

Fig. 3. The need for more information

The need for additional information is stated by all surveyed patients, regardless of their education. The analysis on the need of additional information based on the educational level shows an interesting pattern. With the increase of education the need for information on issues related to pregnancy and motherhood increases. In patients with higher education this percentage is 71% and for those with lower level of education it amounts to 48% (Figure 4).

A priori, the low educational level of the mother is regarded as a prerequisite for a lower amount of

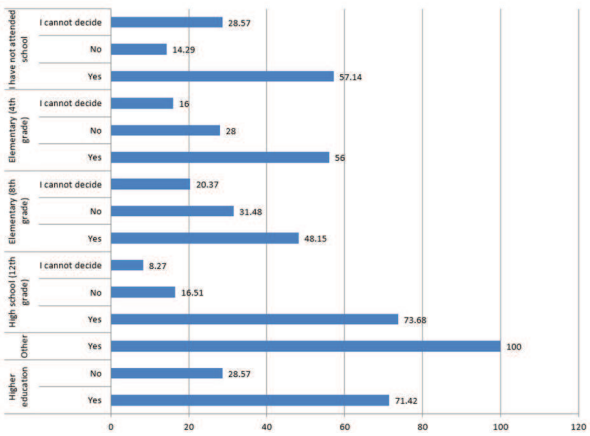

Fig. 4. Comparative analysis of the relation education / need for more information

information as it is thought that she lacks willingness to actively seek new information.

The most important sources of information about pregnancy, birth and child rearing in patients with lower education are non-medical sources - friends, relatives, mothers-in-law (83%). This result points to the importance of training people from the surrounding environment of the mother - the family.

The estimated share of respondents relying on Internet sources for knowledge is highest in mothers with higher education - 23.43%. In those with primary education the proportion is 12.5%. Among uneducated mothers no one is using Internet sources, which means that it will increase the importance of people as sources of information. Unsatisfactory is that health professionals are not among the preferred source of information. This may be due to the health professionals' lack of communication, due to lack of time, different routine in the performance of professional duty or unwillingness to communicate. Uneducated mothers receive less information from a midwife regarding pregnancy, birth and child rearing because they are the group of people without health insurance and do not attend women's consultation (Figure 5).

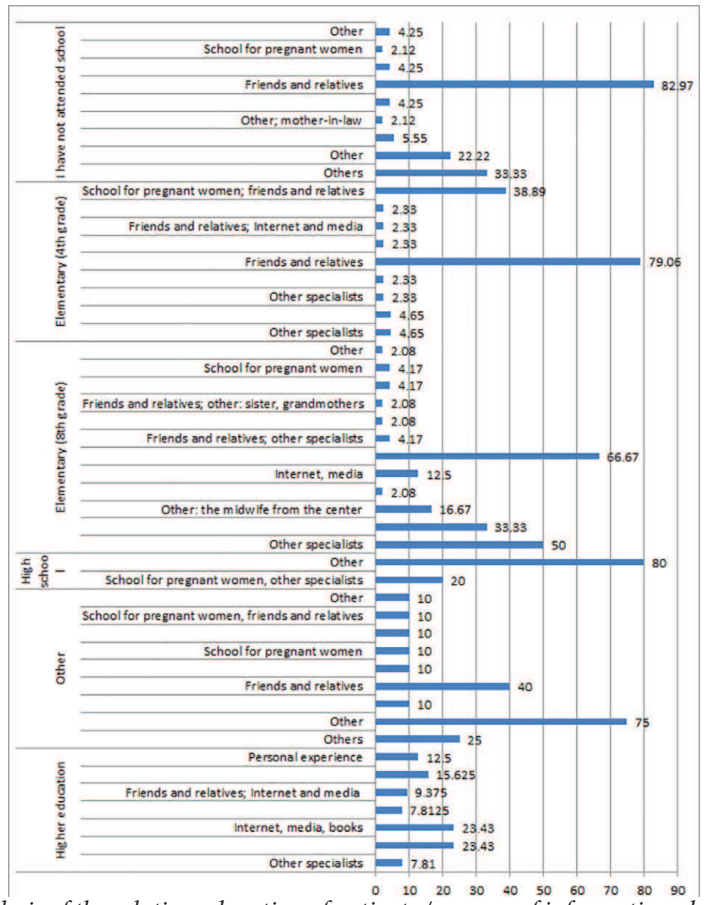

Fig. 5. Comparative analysis of the relation education of patients / sources of information about pregnancy, birth and child rearing

Home visits as a form of consultation work of the midwife in a family environment are preferred by all patients, regardless of their educational level (in patients with primary education - 84%, secondary education - 83%, followed by those who did not go to school - 72%).

