ANALYSIS OF MOTHER AND CHILD HEALTHCARE IN BULGARIA

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Abstract

Maternal and Child Health in Bulgaria is governed by regulations of the Minister of Health under Art. 45 of the Health Insurance Act - Regulation for prophylactic examinations and dispensary and Ordinance for the basic package of health services, which NHIF reimburses. These regulations comply with all modern achievements of medical science, as periodically updated. Subsequently, NHIF pays to contractors - GPs, specialists in pediatrics, gynecologists that are carrying out the direct business through the "Maternal health" and "Child Health" Programs. Regardless of the established organization for healthcare to children and pregnant women, the most important indicators of the country in recent years - prenatal infant mortality, births, post neonatal infant mortality and coverage of pregnant women with supervision until the 3rd lunar month - reveal that there are problems that have a serious impact on the health of those contingents. The article provides an analysis of existing problems and proposes an integrated medical and social approach to overcome them.

Keywords: *maternal health, child health problems, medical and social approach*

Health care for pregnant women, mothers up to the 45th day after birth and children up to '18 are governed by regulations of the Minister of Health under Art. 45 of the Health Insurance Act - Regulation for prophylactic examinations and dispensary and Ordinance for the basic package of health services, which NHIF reimburses. These regulations comply with all modern achievements of medical science, as periodically updated. Subsequently, NHIF pays to contractors - GPs, specialists in pediatrics, gynecologists, which are carrying out direct business through the "Maternal health" and "Child Health" programs. It includes examinations and tests to monitor the pregnancy to postpartum home visits for preventive examinations and dispensary of healthy children and children with chronic diseases. The aim of the programs is to provide a normal pregnancy and outcome for the mother and fetus, as well as monitoring and care for the development of healthy children and disease prevention in children.

GPs and specialists in outpatient care have been imposed obligations to perform prophylactic activities before pregnancy, preconception consultation covering total prophylactic examination of those wishing to enter into marriage health insured persons and preparing the necessary documentation, information of both partners of certain diseases and genetic predisposition, explaining methods of family planning, detection and support for the timely removal of risk factors, bad habits and addictions (smoking, alcoholism, etc.), monthly surveys and the necessary research, guidelines for motor and food regime of pregnant and preparing for the birth process and many such functions in relation to child - feeding, immunizations, conducting consultations on the follow-up treatment, care for children with disabilities and children who have signs of violence and making contact with other institutions relevant to the problem.

Regardless of the established organization for healthcare to children, pregnant women and mothers - the most important indicators of the country in recent years - prenatal infant mortality, births, post neonatal infant mortality and coverage of pregnant women with supervision until the 3rd lunar month - reveal that there are problems that have a serious impact on the health of those contingents. The main ones are:

• Irregular territorial location of GP practices.

There is an uneven distribution of medical practices with the presence of unfilled medical practices in small and remote settlements and neighborhoods with minority populations in many areas.

Availability of unfilled medical practices in these areas, despite the extra pay for work in adverse conditions is due to the lack of interest of the GPs to borrow practices. This forces people to seek medical care in the nearby settlements, which is associated with additional financial costs for transportation and payment services.

According to the Ministry of Health /from January 2011/, 582 809 Bulgarian citizens live in places where no GPs. This is the population of towns and villages, to which there is not enough interest from GPs. In fact, these patients are not left without a GP, they are usually chosen doctors from other practices, but actually deprived of quick access to medical services because the doctor visited the village on certain days or the patients have to travel long to reach the doctor office. This situation raises the question of equality of patients - one of the great values of the European Union, which our health is worth to respecting.

Total vacant medical practices here are 424, but the number of populated areas without doctor is larger, as some of the practices cover several villages. These are so called. "Unattractive areas" - /sparsely populated, mountainous or isolated places/. The most unoccupied practices 51 are in district Kardzhali. Serious lack of doctors has in regions of Targovishte and Silistra - 27 unoccupied practices, Varna, Lovech and Plovdiv have 26, Razgrad and Ruse have 25. It is noteworthy that parts of them are in smaller towns, not only in the villages. Without lack of GPs are only Sofia-city, Gabrovo and Vratsa.

For decades, many small urban areas are without doctors, and the trend is GP in areas unattractive to decrease more and more. In Lovech 3 years ago the vacant practices were 24 and they are 26. In Smolyan, they surprisingly have reduces - from 22 for 2009 now they are only 14. In Dobrich they remain almost same 5, in Sliven 5 vacant practices decreased to 1, but in Tarnovo from 11 they are already 19.

