

**Every pregnancy is desirable, every childbirth is safe,
all young people have the opportunity to realize their potential**



Prevention and Control of Perinatal Care Infections in Kazakhstan: *UNFPA activities*

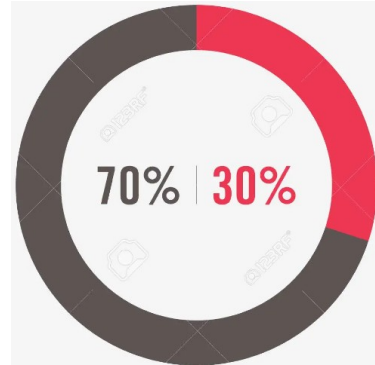
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on Sexual and Reproductive Health

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Perinatal Care Infections in the Republic of Kazakhstan (*current situation*)



Sepsis is the main cause of maternal and neonatal mortality (*HAI prevention can reduce mortality by up to 30%*)



Development of specialized neonatal care and nursing of premature newborns (*HAI (healthcare-associated infection) in intensive care units is up to 70%*)



High concentration of childbirths (70-80% of all childbirths) in 2nd and 3rd level organizations of regionalization of perinatal care in the cities of regions and the **introduction of high-tech** surgical operations into routine practices



Spread of flora in hospitals (such as *Acinetobacter*, *Pseudomonas*, etc.), which is resistant to 3-generation antibiotics and the emergence of resistance to meropenems



High workload of medium-grade medical personnel:

Nurse-midwives:
childbirth = 1:4.8 (with a norm of 1:2)

Neonatal nurses:
newborns = 1:2.7 (with a norm of 1:2)
intensive care units – 1:5.6 (with a norm of 1:1)

UNFPA activities in improving infection prevention and control systems in Kazakhstan

1

Introduction of effective perinatal technologies, including **a set of infection control measures** (since 2010 at the national level)

2

Introduction of the **HAI prevention and control program** at the level of obstetric organizations in two southern regions of the country in 2018-2019:

Improving the system of **epidemiological surveillance and monitoring for HAI** and risk factors (together with the National Center for Sanitary and Epidemiological Expertise and Monitoring):

- training and pilot implementation of HAI epidemiological monitoring (Point Prevention Study, a cross-sectional study of the HAI prevalence in 5 perinatal centers of South Kazakhstan and Zhambyl regions by international experts)

Improving the **bacteriological monitoring and control system** in obstetric organizations:

- assessment of the quality of microbiological laboratories in South Kazakhstan and Zhambyl regions by international experts
- 2 technical workshops devoted to the basics of modern clinical epidemiology and microbiology for obstetricians, neonatologists and infection control specialists in April and October 2018 held by international experts

CONCLUSIONS:

