Maternal and Child Health Trends in Georgia

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Summary

The protection of maternal and child health and clinical effectiveness of their medical services is largely dependent on pregnant women's antenatal and postnatal services and is one of the key priorities of the health care system in the country. Global health statistics in Georgia has been observed in maternal and infant mortality rates on a downward trend, but the situation is still important. In the 1990s while developing market economic, post-soviet country Georgia was one of the first which began reform in health care system. While this reform the maternal and child health care programs become priority. Antenatal surveillance service of pregnant women has been granted to beneficiaries since 1996. In recent years, financial services access to antenatal growth (Ministry of Labor, Health and Social Protection Ministry of mothers and children in the program, which funds antenatal care visit 4) timely referral of pregnant women has led to an increase in primary-care settings. Despite increasing of receiving antenatal treatment, pathological child delivery was also increased. If we compare the situation of maternal health for a better assessment of the National Center for Disease Control and Public Health, published by the statistical data (2000 -2014 years), in particular maternal and child health conditions of some of the figures: it can be said that the maternal and child health indicators are still not desired. The issue is very important, for the smallest nation in Georgia, where demography is acute.

Abbreviations: CDC-Centers for Disease Control and Prevention. WHO- World Health Organization. UNICEF- United Nations International Children's Emergency Fund. UNFPA - United Nations Fund for Population Activities. CIF-Curatio International Foundation. HIV- Human Immunodeficiency Virus.

Key words: Mother, child mortality, antenatal care, stillbirth, perinatal mortality rate, maternal mortality, deliveries.

One of the major priorities of the National Health Policy is maternal and child health care in various countries. It's a leading program for the World Health organization. Despite big effort, the result is not good enough. According to the Millennium Development Goals, this results were not fully accepted. From 1990 till now, maternal and child mortality has declined in many part of the world, but not as much as 2/3 as it was expected. Improvement maternal and child health is priority for the world. Popular organizations, CDC, WHO, UNICEF and UNFPA, published interesting statistic in 2015 year. According to this statistic: Child delivery accompanied by antenatal care and qualified medical personnel increased to 71% (in 1990 year it was 59%). Despite this progress there are many problems in this sphere, that's why 800 girl and woman die every year because of problems connected with pregnancy and child delivery. Globally, statistic of children death under 5 year age, was decreased from 12.7 million (1990) to 6.6 million (2013). Despite this, 17 000 children under 5-year age die because of reasons which may be avoided. According to researches 200 million child has no opportunity of developing and using their potential (1).

For more clarity it is enough to mention the plan that for 2030 year, third goal from 17 goals is reaching peoples health, welfare and healthy life for every person. while preventirebadi mortality reduction of 13 from the goal to the forefront of the maternal and child mortality, which is one indicator of antenatal Service indicator.

Global health statistics in Georgia has been observed in maternal and infant mortality rates on a downward trend, but the situation is still important. In the 1990s while developing market economic, post-soviet country Georgia was one of the first which began reform in health care system. While this reform the maternal and child health care programs become priority.

After Georgia's independence, many reforms have been implemented, which can be divided into four periods:

1989-1995 – period of inertion;
1995-2003 - First period of reforms
The second period of reforms in 2004-2012
From 2013 to the third period of reforms.
From 2013 - the third period of reforms.

The government of Georgia during 25 years of independence, carried out a number of reforms. There have been developed, many legislative and policy documents, ex. the Law on Health Care; Law on Patients' Rights The law on breastfeeding. Convention on the Rights of the Child, the Convention on discrimination against women in all forms of eradication and the Millennium declaration. The government of Georgia as a contracted party of millennium goals document and took the responsibility that in 2015-year mortality statistic of children under age 5, will be decreased fo 2/3, compearing with the statistic of 2000 and mortality of mother will be decreased to ¾. For this goals state program includes, free examination of pregnant, with voucher system, financing child delivery, additional financing pregnant under high risk and financing medical treatment of children under age of 3 (2).

Period of inertion includes 1989-1995. The healthcare sector in Georgia was in fact conditioned in 1992-1994, which was later reflected in 1-2 years of maternal and child health, in 1995 compared to 1990, maternal mortality was doubled from 20.5 to 51.1, and in 1997 the maternal mortality rate Reached 70.1. Infant mortality rate - 28.6. The Government of Georgia, with the support of the World Bank, began working on health care reforms in 1993-1994.

The first period of reforms began in 1995-2003, on December 23, 1994, the Head of State issued a resolution N400, where the concept of rehabilitation of health care system was announced; All aspects of the first phase of rehabilitation of health care system were presented as 11 points (beginning 1 January 1995). The share of health expenditures in the state budget increased: 4,4% in 1996, 6% in 2003, and the state share in health spending was 11,6% in 1996 and 18% in 2003. But less was the WHO recommendation the number (4).

