

COMMUNITY CARE IN PERINATAL PERIOD

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Abstract

The perinatal period is characterized by physiological changes in the body of a woman, which represent new conditions for her and require adaptation. Pregnancy is a physiological period in which a new organism develops in the mother's womb and the woman is preparing for a new role – the role of a mother. Specific health care in perinatal period is ensured by gynecologists and obstetricians in cooperation with midwives and community nurses. Their work in prenatal and postnatal periods lies in the care of pregnant women. It is the quality of prenatal care which can greatly influence the course of childbirth and the postpartum period of a woman. The aim of the paper is to present ways of providing community-based perinatal care in the former Czechoslovakia and in selected European countries.

Key words: perinatal period; community care; community nurse; midwife; family; child

INTRODUCTION

Community nursing is characterized as an applied branch of nursing directed at primary, secondary and after-care for individuals, families and groups located in a community (Farkašová 2006, Hanzlíková et al. 2006). It includes nursing services organized outside hospitals and provides the necessary care for people of all ages, and also covers the support of health and disease prevention, nursing and rehabilitation. The development of community nursing was influenced by the increasing economic demands of institutional health care in industrialized countries. Many governments are changing the focus of health care; they promote the development of community health care in order to support and maintain health, and to prevent diseases (Hanzlíková et al. 2006, Jarošová 2007). The period of hospitalization is now being reduced and the care is shifting to the natural environment of the patient.

Community nursing in the world affects all aspects of life from birth to death and is carried out in various specializations, for example, community nursing visiting nurses for home nursing care, midwives – for a woman before, during and after birth, paediatric community nursing, community psychiatric nursing, nursing for physically and mentally handicapped individuals, school nursing and nurse care in both health professions and occupations (Strategické dokumenty... 2003, Hanzlíková et al. 2006).

Community nursing also plays an important role in the perinatal period. There is evidence from the developed countries of Europe regarding experiences with the positive impact on the health of individuals, families and communities (Strategické dokumenty... 2003, Bašková et al. 2010). Pregnancy, childbirth, the arrival of a child into the mother's life, partner relationship and family, newborn care, changes in priorities and needs, all of these are psychologically, very demanding

stages (Bašková 2009, Sikorová 2012). The quality of the relationship and conditions for the birth of a child are important and also how parents can cope with the changing life situation (Žultáková 2009). Families can deal with some problems themselves, but health care experts are involved in the solution of many others problems. Specific health care in the perinatal period is ensured by gynaecologists and obstetricians in cooperation with midwives and community nurses. Their work lays in prenatal and postnatal health care for women and the quality of the prenatal care can greatly influence the birth and the postpartum period of women (Hanzlíková et al. 2006, Boledovičová et al. 2009). The focus of midwifery care is the woman, as a complete being, located in a particular environment and state of health, has a right to considerate treatment, regardless of the environment she comes from or the community she lives in. The main objective of community care is to maintain effective health care and to improve the health of women, their children, families and communities (Urbanová et al. 2010). To achieve this objective, all activities focus on contributing to the promotion and maintenance of health, to the prevention of diseases and on supporting self-sufficiency as soon as possible (Hanzlíková et al. 2006, Boledovičová and Zrubcová et al. 2009). Moreover, during the postnatal period, the support helps the clients to be able to take care of themselves, of their child, the family, and to remain independent in their own home environment (Andraščíková 2009). Midwifery care for the woman, in terms of the community has its own specific requirements and should be guided by certain principles – personal and individualized approach in the care for a woman, her child and family that respects their physical, emotional and cultural particularities and aspects of the environment in the community which they live. Other psychosocial aspects enter these relationships that the community nurse or midwife must assess adequately and offer an appropriate solution (Grohar 2001, Beldon and Crozie 2005). The major activities of a community nurse and a midwife is providing perinatal care are counselling and a professional approach to pregnant women. It is the community nurse who is often an expert in the promotion of interventions supporting the health of

pregnant women in the context of the family or the community in which they live, and in the identification of health risks. The aim of this paper was to study how community care worked in the Czech Republic and Slovakia in the past and to highlight effective experiences currently used in selected European countries.