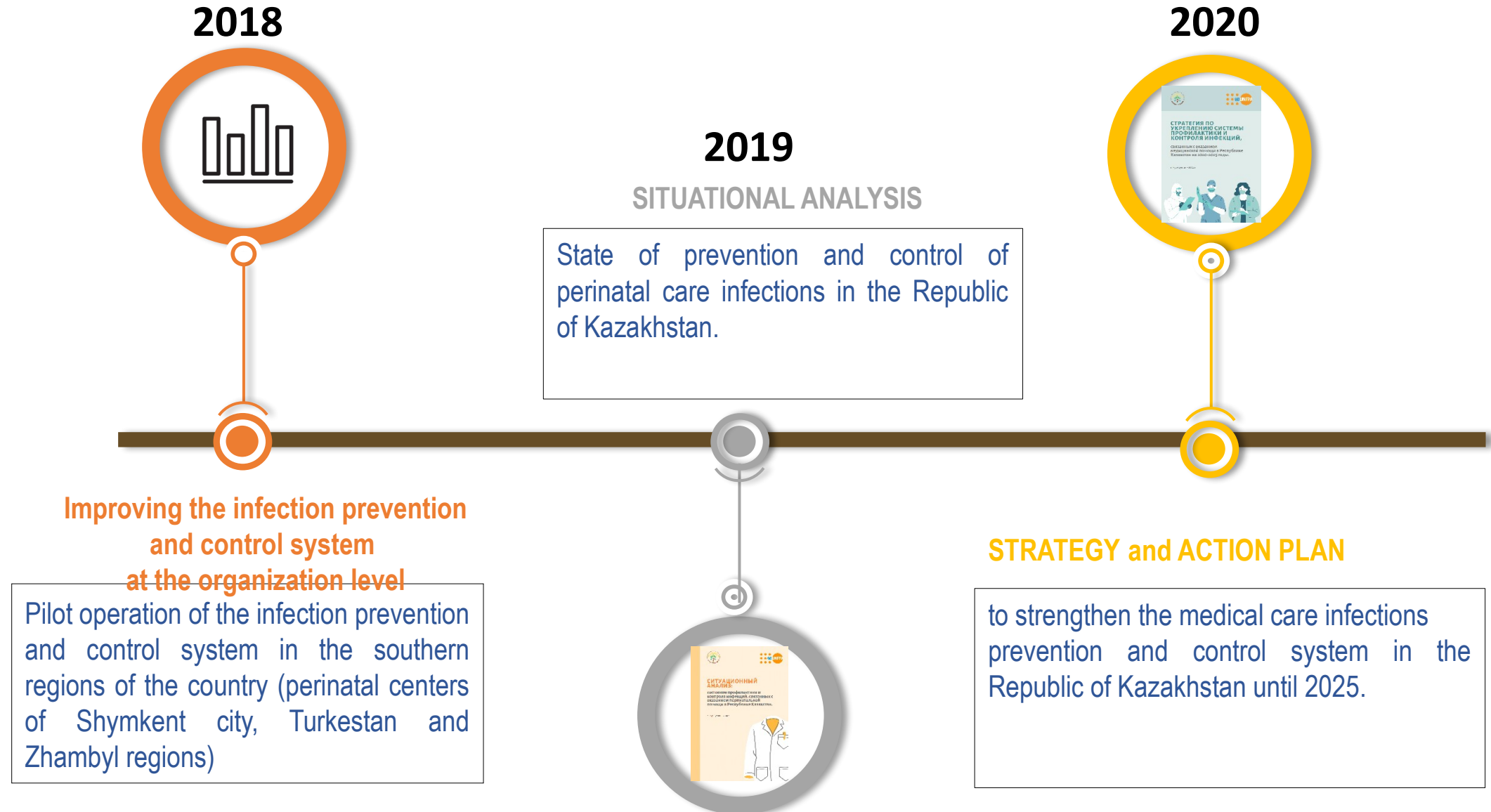


The HAI epidemiological surveillance and monitoring system is outdated and requires improvement in accordance with modern approaches and knowledge



1. Outdated technologies: methods of detection and identification of pathogens do not meet modern standards; absence of industrially manufactured media for detecting microorganisms; insufficient knowledge/skills in sampling material for bacteriological examinations.
2. Lack of state-of-the-art knowledge among bacteriologists in the field of clinical microbiology and lack of microbiologists to provide consultations to clinicians
3. The system of internal and external quality control is not implemented

UNFPA activities in improving infection prevention and control systems in Kazakhstan



Main results of the infection prevention and control system assessment *at the national level in Kazakhstan*