The adequate assessment of unattractive places is required, elimination of administrative restrictions to stimulate doctors who serve there and involving the municipal authorities through adequate incentives (eg. lower rents of the premises). To receive the amounts for servicing unfavorable location, it must be registered as a center of practice. The lack of such registration in the huge part of small towns and villages is reason why they remain without serving GP.

Texts determining the organizational access to medical care in Bulgaria, including and GPs are in:

- **Health Insurance Act, Art. 4.**, where "Compulsory health insurance guarantees free access of insured persons to medical care by a certain by type, scope and amount health services and free choice of contractor, concluded a contract with a Regional Health Insurance Fund."
- **Medical-Treatment Facilities Act, Art.29**., "The doctors needed for outpatient healthcare in the Republic of Bulgaria shall be planned and distributed by territorial principle based on the population needs of accessible and timely medical assistance. The planning and distribution of medical institutions are performed by the National Health Card and district health cards, which implements the national health policy. "
- **Regulating Activities Act 2012** for medical activities in art. 125, p.9. - GPs provide access to medical care outside working schedule under **Regulation № 40 of 2004**, which ensures a permanent access of population to the doctor by one of the ways, presented in more detail in the section of continuity of service.

Table 1 shows the dynamics and the number of GPs for the period 2009 - 2013. The data shows that in all areas there is unfavorable claim to reduce the number of GPs, thereby hindering access of populations to primary health care. Comparing the number of GPs over the period 2009-2013 with a minimum number of doctors in general medicine according to the National Health Map of the Bulgaria is established that in all areas the number of GPs have less than the required minimum. In Kardzhali region for example from 123 medical practices in National Health Map half were unoccupied.

Table 1. GP's **number** by provinces for 2009-2013 year.

№	Province	number GPs 2009	number GPs 2010	number GPs 2011	number GPs 2012	number GPs 2013	The min number GPs by the National Health Map of Bulgaria
01	Blagoevgrad	203	198	198	194	193	244
02	Burgas	241	233	229	225	218	240
03	Varna	324	315	316	310	306	315
04	Veliko Tarnovo	157	157	152	149	146	183
05	Vidin	73	72	71	71	72	81
06	Vratsa	117	117	118	115	114	129
07	Gabrovo	81	80	80	78	77	89
08	Dobrich	143	141	140	138	137	133
09	Kardzhali	69	70	67	63	63	123
10	Kyustendil	98	94	93	93	91	91
11	Lovech	99	97	96	93	93	123
12	Montana	102	103	100	99	100	117
13	Pazardzhik	177	175	174	172	171	227
14	Pernik	88	87	86	84	83	108
15	Pleven	218	218	218	213	211	221
16	Plovdiv	484	474	472	461	453	485
17	Razgrad	60	59	56	55	50	81
18	Ruse	117	117	119	116	115	156
19	Silistra	65	66	65	61	60	93
20	Sliven	116	114	113	111	110	140
21	Smolyan	78	79	76	75	73	98
22	Sofia City	882	873	874	869	859	1040
23	Sofia Province	150	149	148	147	141	178
24	Stara Zagora	245	237	235	236	235	204
25	Targovishte	59	59	60	59	55	82
26	Haskovo	155	155	152	150	149	179
27	Shumen	106	125	117	101	101	118
28	Yambol	82	82	81	79	78	96
	Total	4789	4746	4706	4617	4554	5374

• Existence of regulatory standards and incompleteness in carrying packages prophylactic examinations and dispensary in pregnant women and children.

There is lack of information for pregnant women and children covered with preventive examinations and the volume in which they are made. There is also lack of capacity to monitor the pregnancy pathology of the fetus and the mother.

The existence of regulatory standards in primary health care (limited number of medical referrals to an appropriate specialist for the month by gynecologists) restricts the free access of pregnant women and mothers to specialized health care.

The limited number of referrals limited in the first half of the month forces patients in need of referral to appropriate specialist for examination/consultation/tests must either pay this service or wait for a referral at the beginning of the next month. This leads to additional cost, delay of appropriate examinations and consultations and then to the deprivation of health.

The same situation concerns and the limited number of referrals of specialists from outpatient care - gynecologists and pediatricians. Although there is no limit on the pediatricians' referrals, there is a limited number of referrals for examinations.