Community care in Czechoslovakia in the interwar period of the 20th century

Health station was an independent health field facility which was run by a qualified or a trained voluntary nurse. Stations operated throughout the week and provided a variety of services. The timetables of doctors' office hours were defined. Nurses organized educational courses for public within their consultancy such as care for the sick at home, first aid, hygiene and nutrition of the child and so on. Some counselling centres worked as separate facilities, not as a part of a health station. In the counselling courses the nurses provided the so called education of people. The most well known was the counselling method called "For our children". An important part of the work of community nurses was also the in-home service. Everything was partly funded by the state – in part through the Red Cross and also by charity organizations. Wealthier classes paid for the care by themselves. Nursing and health service in families formed an important component of the health care and focused on the treatment of families and protection of family members, about which the nurses kept a very detailed documentation. They searched for the families in need in their region, or their visit was indicated by a doctor or an insurance company. In home care, the nurses worked very closely not only with a doctor, but also with other socio-health organizations, which could help the family in a particular situation. In the interwar period, diploma midwives assisted physiological births in the field, took care of pregnant women, mothers and newborn babies. Their activity was accepted not only by the public, but also by the medical community. Nurses who graduated from socio-medical schools, later known as certificated nurses, tackled the most pressing problems of Czech and Slovak towns and villages. There were also associations, e.g. ČSČK or Živeny, which exerted influence upon the population. In 1942 the activity of ČSČK as well as of other organizations (e.g.

The Association of Certified Nurses) stopped (Staňková 2000, Hanzlíková et al. 2006).

Community nursing in Czechoslovakia after World War 2

There was little time for the restoration of community nursing work after WW2, but in the world it would later gradually acquired new dimensions. The fifties thanks to the “Integrated health care” contributed to limiting the autonomy of nursing and the nurse was accepted only as an assistant of surgeons, not as an equivalent member the medical team (Staňková 2000). A system of territorial health districts was created and nurses implemented additional service. Work schedule of nurses was divided into work within health education and prevention; home visits in families were carried out by female nurses, pediatric nurses and nurses for social service. Dispensary care and school health services were carried out by pediatric nurses with diploma and post secondary specialist with specialization course. The existing system and the proceedings meant the liquidation of certain diseases (immunization of the child population) and were rated positively (Hanzlíková et al. 2006, Boledovičová and Zrubcová et al. 2009).

Professional nursing in the Czech Republic and Slovakia after 1990

The new socio-economic conditions brought many positive aspects also for the development of professional nursing, but it also was unable to avoid some negative effects. With the privatization of the primary health care, the visiting service of female nurses and pediatric nurses ceased, as well as school health services (Boledovičová and Zrubcová et al. 2009). The only thing that now exists in community care is home care, which is the only form of community nursing. According to the WHO, the attempt to establish traditional independent community nursing failed. The experience of the developed world has shown that especially in the era of search for cost-effective paths in the provision of health care it is very rewarding (Staňková 2000).

Community nursing – examples from Europe

Community nurses and midwives, according to “Strategické dokumenty pro všeobecné sestry

a porodní asistentky” 5 (2003), find good employment; they are traditionally very close to people and have their confidence. They have the competence to work independently in the field and their service is financially viable for the state. They work as a part of public health system and they are remunerated from public funds. They receive systematic preparation in various forms of study – undergraduate, continuous, postgraduate. From the previously mentioned sources, we deliberately selected countries where midwives and nurses have the qualifications to carry out nursing care and provide community nursing care for pregnant women and their families and may serve as a model for the introduction of community-based care to the health care system in the Czech Republic and Slovakia.

Austria

Studio of Mothers: holistic care for pregnant women

The participants of community care are pregnant women and the activities are carried out by midwives, pediatricians, neonatologists, gynecologists and other specialists. Individualized care by midwives allows early recognition of the risk factors. Information on obstetric services is spread by interviews, videos and hospital visits. The husband or partner is also involved in the preparation for childbirth, relaxation and physical education courses. Midwives are available 24 hours a day and doctors are available if necessary. Attention is paid to support for women with personal problems – relations with partners, employment, accommodation, etc. Specialized consulting services are directed at women after abortions, with a deceased child, mothers of children with AIDS, or with possible complications during pregnancy (Strategické dokumenty... 2003).

England

Help for pregnant women to quit smoking

The participants of community care are pregnant women – smokers and their partners. Nurses providing in-home service, midwives and general practitioners provide written and oral information about the health risks of smoking during pregnancy. A practical demonstration of the effects of smoking using Smokerlyzer and measuring

the concentration of CO in the breath is an effective method. Also a long-term provision of individual counseling in private homes is common (Strategické dokumenty... 2003).

The tool to predict the duration of lactation

The participants of community care are pregnant women and puerperas. Nurses providing visiting services map the situation using a simple questionnaire with high sensitivity and reliability about maintaining lactation during three months and the results help to improve lactation. Attention is also paid to psychological determinants of the duration of lactation. Satisfaction of the mothers with the behavior of their newborns during breast-feeding is an important moment of the breastfeeding success. Predictive variables allow nurses to distinguish between mothers breast-feeding short, medium and long time and choose appropriate interventions (Strategické dokumenty... 2003).

