

Importance Of Preventive Pediatrics

Ismoilov I.I.

Docent of the department of propaedeutics of internal medicine

Tashmatova G.A.

Facultiy of Pediatrics, Assistant of the
department of propaedeutics of internal medicine

Abstract. The article highlights the priority areas of preventive pediatrics related to the formation of the health of the younger generation, the organization of medical care for children, and the reduction of morbidity, disability and mortality. The importance of vaccination in the control of the most widespread infections was noted, and the need to create a system for providing comprehensive rehabilitation care to disabled children was substantiated.

Keywords: prevention, morbidity, mortality, disability, orphan diseases, vaccination, rehabilitation, health care for children and adolescents.

Introduction

Prevention has always been a priority in domestic medicine. The words of the scientist and surgeon N. I. Pirogov, "the future belongs to preventive medicine", perhaps, like in no other section of clinical medicine, have received a real embodiment in pediatrics, in the system of protecting the health of mother and child.

Materials And Methods

In the first decade of the XXI century. The most significant from the point of view of further development of preventive pediatrics were: a) implementation of the priority national project "Health"; b) the allocation of significant funds for the modernization of health care; c) a decision to allocate at least 25% of the health care budget for children's health care; d) creation of children's health centers; e) creation of a research institute for preventive pediatrics and rehabilitation treatment as part of the Scientific Center for Children's Health.

Results And Discussion

Let us briefly name the most priority, modern challenges for preventive and social pediatrics, subdividing them into external (social) and intrasystemic (health care).

External (social) challenges [2]:

- poverty of a significant part of the population, which affects the health of children from families of this contingent and the availability of medical care;
- up to 20% of the total child population is a contingent of children in difficult life situations (true and social orphans, homeless children, the disabled, children subjected to violence, etc.);
- a change in moral paradigms and, as a result, an increase in the use of psychoactive substances, the prevalence of sexually transmitted infections, etc.;
- low level of somatic and reproductive health of parents and related problems (increase in the number of children with extremely low birth weight, with congenital malformations and hereditary diseases);
- reproductive attitude towards a small family (currently, the total birth rate 8 the weight of deaths in the first month of life began to dominate quota does not exceed 1.6), increase in age in the structure of infant mortality. However, the introduction of organizational, diagnostic and therapeutic technologies aimed at saving the lives of the fetus and newborn was unacceptably late. Only at the end of the 1980s, when Academician E.I. Chazov headed the Ministry of Health of the USSR, and one of the authors of this article headed the maternal and child health service, did a vigorous organization of perinatal and neonatal services begin, and the implementation of regional programs to reduce infant mortality.

These efforts have produced remarkable results. At the end of the 20th century, against the backdrop of a drastic deterioration in most indicators of the health of the population, infant mortality not only maintained the status quo, but also showed a downward trend. This was the only indicator in the health care system that had a consistently positive trend, of course, due to the preventive focus of maternal and child health care.

In the crisis of the 90s. The most important events in the field of preventive pediatrics were the presidential program "Children of Russia", which provides for the implementation of 12 federal programs in the most relevant areas of maternal and child care [3]:

"Orphans", "Children with disabilities", "Prevention of neglect and juvenile delinquency", "Safe Motherhood", "Healthy Child", etc., as well as accession to the International Convention on the Rights of the Child.

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Over the past two decades, our country has experienced a period of fundamental changes in the socio-political entry into marriage, postponing the birth of a child to an older age;

- decrease in the number of children, especially in adolescence (more than 30%);
- active migration processes.

Intrasystem (health) calls [4]:

- maintaining insufficient financing of the health care system - no more than 4% of GDP;
- priority funding for expensive technologies and insufficient funding for preventive measures as less costly and more effective on a population scale;
- lagging behind in the use of information technologies for medical statistical and medical social monitoring of children's health;
- the actual absence of standards (protocols, procedures) for the provision of preventive care;
- lack of evidence-based theory and organization of the work of children's health centers;
- an unrealized project for the provision of medical and social assistance in a children's polyclinic;
- inconsistency of the National Calendar of Preventive Immunizations with modern international concepts of vaccine prevention of infectious diseases.

In order to respond to the challenges outlined above, one should, first of all, focus on the main medical and statistical patterns and causes of the health indicators of the child population - physical development, morbidity, disability and mortality [5].

Perinatal diseases (up to 50%) and congenital anomalies (up to 25%) dominate among the causes of infant mortality. There are also injuries, poisonings and ill-defined conditions in which, according to research, a significant part of deaths from external causes is masked. Consequently, in measures to reduce infant mortality, attention should be paid not only to the perinatal factor, but also to the social factor — prevention of infant mortality at home from external causes.

Conclusion

From our point of view, the most acute problems of preventive pediatrics are:

- insufficient legal support for the protection of children's health in Uzbekistan;
- lack of a National Strategy for Formation of a Healthy Lifestyle of the Younger Generation;
- the need to change the priority (paradigm) of preventive activities from the prevention of the disease and its exacerbation to the formation of a healthy lifestyle, the preservation and strengthening of the child's health;
- the need to optimize (improve, improve) departments of medical and social care in children's polyclinics;
- insufficient development of the system of rehabilitation treatment and provision of comprehensive rehabilitation assistance, etc.

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