

Describing of Referral Health System for Pregnant Women in Al-Najaf-Iraq



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Abstract

Background: The development of actual patient referral systems is considered one of the important public health issues in developing countries. Primary health care services will not be benefit without effective procedures in the hospital that support to refer the patients who need special services. The medical health care system in Iraq based on a hospital oriented and capital-intensive model that has limited efficiency and does not have equitable access.

Objective: This study was conducted to describe the referral health system in Al-Najaf province, Iraq.

Materials and Methods: A cross-sectional study has described the referral health system in Iraq, Al-Najaf province. This study is the first national research has been conducted to describe the referral health system (the pregnant women as an example). The researcher has reviewed a group of studies reported in (Medline, WHO Portal, POPLINE, PubMed) databases that have assessed the referral health system. The medical services for women are provided in an integrated and comprehensive manner covering preventive, promotive and curative aspects of care in a set of phases are (antenatal care, delivery care, postnatal care, family planning and care for the newborn).

Outcomes: The referral system in Iraq is classified to three levels are: PHC main centers which is including three categories of PHC (A-approx. 817 centers delivered all the primary health care services), (B-approx. 19 centers includes the same services as a category (A) plus a training place) and (C- approx. 123 centers includes the same services as Class (A) in addition to emergency care services. Second, PHC Sub-centers (called Category D) includes 53 centers deliver simple curative services, immunization activities and simple maternal and child health services. Third, Hospitals: Secondary and tertiary care levels are provided by 208 government hospitals, providing 36 057 hospital beds and 80 private hospitals (2 273 beds).

Conclusion: Decades of war and sanctions have seriously compromised the function of the health system. There are adequate financial resources, but with a shortage of skills, strategies and human resource development. In addition, the health strategies have failed to link needs, strategic plans, and training programs together.

Keyword: Referral Health System; Referral of Pregnant Women

Introduction

The development of patient referral systems is considered one of the important public health issues in developing countries. Primary health care services will not be benefit without effective procedures in the hospital that support to refer the patients who need special services and to refer patients who do not require hospital care back to one of the other services [1]. Appropriate referral of high-risk pregnancy from traditional birth attendants to public institutions is one of the main aspects of reproductive health programs in the rural areas [2,3]. However, few studies have been undertaken about patient referral systems in developing countries [4-9]. In developed countries, some studies have focused on the

type of referral messages and the appropriateness of the referral [10,11].

In Iraq, The health care system has been based on a hospital oriented and capital-intensive model that has limited efficiency and does not have equitable access. The Ministry of Health is the main provider of health care (curative and preventive). The private sector provides curative services only. In addition to that, access to health care has been further affected by years of conflict, sanctions, and ongoing military operations [12]. The Ministry of Health vision in 2004 for primary health care was (available, an accessible, affordable, safe and comprehensive health service

of the highest possible standard). These services are founded on scientific principles to meet the present and future health needs of Iraqi people. These services established for all regardless of their ethnicity, geographic origin, gender or religious affiliation. Therefore, calls for integrated reform of the existing PHC system [13].

In practice, there is a minimum level of coordination between the PHC level and the district hospitals apart from communicable disease surveillance. The referral system is either rudimentary or practically non-existent. No system of general or family practice is yet in place. However, family practice has been accepted as a policy and is being piloted in three locations: Basrah, Baghdad, and Mosul. Health center and hospital care are not coordinated within district health systems [14]. In addition, over two decades of war, conflict and prolonged economic sanctions have led to a deterioration in the type of service provision, a shortage of technical expertise, diagnostic services, and a rationing of drugs. This situation has forced patients to seek services at the tertiary care level. Consequently, the majority of people go directly to the hospital. Approximately 65% of deliveries take place at hospitals. Family planning services are also mainly provided through hospitals (67%) [15].

Material and Methods

Study Location

This study was conducted in Al-Najaf province, one of the eighteen provinces in Iraq. Al-Najaf Province consists of six districts, namely, Najaf, Hydaria, Munathera, Al-Abbasia, Kufa, and AlMishkhab. In 2006 Al Najaf had a population of 1,042,900, which represent 3.7% of total population in Iraq [16,17].

