The services provided by midwifes of Primary Healthcare in the area of Lublin

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Abstract

Introduction. A Primary Healthcare midwife plans and implements self-reliant, complex obstetric, neonatal and gynaecological care over a beneficiary at the place of the residence. The health benefits are realized based on submitting a written declaration of a chosen Primary Healthcare midwife, who is either employed by a health service provider or self-employed.

Objectives. Review which kind of services are carried out by the Primary Healthcare midwife in the area of Lublin.

Material and method. The research involved 183 women over the age of 18, patients of family doctor clinics in the city of Lublin. The study was based on a survey using a self designed questionnaire.

Results. Very few women (29.51%) use the Primary Healthcare midwife services and the first contact with the midwife is mainly initiated after attending a patronage visit (59.26%). The services of the Primary Healthcare midwife are often used by women age up to 44, more than older ($p<0.001$). The place of residence is insignificant in this matter ($p=0.296$).

Conclusions. 1. The Primary Healthcare midwife services are used by women in the reproductive age, mainly during the postnatal period in connection with the patronage visit. 2. The Primary Healthcare midwife services in a field of gynaecological care, including the prevention of oncologic diseases are carried out sporadically. 3. The reduction of midwifes activity in the field of gynaecological care for the benefit of the antenatal education and patronage visits can be traced in the faulty system of financing the primary healthcare.

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Introduction

The Primary Healthcare is a main element of the healthcare system, which is meant to provide adequate care in most cases of the patient needs, as well as administering access to the specialist care [1]. The choice of health benefits is as follows: preventive, diagnostic, medicated, rehabilitating and nursing-administered within outpatient health care [2]. The health benefits are carried out based on the submitted written declaration of a chosen doctor, nurse or midwife of the Primary Healthcare, who are either employed by the health service provider or self-employed [2].

The Primary Healthcare midwife's permissions are broad and include independent, comprehensive woman's care in her place of residence, within promoting healthfulness and disease prevention, diagnostic, nursing, medicated and rehabilitation services. The midwife's responsibilities covered by the Primary Healthcare services are as follows:

- family planning education;
- pregnancy, labour and postnatal care, including patronage visits;
- care in gynaecological diseases, involving nursing care of the woman after gynaecological or oncologic and gynaecological operation, covering the period from hospital discharge until full healing of the wound, carried out based on the doctor's referral from unit where the operation was performed;
- performing in accordance with own competences, the injections and treatments in line with the orders from other health insurance doctors, in the midwife's consulting room or at the patients home;
- collecting material from the cervix for a cytological test under the prevention of the cervical cancer program, as long as an agreement between service provider and the Fund covers such provision;
- care of the woman in every period of her life [2,3,4,5,6,7].

The legislator defined the Primary Healthcare midwife's competencies widely, with a view of providing a beneficiaries team, continuous and easily accessible health care through implementing individual services in the midwife's consulting room or the beneficiary's place of residence. Such system solution is meant to provide every woman equal access to health benefits, regardless of the age, place of residence, economic status and other factors determining availability of the health care. Thus, the legislator has allowed the Primary Healthcare midwife free choice to provide specific health services for the particular groups of beneficiaries, based on the approved standards of conduct in the midwifery, neonatal and gynaecological care [2,5,6]. Not to omit such important aspect as financing of the health care services by National Health Fund [1,2].

The aim of the study was to review whether and to what extent women use the Primary Healthcare midwife services in the area of Lublin.

Material and methods

The research was carried out by a diagnostic survey, using a self designed inquiry form. The study was carried out under consent from the Bioethics Committee of the Medical University of Lublin (KE-0254/317/2015). The research involved 183 women over the age of 18, who are patients of family doctor clinics in the city of Lublin. The majority (73.77%) of the women were residents of Lublin. The remaining (26.23%) respondents indicated countryside as a place of residence. More than half (56.83%) of the respondents proved to have a higher education. Among others, one in four indicated to have a high school education, one in seven a Bachelor's degrees. Only five women pointed out to have a vocational education and three – a primary. The most numerous (78.69%) group were the women at the age up to 44. The other (21.31%) indicated to be 45 years of age or more. This survey-based study was performed using a self designed questionnaire. The inquiry form contained 14 questions split between 2 parts. First 6 questions referred to socio – demographic data. The others were relating to whether or not women use midwife's care and type of services provided within a past year.

