

Innovations in Care at the Tashkent Women's Health Center

By Joanne Neuber

Children will soon comprise more than 50 percent of the Uzbek population, according to Uzbek Ministry of Health statistics. This high birth rate, coupled with the fact that Uzbekistan has one of the highest maternal mortality rates in the former Soviet Union -estimated at 46 per 100,000 live births - is placing increasing demands on the country's already strained health care system.

The changing demographic patterns in Uzbekistan prompted the Second Tashkent Medical Institute (TASHMI II) to create one of the country's first women's health centers, in collaboration with the AIHA Tashkent-Chicago partnership program in April 1996.

"We see the importance of promoting a health care system based on primary care," Hamid Karimov, MD, rector of TASHMI II said. "And women's health is a necessary component of that system."

This innovative women's health center provides comprehensive "cradle to grave" care for women in the region. It includes a maternity center, a neonatal care unit, and an ambulatory women's health clinic for women with medical, gynecological or obstetrical problems.

In a departure from traditional practice, the center consolidates women's health services in one building - services that traditionally were either non-existent, or were situated in buildings far from each other. For example, women deliver in their own private rooms. After delivery, women are transferred to a four-bed unit in the center with their babies to promote greater mother-child bonding. This new "rooming in" technique is also improving the level of breast-feeding in Uzbekistan, which is only 10 to 15 percent, according to US partner Dharmapuri Vidyasagar, MD, director of the Division of Neonatology at the University of Illinois at Chicago.

The maternity center also provides family-centered prenatal education, screening, and counseling services to expectant mothers. Midwives at the center have been trained to conduct Lamaze classes about childbirth techniques for expectant mothers and their birthing partners, who because of religious and cultural reasons are often a female relative or friend rather than the father. Promotion of family-centered childbirth at TASHMI II is a significant accomplishment, where traditional beliefs formerly discouraged birth partners from being present during childbirth, said the center's director and obstetrician Alla Pogorelova, who has trained with University of Illinois at Chicago (UIC) partners in obstetrics, high-risk maternal care and gynecology.

One area where partners have had a great impact is educational training in neonatal and perinatal care. Tashkent partners collaborate with colleagues from Chicago to learn effective, low-tech ways to manage and care for high-risk mothers and infants. Vidyasagar said that partnership training programs at TASHMI II that target low-tech neonatal resuscitation techniques, have contributed to the decline in infant mortality at TASHMI II, from 27 per 1,000 live births (1,000 to 1,499 grams) in 1992 to 15 per 1,000 live births in 1995.

"The positive results in maternal and child health at TASHMI II are a result of the partnerships' collaborative program in neonatal and perinatal care," Vidyasagar said. "This program has been very effective in improving the care of mothers and their newborns."

The ambulatory women's health clinic is a "more effective system than the referral system of the past," Pogorelova said. Women who opt to come to the clinic for a medical consultation are not required to have a special referral from their polyclinic, and may visit the clinic throughout the day or evening, she said.

Patient visits at the clinic have doubled since it was opened last year due to a change in pre-natal services practices to include greater patient education, according to Pogorelova. "There is more open discussion between physicians and women of family planning alternatives," she said.

The clinic also provides ongoing, free family planning services to women. A family planning education classroom at the clinic was created with the help of many international health organizations to promote increased awareness of contraceptive alternatives, including IUDs, condoms and oral contraceptives. Women are also encouraged to consult with their physicians on possible social and economic issues that may affect the number of children they have, explains Pogorelova. Partner clinical training of doctor/nurse teams at TASHMI II complements these programs, noted Pogorelova.

The most important outcome of the center may not be measured in hard data, but rather as the "change in the way we view women's health," Pogorelova said. Earlier, certain women's health issues like birth control alternatives and family planning were "simply not discussed" in traditional Muslim society she said. "Now we can openly discuss important and necessary women's health issues."