Study Design and Exclusion Criteria

A cross-sectional study has described the referral health system in Al-Najaf province, Iraq. This study is the first national research has been conducted to describe the referral health system for the pregnant women. The health of pregnant women and their children are considered the vital group in the community. The researcher was reviewed a group of studies reported in (Medline, WHO Portal, POPLINE, PubMed) databases that have assessed the referral health system. Services for women are provided in an integrated and comprehensive manner covering preventive, promotive and curative aspects of care in a set of phases are (antenatal care, **Table 1:** Antenatal care services according to health facility levels.

delivery care, postnatal care, family planning and care for the newborn).

Ethical

This study had ethical approval was given by Al-Najaf Health Directorate\ Center of Training and Development of Staffs (ref: No. 36830), also written consent was taken from all respondents.

Results

The Referral System in Iraq is Classified to Three Levels are:

I. PHC main Centers; There are three Categories of PHC Main Centers:

- i. Primary health care centers (Category: A) – approximately 817 centers, these centers deliver all the primary health care services.
- ii. Primary health care training center (Category: B) – approximately 19 centers. These centers offer the same services as a category (A) plus a training place within the main building to deliver training activities for medical, paramedical staff of health facilities, medical institutions, and students of medical school.
- iii. Primary health care centres with delivery room and emergency unit: (Category: C) – approximately 123 centres. These centres deliver the same services as Class A facilities in addition to emergency care services (for simple medical and surgical cases) and services for normal labour.

II. PHC Sub-Centers

- i. Primary health care sub-centers: (Category: D) – approximately 53 centers, deliver simple curative services, immunization activities and simple maternal and child health services.

III. Hospitals

PHC centers are intended to refer to the second level of care at Ministry of Health district and general hospitals. Secondary and tertiary care is provided by 208 government hospitals, providing 36057 hospital beds and 80 private hospitals (2273 beds). The ratio of beds in public hospitals is 11.3 per 10000 population with a bed occupancy rate of 48%.

Services	Health Facility Levels			
	CHH	PHC sub-Center	PHC main Center	District
Antenatal Care				
Information, education and communication (IEC)	Yes	Yes	Yes	Yes
Premarital Examination and counseling			Yes	Yes
Diagnosis of pregnancy	Assumption	Assumption	Yes	Yes
Antenatal visits - weight, height measurement, etc...		Yes	Yes	Yes
Tetanus immunization			Yes	Yes
Multi-micronutrient supplementation		Yes	Yes	Yes
Blood pressure measurement		Yes	Yes	Yes

Blood sugar measurement			Yes	Yes
Urine analysis			Yes	Yes
Diagnosis of anemia			Yes-blood test	Yes-blood test
Treatment of anemia		Yes-iron/folic	Yes-iron/folic/ blood (acute blood loss)	Yes-iron/folic/ blood (acute blood loss)
Treatment of asymptomatic urinary tract infection			Yes	Yes
Treatment of symptomatic urinary tract infection			Yes	Yes
Treatment of sexually transmitted diseases			Yes based on lab findings	Yes based on lab findings
Detection of pregnancy at risk	Yes and refer	Yes and refer	Yes	Yes
Treatment of hypertensive disorders of pregnancy			Yes if specialist	Yes
Treatment of pre-eclampsia/eclampsia			Yes and early referral	Yes
Treatment of incomplete miscarriage/ abortion				Yes
Treatment of ectopic pregnancy		Stabilize and refer	Stabilize and refer	Yes
Reporting		Yes	Yes	Yes
Supervision and monitoring		Yes	Yes	Yes

Table 2: Delivery care services according to health facility levels.

Services	Health Facility Levels			
	CHH	PHC sub-Center	PHC main Center	District
Delivery Care				
IEC	Yes	Yes	Yes	Yes
Monitoring labor				Yes
Detection of Fetal Risks	Yes	Yes and refer	Yes	Yes
Identify fetal malposition			Yes	Yes
Assist normal delivery			Yes (if category C)	Yes
Delivery requiring assisting instrumentation		Refer	Yes (if category C)	Yes
IV oxytocin refer		Refer	Yes (if category C)	Yes
IV anticonvulsant			yes and refer	Yes
IV fluids				Yes
Blood Transfusion				Yes
Curettage			yes (if category C)	Yes
Hysterectomy				Yes
Management of prolapsed cord			yes (if category C)	Yes
Management of shoulder dystocia			yes (if category C)	Yes
Vacuum extraction			yes (if category C)	Yes
External cephalic version			yes (if category C)	Yes
Caesarian section				Yes

Table 3: Postnatal care services according to health facility levels.

