

<https://doi.org/10.21272/hem.2021.4-06>

JEL Classification: I18, H51, P36

Iryna Didenko,

Ph.D., Sumy State University, Ukraine

 ORCID ID, 0000-0003-1934-7031

email: i.didenko@biem.sumdu.edu.ua

Tetyana Moroz,

Sumy State University

Lesya Prasol,

Entrepreneur, China

Correspondence author: i.didenko@biem.sumdu.edu.ua

## STATE POLICY OF IMPROVING MEDICAL CARE FOR NEWBORNS IN CONDITIONS OF MEDICAL REFORM IN UKRAINE

**Abstract.** *The paper analyzes the policy of improving medical care for newborns in the context of medical reform in Ukraine. The state policy of improving medical care for newborns in other countries is analyzed. The directions of improving medical care for newborns in the conditions of medical reform in Ukraine are generalized. A comprehensive analysis of the current state policy of improving medical care for newborns on the example of Shostka Central District Hospital. The tendencies to improve medical care for newborns in Shostka district hospital are analyzed. The directions for improving medical care for newborns in the conditions of medical reform in Ukraine are determined, and recommendations for the improvement of medical care for newborns are offered. The study's relevance is justified by the fact that, on the one hand, the preservation of life and health of children has always been and remains a priority for any civilized state, as it determines the level of its social, economic, and humanitarian development.*

*On the other hand, current socioeconomic conditions determine the opportunities for the development of medical science and technology and their accessibility to the population, which dictate their problems and priorities in the field of public health and its essential component - newborns. Extremely high dependence of life and health of the newborn on medical and organizational and information technologies, optimization of medical care for pregnant women, mothers, and their children. The problem of the quality of care for newborns in current economic and social conditions is acquiring some new areas that require practical solutions. The work aims to theoretically substantiate the priority directions of the state policy of improving medical care for newborns in the context of medical reform in Ukraine and analyze its results in the example of Shostka Central District Hospital. The object of the study is the state policy to improve medical care for newborns in the context of medical reform in Ukraine. The subject of the research is the priority directions of the state policy of improving medical care for newborns in the conditions of medical reform in Ukraine. General scientific theoretical methods were used to solve the outlined tasks and achieve the goal of the research: study and analysis of scientific sources on the research problem and generalization of data. Statistical methods were also used. The survey results allowed us to scientifically substantiate the priority state directions of improving the quality of care for newborns. The transition from measures that replace the quality control activities of already provided medical care to a quality management system will ensure continuous, targeted improvement of newborns' results, prognosis, and health indicators.*

**Keywords:** the state policy of medical care, medical care for newborns, areas of improvement in medical care.

**Introduction.** The relevance of our study is justified by the fact that, on the one hand, the preservation of children's lives and health has always been and remains a priority for any civilized state, as it determines the level of its social, economic, and humanitarian development. On the other hand, current socioeconomic conditions determine the opportunities for the development of medical science and technology and their

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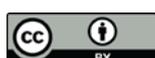
**Cite as:** Didenko, I., Moroz, T., & Prasol, L. (2021). State Policy of Improving Medical Care for Newborns in Conditions of Medical Reform in Ukraine. *Health Economics and Management Review*, 4, 62-70. <http://doi.org/10.21272/hem.2021.4-06>

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Received: 29 November 2021

Accepted: 29 December 2021

Published: 30 December 2021



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accessibility to the population, which dictate their problems and priorities in the field of public health and its essential component - newborns.

The peculiarity of perinatal health is its high demographic significance (because newborns determine the health potential of the population) and social conditionality - the dependence of fetal and early postnatal development on the quality of life in the country and family health (Goida and Donets, 2012). In Ukraine, as in other countries with low birth rates, the life and health of every child are of great value (Shevtsov, 2006). However, according to official statistics, every third child is born ill. The incidence of newborns in the 90s of last year and the first years of this century has increased almost two times. This dynamics of morbidity is partly due to increased laboratory diagnostic capabilities. The impact of fetal and newborn health on the development of children's disabilities should not be underestimated. More than 60% of cases are due to pathology of the perinatal period (Ministry of Health Ukraine, 2020). In addition, despite the steady decline in infant and perinatal mortality, in Ukraine, these figures are still relatively high, and in most regions, almost twice as high as in the European Union.