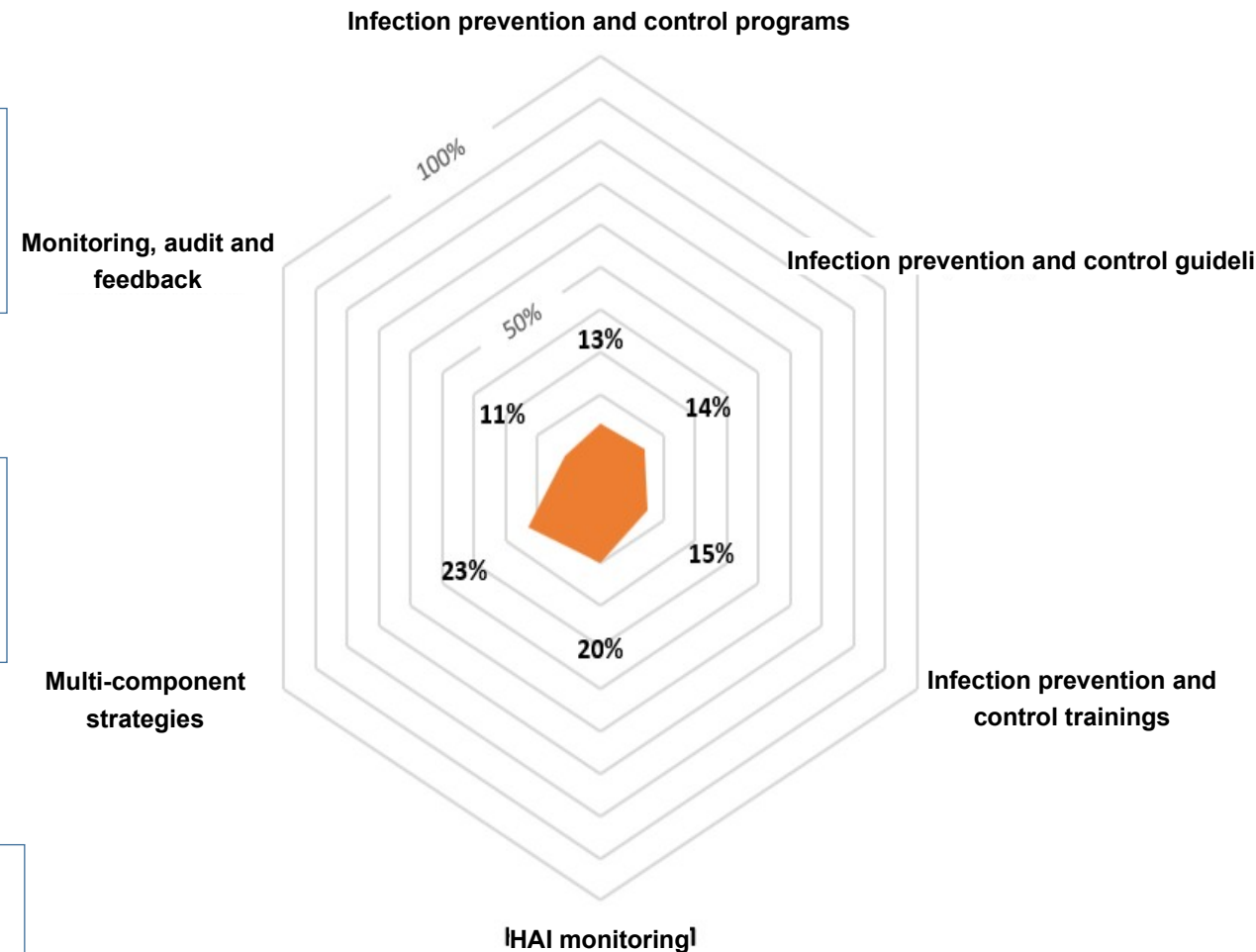
The existing infection prevention and control system in Kazakhstan meets WHO recommendations only by **17.9%**.