Services	Health Facility Levels			
	CHH	PHC sub-Center	PHC main Center	District
Postnatal care				
IEC	Yes	Yes	Yes	Yes

Vitamin A supplementation		Yes	Yes	Yes
Detection of anemia	refer suspected cases	refer suspected cases	Yes -Lab	Yes -Lab
Treatment of anemia		Yes	Yes	Yes
Diagnosis of puerperal infection	refers suspected cases	Refer	Yes	Yes
Breast examination	Yes	Yes	Yes	Yes
Prescription of antibiotics			Yes	Yes
Counseling on FP and exclusive breastfeeding	Yes	Yes	Yes	Yes
Provide Family Planning	Yes-condom	Yes	Yes	Yes
Treatment of post-partum psychosis			Yes	Yes
Confidential reporting about maternalMortality			Yes	Yes
Reporting	Yes	Yes	Yes	Yes
Supervision and monitoring		Yes	Yes	Yes

Table 4: Family planning services according health facility levels.

Services	Health Facility Levels			
	CHH	PHC sub-Center	PHC main Center	District
Family Planning				
Counseling	Yes	Yes	Yes	Yes
Clinical examination			Yes	Yes
Screening for STD	Refer	Refer	Yes	Yes
Treatment of STD			Yes - Oral/IV	Yes - Oral/IV
Distribute condoms	Yes	Yes	Yes	Yes
Distribute oral contraceptives	Yes	Yes	Yes	Yes
IUD			Yes	Yes
Female sterilization				Yes
Male sterilization				Yes
Reporting	Yes	Yes	Yes	Yes
Supervision and monitoring		Yes	Yes	Yes

Table 1 shows that a set of antenatal care services according to health facility levels. These services are composed of a group of diagnostic, preventive and curative procedures; the pregnant women are considered one of the important groups who attend to these centers. Table 2 shows that a set of delivery care services according to health facility levels. These services contain a group of procedures that give to the pregnant women during childbirth level. Table 3 shows that a set of postnatal care services according to health facility level. These services are composed of a group of diagnostic, preventive and curative procedures; the pregnant women are considered one of the important groups that attend to these centers. Table 4 reveals that the family planning services, these services have given into the pregnant women that have attained to these centers.

Discussion

From 1970 to 1980, Iraqi health care and medical education were said to be the best in the region. The country boasted free health care in 172 hospitals and 1200 primary health-care clinics. Iraqi medical graduates would often receive specialty training and certification in the UK and Germany. From the late 1980s until 2004,

most medical graduates were barred from leaving Iraq [18]. The 1980–88 Iran–Iraq War killed perhaps half a million people on both sides, and further diverted resources and medical staff from civilian facilities [19]. In 1991, Iraq invaded Kuwait, triggering the first Gulf War. The sanctions that followed had a major effect on Iraq's health system and the health status of Iraqis [13]. The subsequent oil-for-food program mitigated some of the effects of sanctions, but serious damage had been done to the health system. At the time of the 2003 US-led invasion of Iraq, the health system was weak, with non-functioning equipment, inadequate drug supplies, and fragile infrastructure [20]. The destruction and looting of health facilities that followed the invasion resulted in heavy loss of equipment and pharmaceutical stocks [21]. The quality of care continued to deteriorate, and shortages were widespread [15]. Major loss of health staff from tertiary hospitals had an effect on teaching of trainees and care of patients [8].

In 2012, the UN High Commissioner for Refugees estimated that 3.1 million people in Iraq were in need of assistance (UNHCR, 2012); about 1.4 million people are internally displaced (IDMC, 2012). Both refugees and internally displaced individuals have

unsatisfactory access to health services [22,23]. During the 2003–11 occupation of Iraq by coalition forces, \$53 billion in assistance schemes were implemented with varying success [24]. The Federal Ministry of Health went through difficult times, under the control of various sectarian groups [25].

Conclusion

Decades of sanctions and war have seriously compromised the function of health system. There are adequate financial resources, but with a shortage of skills, strategies and human resource development. In addition, the health strategies have failed to link needs, strategic plans, and training programs together. The ideal health policy has seem to emphasize the further development of a health system based on the family health-care model, resources are heavily directed toward expansion of secondary and tertiary health-care facilities. Finally, the continuing insecurity in Iraq makes even the best plans difficult to implement [26-28].

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