**Literature Review.** For modern Ukraine, childbirth problems and care of children with light body weight are significant. The conditions for transition to the criteria of registration are recommended by the World Health Organization (WHO, 2019). The solution to these problems depends not only on the increase compared in international, perinatal, and infant mortality rates but also on the possibility of their further reduction, which will contribute to the progress of knowledge and skills of nursing children of different maturity. Extremely high dependence of preservation of life and health of the born child on medical-organizational and information technologies, optimization of management of medical care to pregnant women, parturients, and their children (Zhilka, 2014; Dudina and Gaborets, 2016). The problem of the quality of care for newborns in current economic and social conditions is acquiring several new areas that require practical solutions. These problems, in our opinion, have not received a purposeful comprehensive study. The need for multifactorial, comparative research in neonatology is especially relevant in the context of active state demographic policy and priority implementation of maternal and child health programs in the context of medical reform in Ukraine.

**Methodology and research methods.** General scientific theoretical methods were used to solve the outlined tasks and achieve the goal of the research: study and analysis of scientific sources on the research problem and generalization of data. Statistical methods were also used.

**Results.** Among the priority tasks of perinatal medicine in Ukraine, scientists note:

1. Decrease in the share of premature infants in the structure of perinatal morbidity and mortality and the number of premature births.
2. Pre-pregnancy training for married couples is a fundamental approach to preventing perinatal pathology.
3. Improving the diagnosis of the fetus (fetal medicine).
4. Changing the priorities of perinatal medicine in the direction of primary prevention of pathology.
5. Review approaches resuscitation and care of children born with low body weight. (Moiseenko, 2013; Shunko, 2011).

Legislation and the Concept of Public Health Development of Ukraine noted that the state's priority in health care is to preserve the life and health of newborns, which is defined in the framework of health reform in Ukraine (Karamyshev, 2004). This is a strategy for the development of the future of our country. One of the ways to improve medical care for newborns in the framework of Ukrainian state policy is a clinical perinatal audit. (14 according to the order of the Ministry of Health of Ukraine dated 19.02.2009 № 102/18). (Zhalilo and Martyniuk, 2016). Implementing international programs and strategies of the World Health Organization on global priorities of reproductive health and reorientation of perinatal care facilities to science-based practice has helped reduce perinatal pathology and maternal and fetal losses in many countries, including Ukraine (WHO, 2010; European Base, 2020). Most documents outline prospects and

ways to reduce neonatal mortality in Ukraine. Among them, we consider the main ones: - improving the quality of medical care for pregnant women, mothers, and newborns; - conducting a confidential clinical perinatal and neonatal audit; - continuing the development of unified clinical protocols and standards of medical care based on evidence-based medicine; - development and implementation of indicators of perinatal care quality; - raising the level of professional knowledge through the introduction of continuing postgraduate education (Ministry of Health of Ukraine, 2020).

We also consider it necessary to point out some risks of reforming medical care for newborns, in particular:

1. The general rejection of medical reform by both the population and physicians due to fears of possible consequences of reform changes.
2. Opportunity in the first stages of reform to increase maternal and neonatal mortality due to changes in the care system and its stabilization, with a further steady decline in these indicators.
3. Lack of information support for the reorganization due to the limited number of specialists who can professionally disseminate information about health reform among the population.
4. Possible interruptions and shortcomings of stable funding of medicine in general and medical care for newborns, in particular, due to the unresolved provisions of certain legislative acts.
5. Insufficient training and postgraduate training of 16 general practitioners and family doctors in obstetrics and gynecology.
6. Low level of remuneration of the medical staff of perinatal care centers, obstetrics, and neonatal departments, especially in rural areas.
7. Problems of transport support (condition of roads and availability of vehicles).
8. Socio-economic status of the population, especially among large families, leads to increased perinatal risk.

The WHO report also notes that a healthy start to pregnancy and its course before delivery and the first months after birth are pretty 17 essential for every mother and child. Ensuring universal health coverage will ensure that everyone, including newborns, has access to such services. In this case, they will not face financial difficulties. Progress in neonatal health is a win-win situation: firstly, lives will be saved, and secondly, it is critical in early childhood development. All of this will positively impact families, society, and future generations (WHO, 2019). According to the above report, many newborns at risk do not live for one month without specialized treatment. In 2019, about 2.5 million newborns died, mostly from possible causes. Almost two-thirds of the children who died were born prematurely. And those children who survive may later face chronic diseases or developmental delays. Yes, about 1 million newborns born with low birth weight and one condition stay, but they develop a lifelong disability. We analyzed statistics on the causes of infant mortality in different countries over the past 15 years. According to the analysis results, trends in the dynamics of infant mortality for each reason and each country selected for the study were identified, and possible causes of infant mortality were considered.