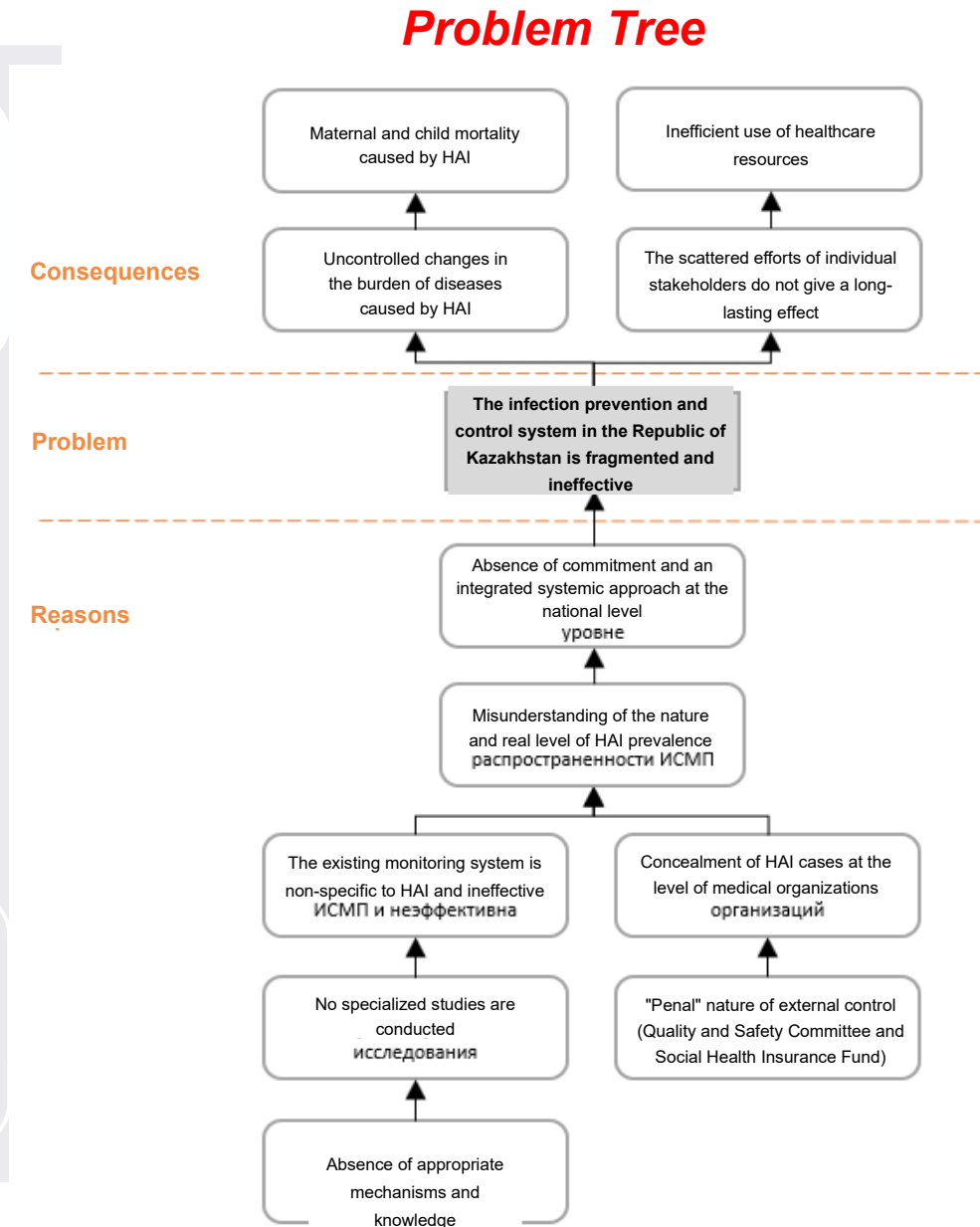
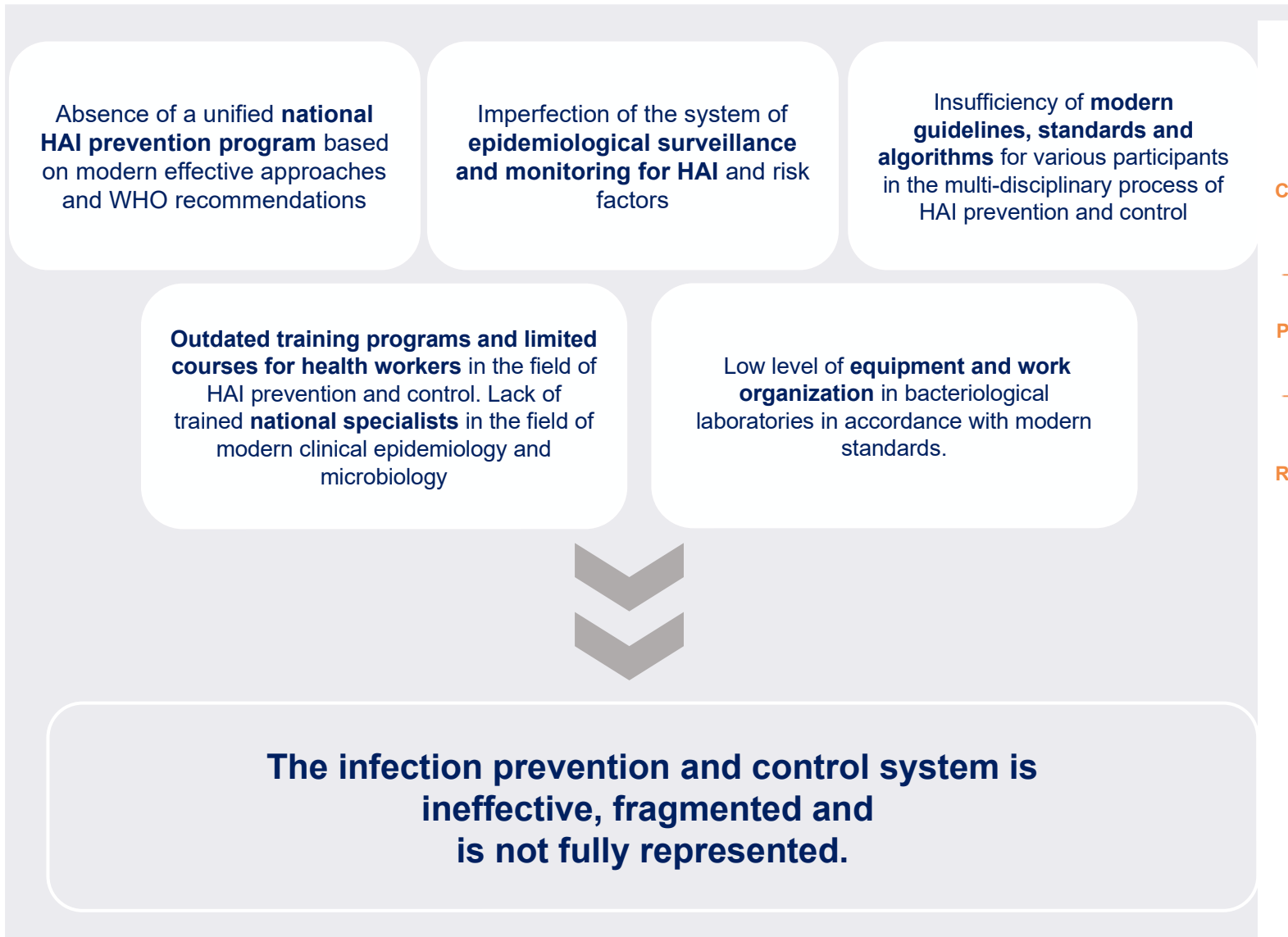
None of the six areas of the recommended infection prevention and control system **reaches even 25%** of compliance with WHO recommendations.



