

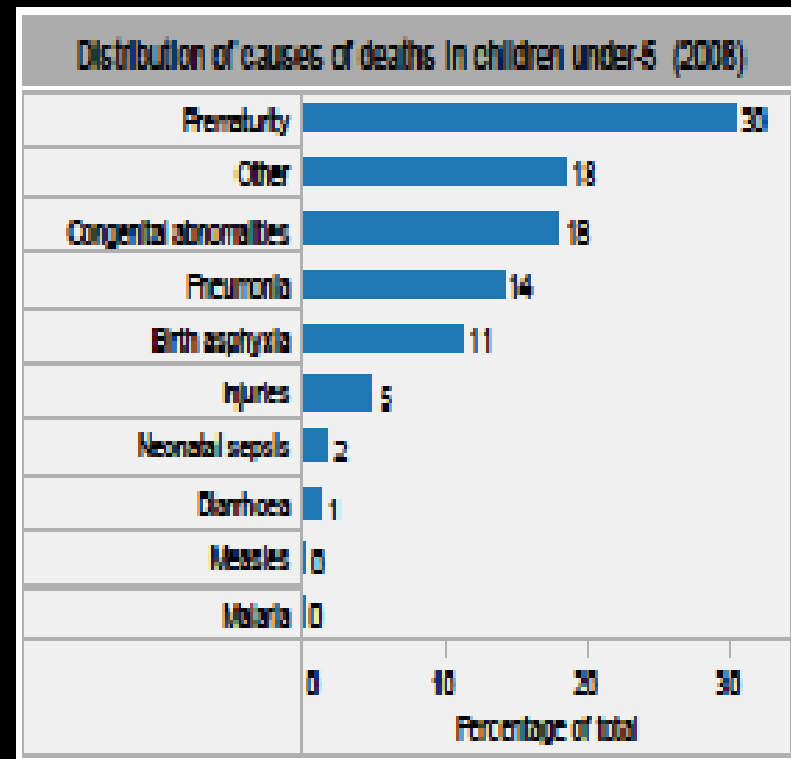
# Well Child Health Care Standarts in Turkey

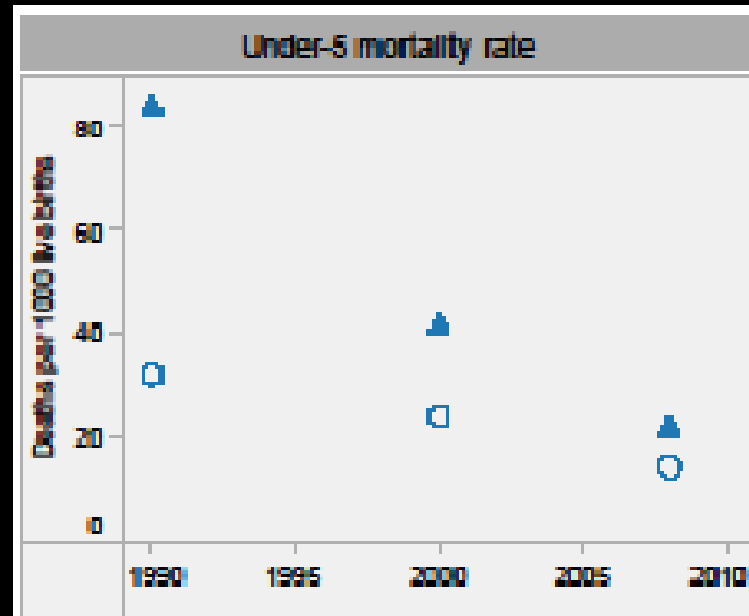
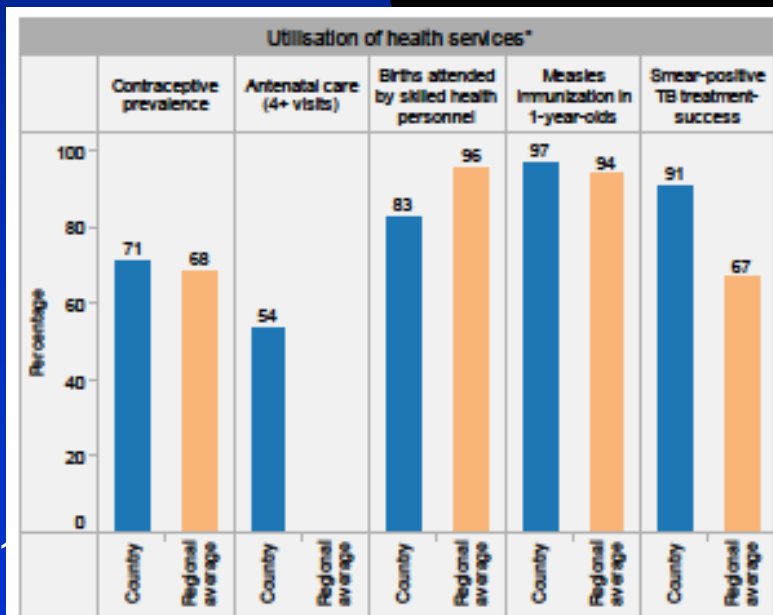
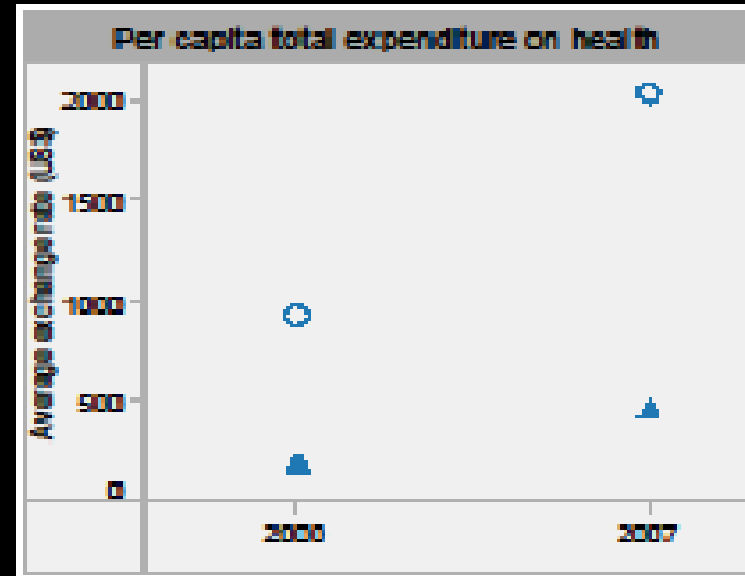
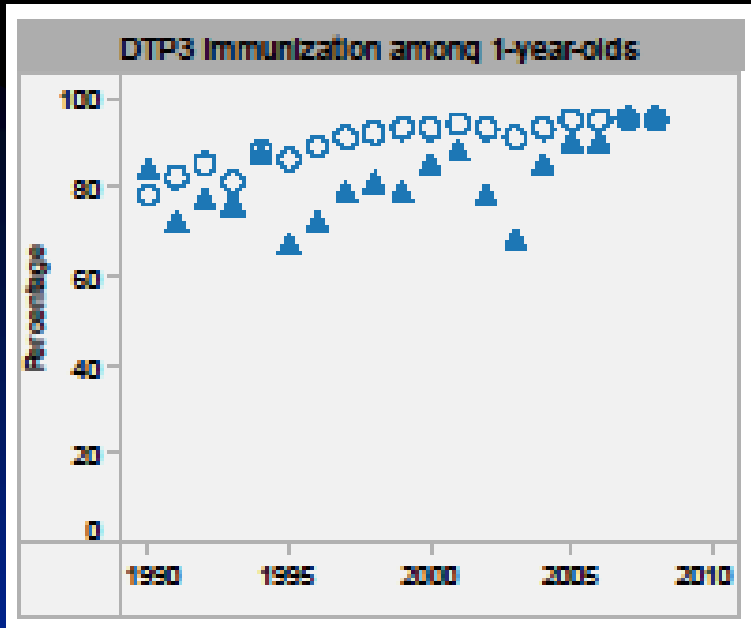
Gonca Yılmaz MD, PhD