Fifteen countries were taken from such continents as North and South America, Australia, and Eurasia for data analysis. The choice of countries is determined by different economic developments and, accordingly, the level of health care, which is undoubtedly related to the problem of infant mortality. Countries are other in socio-economic status. The most developed countries are the USA, Germany, and France. Highly developed countries: Finland, China. Countries with economies in transition: Belarus, Estonia, Kazakhstan, Latvia, Ukraine. Highly urbanized migrant countries: Argentina. Developing countries: India, Pakistan. Countries with resettlement capitalism: Australia. This study is based on WHO statistics, which identify the three most common causes of infant mortality: premature birth (prematurity), sepsis and other infectious diseases of the newborn, and asphyxia and birth injuries.

After analyzing each cause of infant mortality, we obtained the results presented in tables 1, 2.

**Table 1. Dynamics of statistical indicators of infant mortality due to prematurity, %**

Contry/ year	2005	2010	2015	2020	Absolute growth
France	0,7	0,6	0,7	0,6	-0,1
Australia	0,8	1,1	0,8	0,6	-0,2
Finland	0,8	0,8	0,6	0,4	-0,4
Germany	1,3	1,3	1	0,9	-0,4
Estonia	2	0,9	0,3	0,3	-1,7
USA	2,1	2,1	1,9	1,6	-0,5
Latvia	3	1,7	0,8	1,1	-1,9
Belarus	3	1,7	0,9	0,7	-2,3
Ukraine	4,6	3,6	2,9	2,3	-2,3
China	5,5	4,2	2,8	1,9	-3,6
Argentina	5,2	4,2	3,3	2,8	-2,4
Kazahstan	9,1	6,2	3,6	2,2	-6,9
India	14,5	13,5	12,9	12,1	-1,6
Pakistan	16	16,6	17,4	17,9	1,9

Sources: developed by the authors.

According to Table 1 it is possible to conclude that consistently low rates of infant mortality due to prematurity are in France, Australia, Finland, Germany, and the USA. Reduction of infant mortality rates due to prematurity by two times (from 2005 to 2020): Estonia, Ukraine, Argentina, Ukraine. Reduction of infant mortality rates by more than two times (from 2005 to 2020): Belarus, China, Kazahstan, and Latvia. India is also experiencing a decline in infant mortality, but the country cannot be classified as another due to high baseline rates (14.5 per 1,000 population in 2005). An increase in infant mortality due to prematurity (from 2005 to 2020) was observed in Pakistan (from 16.0 in 2005 to 17.9 in 2020). It should be clarified that there has been a dependence of infant mortality rates on the economic and social conditions of the country over the past 15 years. A clear example is Pakistan, which belongs to the developing countries (Pakistan ranks 25th in the ranking of infant mortality according to Total-rating.ru [3]). Table 1.2 presents the dynamics of infant mortality rates due to sepsis and other newborn diseases.

**Table 2. Dynamics of infant mortality rates due to sepsis and other diseases of the newborn, %**

Contry/ year	2005	2010	2015	2020	Absolute growth
France	0,1	0,1	0,1	0,1	0
Australia	0,1	0,1	0,1	0,1	0
Finland	0,2	0,2	0,2	0,2	0
Germany	0,2	0,1	0,1	0,1	-0,1
Estonia	0,2	0,1	0,1	0	-0,2
USA	0,3	0,2	0,2	0,1	-0,2
Latvia	0,3	0,5	0,7	0,6	0,3
Belarus	0,4	0,2	0,1	0,1	-0,3
Ukraine	0,7	0,6	0,4	0,3	-0,4
China	1,2	0,3	0,4	0,3	-0,4
Argentina	1,2	1,1	0,8	0,6	-0,6
Kazahstan	1,8	1,5	1,2	0,8	-1,0
India	6,9	5,9	4,9	3,8	-3,1
Pakistan	9,7	9,8	9,3	7,8	-1,9

Sources: developed by the authors.