Slovenia

Family nursing care services

The participants of community care are all members of the community, especially pregnant women, newborns and their mothers, children and grandparents. Community nurses and auxiliary nurses (health care assistants) provide a holistic care and are considered the most appropriate member of the family health team. Their activity is focused on health promotion, prevention, nursing care during pregnancy and after birth, and education. The schedule of their visits is flexible and the number can be increased according to the current situation (Strategické dokumenty... 2003).

Italy

Basic services of midwifery

The participants of community care are pregnant women and puerperas. Midwives support and advise women during pregnancy, delivery and puerperium. They help manage pregnancy in a natural way, prepare women for childbirth physically and mentally, and they also help new mothers and their children recognize potentially risky health situations requiring medical intervention (Strategické dokumenty... 2003).

Malta

Promoting safe motherhood through education

The participants of community care are pregnant women and their partners. Midwives and student midwives prepare them for parenthood and get them acquainted with the health system. The common goal is to keep the pregnancy at ease. Attention is paid to nutrition, dental hygiene, social issues and also exercise preparing a woman and her partner for birth. Postpartum care of the mother and the child is secured by a line to help parents with problems such as breastfeeding. Educational programs are also possible via direct telephone entry (Strategické dokumenty... 2003).

The Russian Federation

Safe motherhood: application of Lamazov-Nikolajevov's method

Russian physician Anatoly Petrovich Nikolayev was a great advocate of preventive mental health care in preparation for childbirth. French gynecologist and obstetrician Fernand Lamaze supported his Russian colleagues and proposed a radical idea: a stronger partnership between health professionals and women during pregnancy and childbirth, minimum use of analgesia during labor. The participants of community care are pregnant women. Midwives and nurses provide activities for the protection of health during pregnancy and to ensure a safe outcome: the birth of a healthy child. The aim is to raise the level of the women's awareness of health (Strategické dokumenty... 2003).

Iceland

New Child: cooperation of professions in the provision of services for maternity

The participants of community care are pregnant women. Midwives, nurses and doctors carry out the evaluation of psychological risk factors in pregnancy by a questionnaire evaluated by a doctor. Consequently, a plan for the care for the mother and the child and cooperation of others is carried out. They observe and measure risk factors in pregnancy and child care, and determine appropriate cooperation with the family. The primary health care for

mothers and children takes into account their physiological, mental and social well-being. Experts try to communicate with each other and emphasize health promotion and prevention (Strategické dokumenty... 2003).

Norway

Pregnancy and childbirth – model oriented to users

The participants of community care are pregnant women and their families. Midwives, pediatric nurses, public health nurses, physicians and physiotherapists emphasize holistic care, appropriate use of technical resources and involvement of the clients in planning the services they will be provided. They offer appropriate services to pregnant women and the continuity of care is also provided in the postnatal period. Great attention is paid to enhancing the knowledge and skills of health professionals to provide services for women (Strategické dokumenty... 2003).

CONCLUSION

Child's health is inextricably linked to the health of the mother; it derives from her reproductive health, lifestyle during pregnancy and attitude toward breastfeeding. Antenatal, perinatal and subsequent medical care is important for a child's optimal development until they reach adulthood. The question is how to proceed in our country regarding community care in the perinatal period? We should build on positive experiences from the past in the Czech Republic and Slovakia and discuss effective practices from other countries as well. Even though current living conditions are a lot better than in the past, the need for an expert to help protect health and solve health care issues in communities

is still an urgent task today. The visiting service of midwives in the home environment of women and pediatric nurses in neonatal period in the home environment would allow family members to recognize their readiness for the arrival of a new member of the family. To get to know the environment – physical, psychological and social, in which there is a new individual, is an extremely important condition for their healthy development and the detection of potential risks. For health care support it is necessary to assist and advise women during pregnancy, delivery and puerperium, as to cope with pregnancy naturally, and prepare them for childbirth both physically and mentally, and to help new mothers and their children. A holistic approach in perinatal care should provide recognition of the situation and of potential health risks that would require medical intervention.

A personal interview with a major Slovakian pediatrician Professor Dluholucký shows that he is not satisfied with the status quo, especially with the home visits of newborns and infants. Complex pediatric care, which was based on the district pediatrician with 1.5 pediatric nurses, was gradually reduced to the status quo. A blow to the neck was the privatization of first contact, when practitioners for children and adolescents remained with one pediatric nurse is "fixed" to the computer in the office. Visiting services went down dramatically and within two years, the number of visits by nurses went down from the total number of 1,200,000 to a scant 200,000. There are undoubtedly solutions that must be carried out. Houšťek, Dunovský and regional pediatricians in the Czech Republic highly rate the concept of home visits, which were created by the Czech school system. History is indeed very instructive and we should learn from it.

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