The gathered results were analyzed descriptive and statistical using STATISTICA 10 PL software. The

significance of differences between examined features was evaluated with χ^2 test. The accepted error of inference was 5% and the associated level of significance $p \leq 0.05$, indicating the presence of statistically significant differences or relationships.

Results

Nearly the half (46.45%) of the respondents in reply to a question, whether they submitted the written declaration of a chosen Primary Healthcare midwife, answered no. The other 57 (31.15%) admitted, they declared their choice. While 41 (22.40%) women didn't know, if they completed those formalities.

The majority (70.49%) of the interviewees admitted not to use the midwife's services. The remaining (29.51%) women gave positive answer.

It was examined in order, whether using or not the midwife's services was related to the respondent's age or the place of residence. The data is presented in Table 1.

The statistical analysis of the data shows existence of a relationship between using the Primary Healthcare midwife services and the age of the women. The respondents in the age group up to 44 years old used midwife's services significantly more ($p<0.001$) than those age above.

In the group of women who declared they use the midwife's care, over half (59.26%) admitted the first contact with the midwife was related to attending the patronage visit. Much less (35.19%) interviewees indicated liaison with the midwife during the pregnancy to prepare for the childbirth. Only two interviewees referred to the midwife's participation in the family planning education and one in the prevention of gynaecological diseases.

Within the range of services listed above, most of the respondents pointed out a newborn / infant care up to 2 months of age, in particular an observation and assessment of the psychomotor development and adapting to the external environment (53.70%). While individuals mentioned: an education on preventing HIV and sexually transmitted diseases (1.85%), the education on preventing of gynaecological diseases (3.70%), the parental attitudes (3.70%), an evaluation of the newborn/infant bilirubin level based on topography of the yellowing of the skin (3.70%), the family planning education (3.70%). Detailed data is presented in Table 2.

Discussion

The Primary Healthcare midwife implements a comprehensive care of the woman in every stage of her life, in particular taking into the account the care during the puberty, pregnancy, prenatal care, in gynaecological and oncologic diseases and of the newborn until the end of the second month of life. The services are provided based on submitting the written declaration by the beneficiary (the

Table 1.
The use of the midwife services in relation to the women's age and place of residence

Age	The use of midwife's services			
	Yes		No	
	n	%	N	%
Up to 44 (n=144)	54	37.50	90	62.50
45 or above (n=39)	0	0.0	39	100.00
Significance: $\chi^2 = 20{,}747$ $p<0{,}001$				
The place of residence				
city (n=135)	37	27.41	98	72.59
countryside (n=48)	17	35.42	31	64.58
Significance: $\chi 2 = 1.092$ $p=0.296$				

Table 2.
Type of services provided by Primary Healthcare midwife

Type of the service	n=54	%
A newborn/infant care up to 2 months of age, in particular observation and assessment of the psychomotor development and adapting to the external environment	29	53.70
Postnatal care of the woman –an assessment of the reproductive organ, assessment of process of wound healing after the caesarean section	23	42.59
Antenatal care in a form of the appointments with the midwife in the consulting room or home visits, monitoring of the physiological pregnancy development	15	27.78
A newborn/infant care up to 2 months of age – an advice on care and suitable feeding	15	27.78
Postnatal care of the woman – interest in the emotional condition of the woman	12	22.22
Postnatal care in regards to women's correct nutrition	12	22.22
An education concerning immunization	12	22.22
Antenatal care in a form of appointments with the midwife in the consulting room and conducting pelvic examination of the woman	10	18.52
Postnatal care of the woman –an examination of breasts	10	18.52
A lactation advice and promoting of the breast feeding	8	14.81
Performing the cytologicalsmear test	7	12.96
Performing the physical exercises in preparation for the childbirth	6	11.11
Preparation for the childbirth through antenatal classes conducted by the midwife	6	11.11
Preparing the woman for self care and self upkeep after the delivery	6	11.11
Preparation for the childbirth through the individual meetings with the midwife	5	9.26
An education regarding a healthy lifestyle	4	7.41
A removal of stitches from the perineum wound / from the caesarean section wound	4	7.41
The family planning education	2	3.70
An evaluation of the newborn / infant bilirubin level based on topography of the yellowing of the skin	2	3.70
The parental attitudes	2	3.70
An education on preventing of gynaecological diseases	2	3.70
An education on preventing HIV and sexually transmitted diseases	1	1.85