According to the table, a consistently low (or non-variable) infant mortality rate from sepsis and other infectious diseases is determined in Finland, Germany, the USA, France, Australia, and China. The

reduction in infant mortality from sepsis and other infectious diseases has been halved in Argentina and India. The removal of infant mortality from sepsis and other infectious diseases is more than doubled in Belarus, Ukraine, Estonia, and Kazakhstan. However, it should be noted that countries in this subgroup have lower infant mortality rates than in the previous subset. A slight reduction in infant mortality from sepsis and other infectious diseases is identified in a country such as Pakistan. At the same time, the increase in infant mortality from sepsis and other infectious diseases is determined, for example, in Latvia (from 0.3 in 2005 to 0.6 in 2020). It should also be noted that, in general, in all analyzed countries, there is a slightly different picture of the dynamics of infant mortality from sepsis and other infectious diseases than we saw in the dynamics of infant mortality due to prematurity. We see that the indicators do not have a clear downward trend but «jump» from year to year (for example, such dynamics can be observed in Estonia and Latvia, which can be attributed to the close location of countries relative to each other and similar leadership position. The problem, as well as similar socio-economic conditions). In addition, some countries have consistent rates of infant mortality from sepsis and other infectious diseases throughout the period (USA and Germany), and 21 countries with fluctuations in the range of 0.1 (France, Finland, Australia).

According to the WHO report 2019, the global goal of universal health coverage will not be achieved unless the necessary changes are made to the newborn care system. Without rapid progress on these issues, some countries will not be able to achieve this goal for another 11 decades. The report contains the following recommendations that can help save the lives of newborns (WHO, 2019):

- providing round-the-clock inpatient care to newborns seven days a week;
- training nurses in practical care skills in partnership with families;
- use the benefits of parents and families by teaching them how to become experienced caregivers and care for their children, which can reduce stress, help children gain weight, and ensure the proper development of their brains;
  - ensuring the proper quality of medical services should be part of the country's policy and long-term «investment» in low birth weight or any disease;
  - monitoring the condition of each newborn with low birth weight or any disease that will allow those responsible for monitoring the progress of medical care and improving its results;
  - allocating the necessary resources as an additional investment of 0.20 US cents per person will save two to three out of three newborns in low- and middle-income countries by 2030.

With proper care, these children will be able to live without serious complications. The report also says that by 2030, more than 2.9 million women and newborns will be saved in 81 countries, including the prevention of stillbirths, provided better and more effective health care strategies are adopted. For example, if the same medical team takes care of the mother and child during childbirth and after birth, it will allow her to detect health problems in the early stages. Moreover, by 2030 it will be possible to prevent almost 68% of infant deaths using such simple methods as:

- exclusive breastfeeding;
- physical contact between mother or father and child;
- 24 - provision of necessary medicines and equipment;
- access to clean, well-equipped medical facilities staffed with qualified medical personnel.

Other measures, such as:

- resuscitation measures in cases of respiratory disorders in children;
- the introduction of the mother of appropriate drugs to prevent bleeding;
- timely umbilical cord-cutting, can also save millions of lives.

Every year, the Ministry of Health of Ukraine reports to the President of Ukraine, the Verkhovna Rada, and the Cabinet of Ministers of Ukraine on the population's state of health. Analysis of neonatal care is a separate section of the national report. With Ukraine's independence, the health of newborns became a

matter for the state. Measures of economic, social, scientific, cultural, educational, organizational, sanitary, and medical nature were taken to preserve newborns' health and create favorable conditions for their health care. However, objective data on the state of health indicate that measures of state influence on the state of improvement of medical care for newborns remain either insufficient or ineffective. In 2019, Ukraine ranked 176th in the global birth rate ranking. In 1990, 12.6 babies were born in Ukraine per 1,000 population, while in 2019 - only 9.3.

According to the State Statistics Service, in 2019, the population of Ukraine decreased by 230.5 thousand people. Today, the infant mortality rate in Ukraine is almost three times higher than in European countries.

– Ukraine's transition to WHO-recommended perinatal registration criteria is a necessary and crucial step that will make it possible to compare perinatal statistics in Ukraine and leading countries with the aim of appropriate analysis, perinatal audit, and sound decisions and programs on the scope and focus of measures. State levels. As of October 2020, the National Health Insurance Fund has contracted 121 medical institutions that provide neonatal care to newborns in Ukraine. Among them are 21 perinatal centers, 3 - mother and child centers, 24 maternity hospitals, and 23 regional children's hospitals. The National Health Insurance Fund paid almost UAH 180 million to these medical institutions to assist newborns. 5,331 infants received medical care in these institutions in April-May. Of these, 417 babies were born weighing less than 1,500 grams. Pregnant women in Shostka and Shostka district are served by the following units of the central district hospital:

- women's consultation;
- gynecological department;
- maternity ward.

