

POLICY OF THE ACCOUNTING AND ANALYSIS OF THE CAUSES OF MATERNAL AND INFANT MORTALITY IN THE RUSSIAN FEDERATION

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Maternity and child welfare service is one of the main directions of the state and social policy of the Russian Federation. In order to ensure the proper control, statistics containing data on maternal and child mortality are annually collected and analyzed. The statistical form number 32 and 232 shall be provided by medical organizations providing obstetrical and gynecological care during pregnancy, childbirth and the postpartum period (maternity hospitals, perinatal centers, medical organizations that include women's clinics, obstetrics and gynecology offices, maternity wards and chambers etc). The above forms were introduced in 1984, although significant changes were made in the past time range.

Since 1992 the registration of newborns from 500 grams has started, regardless of the signs of live birth. Since that time pregnant women, starting from 22 weeks, were hospitalized not in gynecological, but in obstetrical units. The forms of statistics include information about all those born alive and dead, as well as those who died in the first 6 days of life and then, with a body weight of 500 grams or more, which is recommended by the World Health Organization within the invented criteria for live birth and stillbirth. In addition, for dead stillborn children, it became necessary to take into account not only the underlying disease, but also related pathologies (which, however, led to the problem of identifying the main cause of death of the child).

In 2009, changes were made in the part of the need to indicate the presence of HIV infection in the mother and newborn. Numerous changes in the form of statistics N 32 and 232 followed the regulatory requirements associated with the expansion of the survey protocols for pregnant and newborns.

The formation of statistics is carried out in two stages - at the level of the regions and, then at the level of the entire state. That notwithstanding, the "delivery of the annual report" is not a formal procedure, but is accompanied by a thorough analysis, including explanations provided and, in the case of maternal and infant mortality, explanatory notes on the clinical analysis of each such case.

In 2015, the birth rate was 13.3 per 1000 of the average annual population of Russia, this figure has not changed since 2012. The mortality rate of newborns in 2015 was 2.56 per 1,000 live births, of which 72% are premature.

Simultaneously with the statistics, sociological studies are conducted to determine the risk factors for the birth of premature infants. The most frequent complications were toxicosis of pregnant women (55.7%), threat of termination of pregnancy (49.4%), bleeding at various gestational age (30.4%). Toxicosis was most often combined with the threat of abortion (27.8%), as well as the detection of an increase in blood pressure (16.5%). The threat of interruption was more often detected with bleeding (20.3%), anemia (20.3%). Signs of gestosis in women were revealed in 10.1% of cases (combination of edema, elevated blood pressure, appearance of protein in the urine), in 3.8% of women, gestosis was complicated by eclampsia.

Conclusions. To solve the current problem of reducing maternal and infant mortality in the Russian Federation, a set of measures is needed, including in the part of accounting for these conditions, however, it must be taken into account that for the conduct of comparative studies, form stability is also necessary.

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