declaration of a chosen midwife). It is important for the society to be aware of the Primary Healthcare system, its purpose and the way its principals are put into effect. Taking into the consideration obtained study results, it is hard to assume that women have full knowledge of how the Primary Healthcare system functions, including the responsibilities of the midwife. Nearly half (46.45%) of surveyed women stated, they did not submit the written declaration of the chosen Primary Healthcare midwife and 22.4% admitted, they did not know.

The majority (70.49%) of women participating in the study claimed, they do not use the midwife's services and those who do, indicated the first contact with the midwife occurred during the patronage visit. On the one hand it proves a wan awareness of women, how to use the midwife services outside the maternity period. These claims are accordant with

the survey results conducted between 22 patients of the service providers controlled by Supreme Audit Office, and showed that most of the surveyed women associate midwife's care as related only to the postnatal period and the newborn, not having the knowledge regarding whole spectrum of the services. Most women do not know the office address or midwife's telephone number [8].

On the other hand, there is a need to have a critical look at the medical staff, including the midwifes, who should make patient's access to the medical care easier, initiate a contact with the patient, recognize the health problems in service area, motivate women to participate in the preventive healthcare programs and most of all encourage to speak about the health problems. These observations are consistent with observations made by Ostrowska [9], whose opinion is that quite often the educational information from the medical staff to the patient is not adjusted to the women's intellectual level and the way they think about their own health and the means of protecting it, what results in the lack of interest in genealogical prophylactic and a low health awareness. Cichońska et al. [10] demonstrated that women receive the information regarding the preventive healthcare programsleast likely from the nurses/midwifes (12.0%). At the same time the exact respondents think, the best method of providing information about disease prevention is a direct conversation with the doctor / nurse/midwife (72.0%). Besides Ostrowska [9], the health education issue is the most important, as it enters into women's intimacy, this is a specific way to break a mental blockage from an exposure. Bączek et al. [11], similar as Ostrowska [9], highlight great value of the patient education, adapted to the audience, held in the optimum time and individualized.

The study results show, the contact with the Primary Healthcare midwife was initiated during the patronage visit, therefore it is no wonder the midwife services are more often used by women up to 44 years of age, more than older. It is a period concurrent with aninitiation of procreative functions, which involves the family planning, pregnancy and preparation for the childbirth and the postnatal care. It is a shame only individuals (3.70%) cooperate with the midwife in a context of the family planning. From a point of view of preventing the obstetric complications, an adequate preparation for the pregnancy increases the chances of its correct progress and birth of a healthy child [12,13].

Słopiecka [10] showed, that most (65.0%) women visited the gynaecology doctor for the first time at some stage in the pregnancy, suggesting it was followed by a contact with the Primary Healthcare midwife. Although it is only an assumption, it is supported by the study results, leading to conclusions that the midwifes duties centralize around the period of the pregnancy (35.19%), postpartum and patronage visits (59.26%). Słopiecka [10] observed in her research results following correlation – the higher the age group and the level of education, the lower percentage of women visiting the gynaecologist in order to get an advice. Unfortunately at the end of the postpartum period or birth of the last child the gynaecological care falls into stagnation. It was pointed out by Ostrowska [9] who explained, if the women do not plan more children they are convinced, there is no need to visit the gynaecologist, since they do not have any health problem. A loss of the reproductive functions and a lack of menstrual bleeding are seen as the natural signs of body aging without the need to consult the doctor. This proves how important is the direct contact with the potential patients and health education carried out by the Primary Healthcare midwifes, not only during the maternity, but also close to the menopause and senium.