Medical care is also provided in all hospital departments if extragenital pathology is detected in pregnant women up to 22 weeks of gestation. The most important task of the institution is to provide qualified care to pregnant women at the prenatal level, during childbirth, and during the postpartum period to give birth to a healthy child. Newborn children are treated in the neonatal department of the central district hospital and the children's hospital in Shostka. All departments work as a single unit and, in 2008, earned the title of «Child-Friendly Hospital». Outpatient care for pregnant women is provided in the women's clinic. The women's clinic is designed for 80 visits per shift. Since 1996, the women's clinic has had a family planning office, which conducts sanitary and educational work on family planning and safe motherhood. Prenatal diagnosis is performed to detect fetal pathology, including:

- genetic counseling of pregnant women;
- double ultrasound screening at 9-11 weeks and 16-21 weeks of gestation;
- laboratory examination for HIV, hepatitis B, C, syphilis, and TORCH indications.

The Women's Counseling Center runs a women's clinic to prepare a married couples for childbirth and childbirth. There is a day hospital at the women's clinic with 15 beds. Inpatient care for pregnant women is provided up to 22 weeks in the gynecology department and all departments of the hospital, from 22 weeks of gestation in the maternity ward on the beds of the pathology of pregnant women.

The maternity ward of Shostka Hospital has 35 beds, including 23 maternity beds and 12 maternity beds. Since 2007, the maternity ward has had the status of «Child-Friendly Hospital» in 2015, a monitoring visit was conducted with the participation of a WHO expert. Compared to 2019, the population has decreased.

The analysis of the neonatal department of Shostka Hospital revealed a significant increase in medical records through 39 MIS - these are diagnostic reports, provided procedures, created and implemented referrals, episodes, and more. There are also erroneous data that are not accepted by the NSSU and are not paid for the service provided in the 3rd quarter of 2020 -0.37%, in the 4th quarter - 1.12%. We generally have a deviation of 1.02% compared to the active ones for the year, which does not affect almost the total

amount of funding for services provided. We also consider it necessary to note that today in the neonatal department of Shostka Hospital, there is an opportunity to create a medical report on the birth of a child. We attribute the analysis of the possibilities of structuring and providing information in the neonatal department of Shostka Hospital to the prospects of our study.

Modern public policy involves managing the quality of health care and the effectiveness of the investment at all stages of pregnancy, childbirth, and the neonatal period in regions with different levels of funding. Planning the modernization of structures that provide medical care to newborns in our country requires accurate knowledge of the initial quality of care, processes, and results of its provision at various levels. For modern high-tech medicine, the most relevant are organizational measures that replace the quality control of already provided medical care with a quality management system that offers continuous targeted improvement of newborns' results, prognosis, and health. Priority areas of modern medical care for newborns are not only the elimination of cases of suboptimal according to existing standards, the management of newborns in different clinical situations, and the continuous improvement of quality standards themselves. It will allow optimizing the system of evaluation and assistance in neonatology, regardless of the level of funding of the regions.

Audit of neonatal service will reveal territorial differences in the regions of Ukraine in terms of morbidity, perinatal and pediatric Information and analytical system Audit of neonatal service Organizational module Innovative neonatal technologies Satisfaction with the design of medical care for newborns 45 deaths which require reliability, efficiency, and comprehensiveness of Information about resources, functions, and interaction of institutions of different levels. The quality of care accordingly affects the survival and health of newborns through the effectiveness of clinical processes and the organization of the optimal structure of institutions based on the principle of regionalization, which according to medical reform, determines the equal availability and continuity of care. An essential criterion for assessing the medical and psychological components of medical care for newborns is the satisfaction of patients' families, which has not yet found applied in our country. In our opinion, specific, significant reserves for improving medical care for newborns can be identified by studying various parameters: structure of institutions, logistics, staffing, professionalism of the staff, assessment of current statistics, the current state of child care, regionalization of perinatal services, expert analysis of patient documentation, results of questionnaires of patients and doctors.

