

The value of the universal progressive model in working with mothers and children in the primary care system

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Relevance. (PHC) institutions play an important role in child health and infant care. It is here that the population receives basic health services such as vaccinations, prenatal services, prevention and treatment of diseases.

Key words: Health care, Primary health care

Target. The main goal of the universally progressive model is to protect and promote the health and well-being of children at an early age in close connection with the well-being of parents and the immediate environment. Realizing that the child is influenced by the situation in the family, which in turn is influenced by the situation in the place of residence and in the wider environment, the patronage service, in accordance with environmental principles, works with all layers. At the same time, the focus of attention is always the child, his interests and rights.

Introduction. The new patronage model will help improve health services for mothers and children. To improve the quality and scale of care for pregnant women and children under 5 years of age, the Ministry of Health and UNICEF have jointly developed a universal progressive home visiting model.

To improve the quality and scale of care for pregnant women and children under 5 years of age, the Ministry of Health and UNICEF have jointly developed a universal progressive home visiting model. This new approach is aimed at optimizing the growth and development of children, as well as improving the care of women during pregnancy and the postpartum period.

Patronage service - a system of conducting "home visits" of a patronage nurse to young children, including the prenatal period. Meeting with the family in their own environment gives the specialist a unique opportunity to understand the problems and make the right decision.

There are 3 main models of patronage services for children, each of which has its own advantages and disadvantages:

The universal model is the coverage of patronage supervision of all children of early age, with the obligatory visit of each child at certain age periods.

The target model is that only high-risk groups with special needs due to medical or psychosocial risks are covered by home visits.

The Universal Progressive Home Visiting Model is a blended model that combines the benefits of the Universal and Target Models, overcoming their limitations and maximizing effectiveness.

Methods. The difference between the new patronage model and the traditional one:

- Emphasis on the quality of patronage visits rather than their quantity;
- Transition from the principle of "identify the problem and redirect" to the principle of "identify in time and eliminate or significantly reduce the risk that could lead to a problem";
- Emphasis on a complex of medical, social, educational and other measures to create health, and not only on the detection of diseases and purely medical problems;
- Emphasis on the physical, psycho-emotional, social development, safety and well-being of the child, and not only on his physical health;
- The child's health is seen in the context of the family (for example, depression in the mother or father, neglect or abuse) and the community, rather than in isolation from the family and community;
- Equal partnerships are built with the child's parents and family members, they are not treated as subordinates who are obliged to blindly follow the health worker's advice;

- The patronage worker does not work in isolation, he is a member of the team around the child, along with a doctor, social worker, psychologist, and other specialists. Teamwork within the department and mechanisms for effective interaction with other departments are being developed;
- The patronage nurse becomes the family's main confidant, the link between existing services and the child's needs. In the eyes of the family, the patronage family ceases to play a secondary role after the doctor; The professional goal of the patronage nurse is the well-being of the child, protection of his interests and the right to realize his potential. During home visits of pregnant women and families with children from birth to 5 years old, the patronage nurse assesses how the basic needs of the child are satisfied, what kind and level of support the family needs in order to ensure the child's healthy harmonious development and safety.

Expected results. With the successful implementation of the universally progressive patronage model, positive results can be expected from children, families, parents and society in the short and long term.

On the part of children: Improvement in neonatal outcomes such as low birth weight, preterm birth, congenital malformations, improved nutrition and growth, reduced morbidity and mortality, improved immunization rates, improved cognitive and social development, reduced injury rates, reduced burden of disability, and reduced cases abandonment of children, reduction of abuse and violence against children.

From the side of family and parents: Improved prenatal care and prevention of obstetric complications, improved parental knowledge and skills in infant nutrition (breastfeeding and complementary foods), improved health care seeking rates, improved parental awareness of infectious disease prevention, improved attachment and parental knowledge about child development practices, a safer home environment, improved support for families with children with disabilities, reduced parental stress, maternal depression and anxiety.

From the side of society: Reduced health care costs, improved school readiness, academic achievement and developmental outcomes, reduced costs of treatment for vaccine-preventable diseases, reduced health care costs associated with hospitalization, reduced costs of caring for children without parental care for children victims of abuse, the costs associated with fighting crime and drug addiction, reducing the incidence of suicide.

Conclusions. The universal progressive model is an effective technology with a high level of evidence, proven in practice. The use of this model has a long-term impact on the health, development and well-being of individuals, families and society as a whole. Investments at an early age are highly profitable and cost-effective.

The model does not give instant and quick results, as it involves profound changes in the relationship between the family and the patronage worker, within the health care system and between different departments, and is based on the professional and personal growth of patronage workers. But the results obtained are sustainable and long-term, positively influencing the future of children and being passed on to the next generations.

The new model of patronage service is focused not only on the detection of diseases and medical problems, but also on the qualitative implementation of a complex of medical, social, educational and other activities.

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