Unfortunately the results of the inspection carried out by Supreme Audit Office present, the level of services provided by the Primary Healthcare midwifes in gynaecological care is highly unsatisfactory and involve very low percentage of women after gynaecological or oncologic and gynaecological operation, amounting to under 0.1% of the expenses towards the midwifes services in the voivodeships controlled [8]. This allows you to believe, it is similar in the whole country. It was confirmed in the results obtained from the study, as every respondent over 44 years of age admitted not to use the midwife service, that shows, the care of the woman in perimenopause and senium periods given by the Primary Healthcare midwife is inconspicuous. Convergent results

were obtained by Biskupska and Niewiadomski [14], while paying close attention to a lack of cooperation between the midwife and a nurse in long term care, largely affectingthe elderly women.

On the one hand this is appalling, taking into consideration the risk of gynaecological or oncologic and gynaecological diseases concerning the women [9,10,15]. On the other hand shows the Primary Healthcare system failure. The results of the inspection carried out by Supreme Audit Office allow saying, the current system of financing the Primary Healthcare services by the rate of capitation, does not promote activity of the service providers towards the patients, prejudging spending a considerable amount of the public funds without rating the quality of service or the way it is implemented. It does not take into the account diversification of availability, hence the cost of the benefits in urban and rural areas [8]. The results of Ostrowska [9] research clearly show, women living in the villages complain about limited access to the specialist doctors, including the gynaecologists. The main concerns are the distant registration dates and long waiting times. Therefore the Primary Healtcare midwifes, based on educational background, can provide an independent and complex midwifery, neonatal and gynaecological care, and should be the key in realizing the health-improving actions. The midwife should visit patients at home and offer the outpatient help, health education, medical information, and diagnostics.

In United States of America the specialist nurses use telephone to control patient's condition, asking about how they feel, the ailments, and medical needs. The program includes in particular the families from rural areas, who find it difficult to regularly visit the distant medical centres to continue with the care. The research results showed that the program gave similar effects to the traditional methods of health care [16]. For that reason you can ask a question, why Polish Primary Healthcare midwifes cannot use such solution? Certainly those involved would feel secure and more confident knowing, in case of any health problems they can turn to the midwife, who would provide them with the medical assistance or adequate information leading to other specialist. It is so important that the gynaecological care, excluding care after the gynaecological operations, is financed by capitation rates (from wording per captia, meaning „per head") used to settle the benefits granted within midwife's preparedness to provide the services guaranteed by the Primary Healthcare for those, who made their choice of the midwife by submitting the written declaration [1,2,8]. In the opinion of Supreme Audit Office it is a main cause limiting the midwife's activity in providing services of the gynaecological care, in favour of the services funded separately, i.e. the prenatal education, patronage visits and postoperative care [8]. However Baranowski and Windak [1] argue, based on an international experience, that the connection of the capitation with the service payment system and bonuses for achieving specific results, can have a significant effect on the quality and efficiency of the Primary Healthcare services. Besides, you cannot forget that the aim in a modern model of enhancing the Primary Healthcare is taking care of all local community members and a common access to the benefits, with protection ofmost vulnerable or excluded groups and individuals, not a sole focus over the mother and child only.

Conclusions

1. The Primary Healthcare midwife services are used by women in reproductive age, mainly during the postnatal period in connection with the patronage visit.
2. The Primary Healthcare midwife services in a field of gynaecological care, including prevention of oncological diseases are carried out sporadically.
3. The reduction of midwifes activity in the field of gynaecological care for the benefit of the antenatal education and patronage visits can be traced in the faulty system of financing the primary healthcare.

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