At the first stage of health care reform, the needs of the population in health care and the possibilities of meeting these needs were identified in the agenda to determine the package of medical services that the population would provide to the population. The government has reviewed their possibilities and the Millennium Development Goals as a participant countries pledged to the 2015 Statistics of 2000 compared to children under five and infant mortality up to 2/3, while the rate of maternal mortality would be decreased with ¾. The government was trying to achieve these goals by using a series of state policies. Including primary health care system in the ambulatory level of maternal and child health by improving the delivery of essential services, in particular, the government has developed and launched a maternal and child health care programs, which included: antenatal care, antenatal visits and medical examinations, which conducting state funding. As well as financing women delivery childbirth by natural and caesarean way. Program also financed Pregnant women with higher risk in antenatal and postnatal period and children under the age of three.

Since 1996, the government began funding 4 antenatal visit in 1999, the National Health Policy has been developed as the main political document, which was presented to 10-year goals for improving the health of the population and plans for the identified priority areas, based on the causes of mortality and morbidity, coverage of population And economic efficiency. The Government of Georgia announced maternal and child health as a priority direction and aims to reduce maternal and child mortality by improving antenatal and perinatal care (6).

In 1995-2003 virtually chaos created a health system that was closely associated with the traditions of solidarity, equality, and universalism, although the wishes declared on the paper did not correspond to the economic reality. In 2002, the World Bank's assessment of Georgia's health care system revealed a high rate of maternal and child mortality as one of the major challenges (7).

In the second period of reforms in 2004-2012, a concept was developed, which meant replacing universal programs with targeted programs, ie "selectivity" and geographical and financial availability (2).

And in 2005 the state funded mainly antenatal care, childbirth and neonatal care, however, as the analysis showed, the service even within the framework of public health programs financed from the patients of paid services to nearly 75%. 2006 CIF held by the staff the perinatal care evaluation and research revealed that there was a low level of awareness among pregnant women in the first visit to the consultation in terms of appeal, depending on the needs and availability of laboratory studies. Almost 53% of the antenatal patients indicated that they paid for services that were subsidized by the state, while the number of visits to obstetricians-gynecologists was 3,8, instead of 4 visits (2).

Thus, antenatal service for the adoption of a financial and geographical barriers, as well as with regard to quality of infrastructure and equipment was problematic. With the current problems developed framework document of reproductive healthcare of Georgia. which was reflected in the reproductive health guidelines key principles and practical issues. Primary state health care program, which was the beneficiary of the whole population, the state would cover the following types: ante and post-natal care and family planning services (8).

The government in 2006 began to implement the reform, which was focused on the health and development of the family doctor, which included perinatal care reform as well as the most effective way to improve the outcome and broadening of state programs (8).

In 2006-2007 was identified the main directions of the health sector, which was aimed to improve the system and reach the recourses with wisely managing limited recourses. State offered people free medical service and it was determined by state program of healthcare, In particular State outpatient program, state program for children from 0 to 3 year, State Obstetrician program and referral program.

Antenatal surveillance in the "State Outpatient Program" implies the following: During the program four free antenatal visits were conducted during pregnancy. The first antenatal visit should be conducted during the 13 weeks of follow-up visits, 22, 30 and 36 weeks. Interventions included overall blood analysis, protein determination in the urine, syphilis test, blood group and Rh tests, Vaginal smear bacteriological research, HIV testing for the first prenatal visit and the ultrasonic examination on the second visit (added in January 2005). The pregnant woman had to pay in case additional intervention would have been necessary (2).

Later, maternal and child health programs have changed slightly, and the mortality rates of maternal and infant mortality have decreased. The protection of maternal and child health and clinical effectiveness of their medical services is largely dependent on pregnant women's antenatal and postnatal services and is one of the key priorities of the health care system in the country. The World Health Organization's recommended antenatal care visit 4 Full coverage of the last decade, a growing dynamic in 2009, the Women's consultation period up to 12 weeks of pregnancy only 53.3% were employed full consultation 4 on a visit to the 78.5% of respondents (9).

By 2011 this index was 81.6% (10), In 2009, child delivery by caesarean method has increased and was 28.7% from total amount ot child delivery. Amount of primary Caesarean section operation was, 67.9%, between them, 52% -was urgent, obstetrical forceps was used in 82% and vacuum extraction was used in 149 cases (9).

Since 2013 began the third period. In order to provide financial and geographical access to the healthcare services, the Government has implemented the Universal Health State Program (Government Resolution 36). This reform of healthcare, which was an attempt to universal health care.

From 2017, the state has chosen a selective approach as more rational and effective.

Maternal and Child Health, which is one of the most important indicators of the health of the population, provides a special place and is always the subject of state care. The main cause of women's mortality in reproductive age is the further complication of pregnancy and childbirth. According to WHO, in 2015, around 830 women in the world have died due to complications related to pregnancy and childbirth, and these cases are 19 times more frequent in developing countries than in developed countries. The majority of cases are preventable at risk in time of manifestation and appropriate intervention (11).