Due to these regulatory standards in outpatient gynecologic area considerable part of the examinations and tests must be paid by pregnant women. In this regard, there is a particularly severe problem among the Roma minority group. On one hand, many Roma women are not health insured, on the other hand – they are experiencing the highest birth rate, especially in the age under 19 years, and from a third point of view - the highest incidence of congenital malformations due to close kinship connections is being observed.

The majority of pregnant Roma women do not attend the first examination and their first consultation during the pregnancy is carried out on the entry into birth.

Birth and stay in the hospital during labor is not paid by women[1]. This health service is guaranteed by the state, regardless whether the pregnant woman giving birth is insured or not. An year ago the Ministry of Health started providing a prophylactic screening during pregnancy, which is extremely insufficient.

There is another major problem for children contingents in the small and remote settlements and neighborhoods with minority populations. Access to GP / pediatrician is limited due to the lack of such.

Existing legislation does not encourage outpatient care gynecology doctors' activity in coverage, monitoring and testing of pregnant women. Low remuneration of obstetrician gynecologists for dispensary observation and consultation of pregnant women reduces their motivation. Therefore, in relation to fulfilling their role of passive expectation pregnant women to actively seek them, this situation leads to deterioration of outpatient gynecology care. Particularly serious problem is the medical surveillance and consulting of pregnant women from the Roma ethnic group. Because about 60% of them are not health insured, their pregnancy is not observed and they do not receive any antenatal consultations.

Children have the right to choose a doctor (GP or pediatrician) to monitor them. Nevertheless, in many cases, this choice cannot be done and a pediatrician cannot be selected because pediatricians are mostly located in large cities. Moreover, there are cases GP recommends a certain pediatrician if more than one pediatrician is needed.

Access to GPs / pediatricians is limited due to the absence of such and a choice of a pediatrician from another location is associated with additional financial costs for travelling, and sometimes it is impossible due to the lack of means of transportation.

[1]Ordinance № 26 of 14.06.2007 to provide obstetric care to uninsured women and to carry out research outside the scope of mandatory health insurance for children and pregnant women

Practically, there is failure of screening programs and dispensary for pregnant women and children, both in terms of patronage activity, especially in the first days of discharge from the maternity wards.

All these issues, however, cannot be supported by data for each individual case, since there is no repository of information on the monitoring of pregnant women and the number of examinations carried out during pregnancy and the subsequent means for a woman to receive adequate medical care.

• Lack of organised ultrasound screening of pregnant women. Insufficient capacity of the system to diagnose pathological ongoing pregnancies. Lack of algorithm and structures responsible for "directing, performing and reporting" of biochemical screening in pregnant women.

Despite timelines pointed in Ordinance №39, in which ultrasound examinations with different competence, biochemical screening and follow-up screening should be performed, there is no real operating algorithm to guide patients to specialized care and specialists trained for more complex ultrasound of the fetus / suspected abnormalities and pathological pregnancy when such occurs, as well as – to centers equipped with devices for higher diagnostic purposes. Literature data indicates that 2-3% of significant anomalies of newborns can be diagnosed through so called "passive screening". The pathology of pregnancy is 15%. It also requires specialized ultrasound diagnostics, which was not guaranteed in the primary health care system, and insufficiency in the system of hospital care. For pregnant with pathology -Pregnancy and diabetes, pregnancy and preeclampsia, pregnancy and cardiovascular disease, it's necessary medical monitoring and referring to better diagnostics, equipment and specialized care be taken.

• Lack of integrated medico-social approach in service of children with chronic illnesses / disabilities

According to the current regulation / Ordinance № 39 for prophylactic examinations and dispensary and Ordinance № 40 for determining the basic package of health services guaranteed by the NHIF budget /, children with chronic diseases are subject to outpatient observation, which includes tests in a certain scope and frequency.

A significant problem for children with disabilities is the lack of opportunities for planning early intervention and subsequent integrated medical-social approach and services, and rehabilitation as well.

A disturbing tendency is the large number of children under the age of 16, diagnosed and recognized by primary disability in Bulgaria. In 2010 they are 3833 or 3.5 / 1000. The most significant proportion is that of children with disabilities - 50-90 % - with permanently reduced capacity for social adaptation - 72.9%. The most common causes of disability in children are respiratory diseases, congenital abnormalities, diseases of the nervous system, mental and behavioral disorders, diseases of the endocrine system and metabolism.

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