The existing infection control system is **fragmented and ineffective**



Most critical areas of the infection prevention and control service in the Republic of Kazakhstan

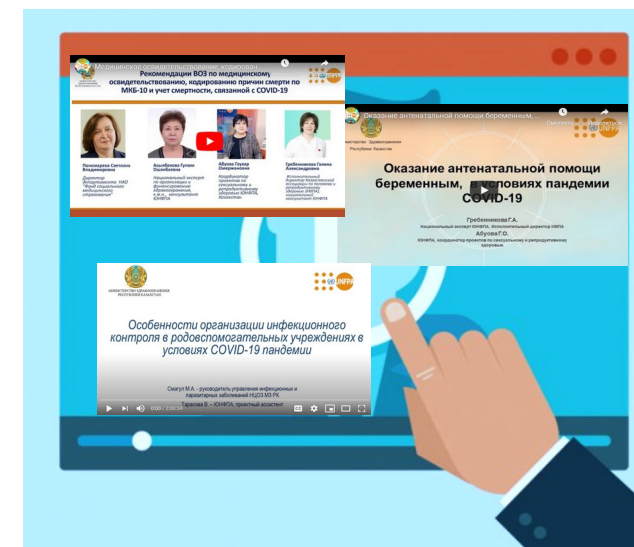
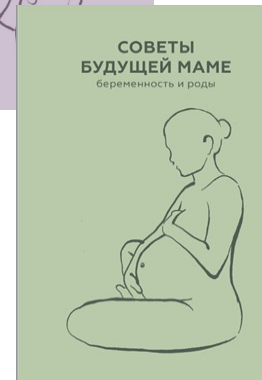


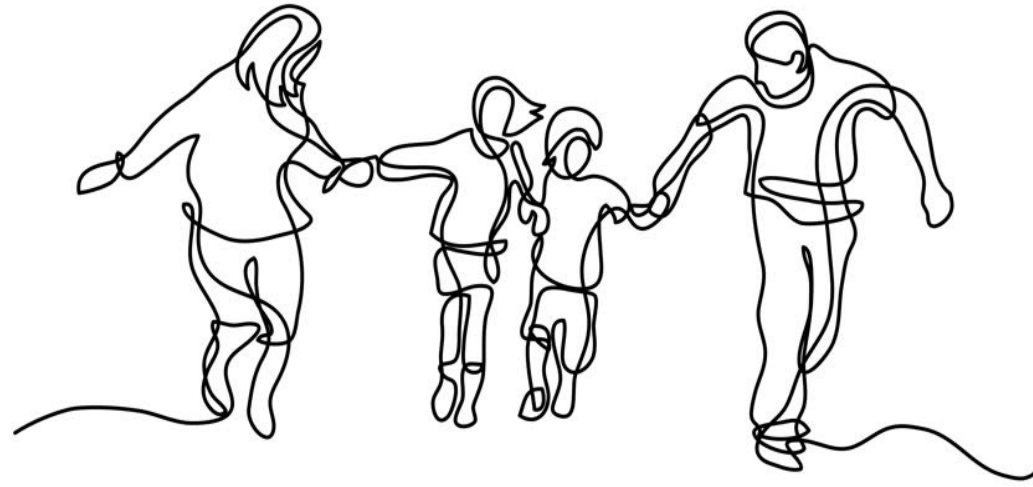
COVID – 19: UNFPA technical assistance to the Ministry of Health of the Republic of Kazakhstan

1. A memo "What You Should Know About Coronavirus Infection (COVID-19)" and brochures on the care of pregnant and lactating women and newborns were developed for pregnant and lactating women
2. The Methodological Guidance "Instructions for the Management of Pregnant Women and Women in Childbirth in conditions of COVID-19 pandemic" was developed for the maternity obstetric service
3. The Methodological Guidance and a training course "Instructions for Providing Remote Outpatient Antenatal Care in conditions of COVID-19 pandemic" (2020) were developed
4. Training of medical workers in infection control amid the pandemic (8 online workshops, 1,235 participants), obstetric and neonatal care (2019-2020) was provided

CONCLUSION:

There is a need to develop a model (guidance) for the organization and provision of assistance to pregnant women in crisis conditions as well as to train medical workers of the maternity obstetric service





Thank you !