According to the WHO's International Statistical Classification (ICD-10), "Death of a mother means death, pregnancy or 42 days after the pregnancy cessation, regardless of the pregnancy, related or maternal or mental health, but not for accident or other reasons that are not associated with pregnancy" . ICD-10 explains the mother's late death as "the death of the mother for direct or indirect maternal cause from the abolition of pregnancy from 43 days to 365 days".

Maternal mortality preventable reduction and elimination among other activities, one of the necessary and the continuity of the pregnancy monitoring antenatal surveillance (12). Antenatal surveillance service of pregnant women has been granted to beneficiaries since 1996.

In recent years, financial services access to antenatal growth (Ministry of Labor, Health and Social Protection Ministry of mothers and children in the program, which funds antenatal care visit 4) timely referral of pregnant women has led to an increase in primary-care settings. If we compare the situation of maternal health for a better assessment of the National Center for Disease Control and Public Health, published by the statistical data (2000 -2014 years), in particular maternal and child health conditions of some of the figures: it can be said that the maternal and child health indicators are still not desired . Based on official statistics, the maternal mortality rate in Georgia decreased from 49.2 to 23.4 per 100,000 live births in 2000-2005, compared to 2000-2002 in 2003-2005, with a maternal mortality rate dropped from 51.5 to 40.3 per 100,000 live births.

Maternal mortality on every 100,000 live deleivered child increased from 14.3 to 31.5 according to 2008-2014 year statistic. From 2004-2008 years this statistic was decreased from 43.3 to 14.3 and in 2004-2014 years it was decreased rom 43.3 to 31.5 (5).

Child delivery by caesarean method in Georgia has also increased. From 2000 year it was increased with 4.3 and in 2015 year percentage of child delivery by caesarean method was 41.4%. Between disorders that precede or develop during pregnancy and complicating pregnancy, childbearing and aging, the greatest share is anemia (29%), Urinary - genital diseases (16%) and thyroid gland pathology (12%). During the reporting period due to the pathology of pregnancy were hospitalized between 3269 woman. While antenatal period statistic of delivering dead Childs is:

- 31% on the pregnancy of 22-27 weeks
- 27 % on the pregnancy of 28-33 weeks
- 13% on the pregnancy of 34-36 weeks

29% on the pregnancy of 37-41 weeks

The number of pregnancy and child beings delivery was decreased. Despite increasing of receiving antenatal treatment, pathological child delivery was also increased (5).

According to the 2016 year report of Ministry of Health, 24 pregnant woman died in 2015. 21 deaths (87.5%) were classified as maternal deaths related to complications of pregnancy, childbearing and 21 cases of maternal death, 19 cases were confirmed by early maternal deaths (mother's death at 0-42 days), and in 2 cases the mother's late Death (mother's death from 43- 365 days In a). Thus, according to national data, the maternal mortality rate in 2015 was 32 / 100,000 live (13).

According to the latest data, the Maternal and Child Health Sector in the Health Care System of Georgia is represented by 248 outpatient and polyclinic, 29 women consultation, 36 outpatients with 34 maternity houses (5).

Maternal and child health issues are actual, urgent and priority for state. It is also proved by 2014-2020 conception of health care promotion, in the sphere of maternal and child health. According to this conception maternal and child health care is in 10 priority issues of health care policy. (13).

In 2017, the World Health Organization has developed a recommendation for antenatal care renewal clinical recommendation 39 new recommendations aimed at maternal and child mortality reductions. Maternal mortality, considered as a priority in the development of the Millennium Development Goals, is a leading destination for sustainable development goals (14,15,16).

In 2017, Maternal and Child Health was once again recognized as a priority and with the technical support of the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF) under the guidance of the Ministry of Labor, Health and Social Affairs, a long-term strategy for the prevention of maternal and infant mortality and prevention of childbearing will be developed by 2017-2030 years A 3-year action plan (2017-2019). The governmental sector is considering improving the health of maternal and newborns and developing innovative policies to reduce the maternal and infant mortality, despite the decline in maternal deaths over the last decade, Georgia is far behind the same indicator of European countries.

Therefore, the issue is very important, for the smallest nation in Georgia, where demography is acute. The need to conduct a scientific study in order to establish the reasons for the improvement of maternal and child health indicators based on reliable evidence; It is need to conduct a scientific study in order to improvement of mother and child health indicators and for established a Relevant recommendations. Our vision of the problem is consistent with the strategy set by the government, and the challenges in the world and the goals of sustainable development and this is great benefit for the Georgian population.

Conclusions:

1. Maternal preventable mortality reduction and elimination among other activities, one of the necessary and the continuity of the pregnancy monitoring antenatal surveillance.
2. Despite the decline in maternal deaths over the last decade, Georgia is far behind the same indicator of European countries.
3. In order to improving the health of maternal and newborns and to reduce mortality of maternal and infant, it is necessary to developing innovative policies.

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