**Conclusions.** A comprehensive study of the problems and current state of the neonatal care service allowed to substantiate the priority areas for improving the quality of neonatal care. First of all, it introduces modern technologies and rational re-equipment / re-equipment of medical institutions that provide care for newborns. We also consider essential areas:

- the implementation of a three-tier structure of assistance, able on the basis of the principles of regionalization to ensure the continuity of the aid of the required level with optimal cost reduction;
- 46 - availability of specialized care, regardless of the place of residence (in urban and rural areas) by improving the efficiency of perinatal centers;
- introduction of methods of multifactorial and objective assessment of the quality of medical activities - perinatal audit; continuity of vocational education;
- modern, justified by regional needs, specialization of medical workers. In our opinion, the system of assessing the quality of medical care for newborns should consist of:
  1. An expanded assessment of statistical indicators (based on the analysis of existing reporting forms);
  2. Methods of assessment (self-assessment) of the quality of care in hospitals;
  3. Methods of auditing (primarily internal) primary documentation regulated at the level of internal reporting of hospitals.

Among the methods of assessing the effectiveness of medical care for newborns in Ukraine should be introduced coefficient:

- centralization of care for newborns;
- separate calculation for all institutions of each level of perinatal, early neonatal mortality, and stillbirth;
- the percentage of premature births.

We consider the following indicators of insufficient medical care:

- the absence of the vast majority of complicated and premature births in the HRC,
- high infant mortality rates in the first and partially second level institutions.

We also consider it necessary to note that the high intensification of the work of medical staff in the care of seriously ill, premature children dictates the importance of rational staffing of institutions with the necessary professional training. Therefore, modernization and continuity of postgraduate education, specialization of medical staff, training of employees in the psychological aspects of work, communication skills, and antenatal counseling at the risk of premature birth are needed. At the same time, it is necessary to provide newborn care physicians with timely access to professional information, standards, and clinical guidelines, followed by an audit of knowledge and skills.

**Author Contributions:** conceptualization, I. D.; formal analysis, T. M.; investigation, I. D. and L. P.; resources, I. D., data curation, I. D.; writing-original draft preparation, T. M.; writing-review and editing, L. P., I. D. and T. M.; visualization T. M.; supervision, I. D.; project administration, L. P.; funding acquisition, I. D.

**Funding:** This research received no external funding.

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*Ірина Діденко, к.е.н., Сумський державний університет, Україна*

*Тетяна Мороз, Сумський державний університет, Україна*

*Леся Прасол, підприємець, Китай*

**Державна політика покращення медичної допомоги новонародженим в умовах медичної реформи в Україні**

У роботі здійснено аналіз політики покращення медичної допомоги новонародженим в умовах медичної реформи в Україні. Проаналізовано державну політику покращення медичної допомоги новонародженим в інших країнах. Комплексний аналіз сучасної державної політики удосконалення медичної допомоги новонародженим здійснено на прикладі Шосткинської центральної районної лікарні. Проаналізовано тенденції покращення медичної допомоги новонародженим у Шосткинській районній лікарні. Визначено напрями вдосконалення медичної допомоги новонародженим в умовах медичної реформи в Україні та запропоновано рекомендації щодо вдосконалення медичної допомоги новонародженим. Надзвичайно висока залежність життя та здоров'я новонародженого від медичних та організаційно-інформаційних технологій, оптимізації медичної допомоги вагітним жінкам, матерям та їхнім дітям. Проблема якості догляду за новонародженими в сучасних економічних і соціальних умовах набуває нових напрямків, які потребують практичного вирішення. Метою роботи є теоретичне обґрунтування пріоритетних напрямів державної політики удосконалення медичної допомоги новонародженим у контексті медичної реформи в Україні та аналіз її результатів на прикладі Шосткинської центральної районної лікарні. Об'єктом дослідження є державна політика щодо покращення медичної допомоги новонародженим в умовах медичної реформи в Україні. Предметом дослідження є пріоритетні напрями державної політики удосконалення медичної допомоги новонародженим в умовах медичної реформи в Україні. Для вирішення поставлених завдань та досягнення мети дослідження були використані загальнонаукові теоретичні методи: вивчення та аналіз наукових джерел з проблеми дослідження та узагальнення даних. Були також використані статистичні методи. Результати опитування дозволили науково обґрунтувати пріоритетні державні напрями підвищення якості надання допомоги новонародженим. Перехід від заходів, що замінюють діяльність з контролю якості вже наданої медичної допомоги, до системи управління якістю забезпечить постійне цілеспрямоване покращення результатів, прогнозу та показників здоров'я новонароджених.

**Ключові слова:** державна політика медичної допомоги, медична допомога новонародженим, напрями покращення медичної допомоги.