Through home visits, patients can receive antenatal information on issues related to pregnancy, preparing the necessary equipment for raising an infant at home. This is the environment where they feel safe and supported, the family. This may increase the health awareness of the family and affect some prejudices and negative practices concerning child rearing (Figure 6).

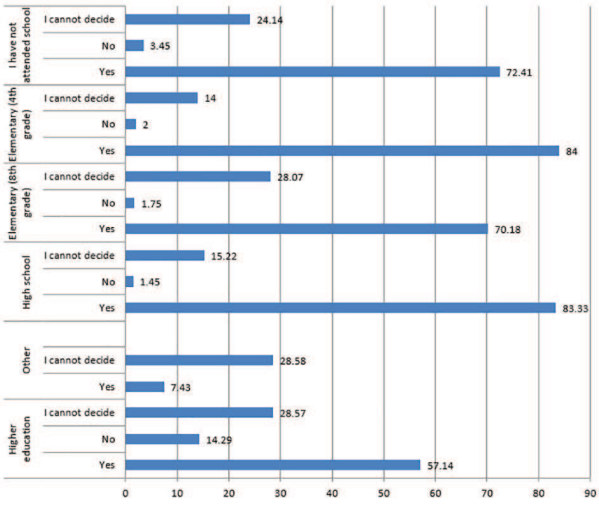

Fig. 6. Comparative analysis of the relation education of patients / home visits before birth

Similar is the analysis of the results of the need for visits by the midwife after the birth.

The need of these relates to matters of child rearing (bathing, taking care of the umbilical cord stump, breastfeeding, massaging the newborn) and the opinion of mothers on the midwife visits and their contribution to improving their knowledge and skills for the proper upbringing of children is presented. More frequent visits are requested by patients with secondary education (100%), followed by those with higher (86%) and primary education (84%) (Figure 7).

CONCLUSION

The significant vulnerability of marginal groups occurs due to: low education, poverty and mother tongue different from Bulgarian, which is a barrier in the communication with health professionals. The identification of deficits in the consultation work in relation to pregnancy, childbirth and the postnatal

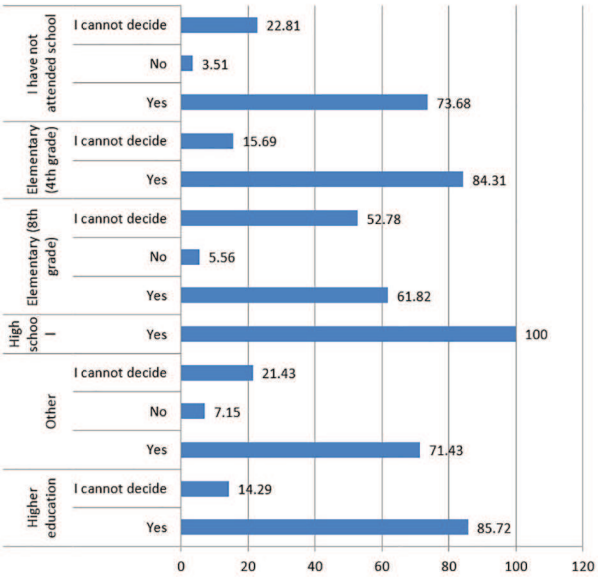

Fig. 7. Comparative analysis of the relation education of patients / home visits after birth

period in patients from marginal groups is relevant for the sphere of public health, which needs to take appropriate steps leading to covering their health needs, for which the midwife is competent enough.

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