- Primary health care system in Turkey
- Well child health care in Turkey
- Co-operation of ESSOP members

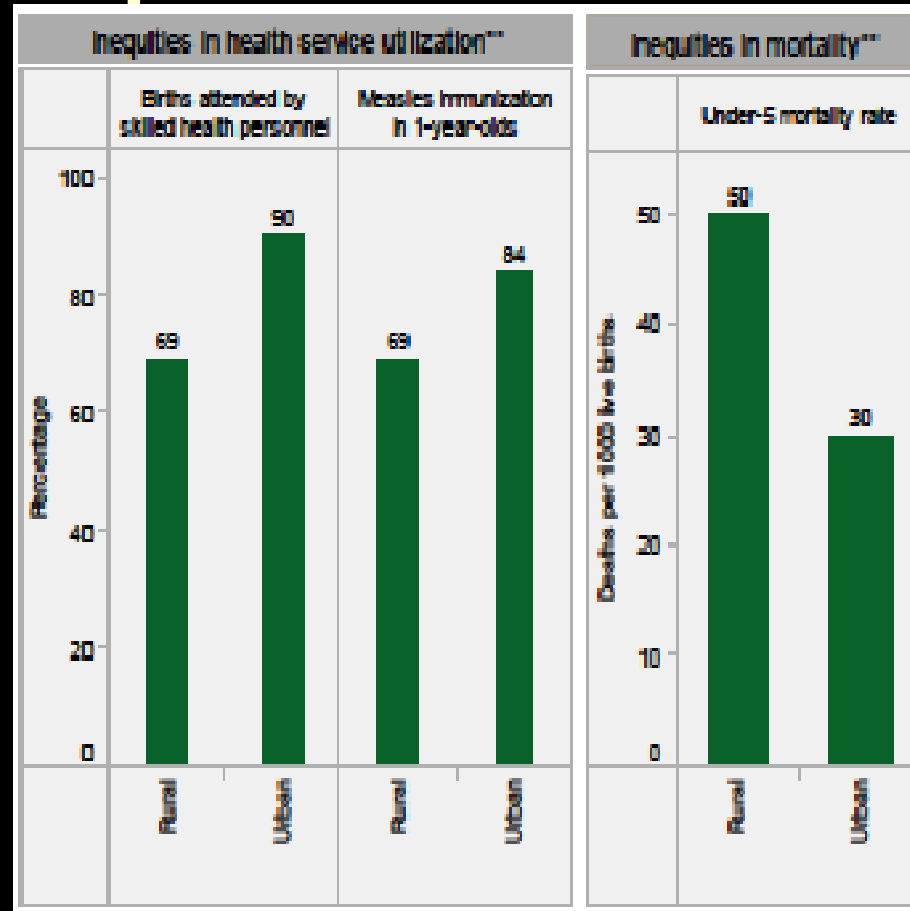
# Why well child care became more important for Turkey?

- Infant mortality rate dropped
- The rate of infectious diseases decreased.
- Primary health care became more important.





# Urban and Rural Disparities



- 
- PRIMARY HEALTH CARE- NOW MORE THAN EVER
  - (WHO report 2008)



# Prior 2003 in Turkey

- Delivery side problems
- Regional and rural disparities
- Maldistribution of staff
- Curative health services

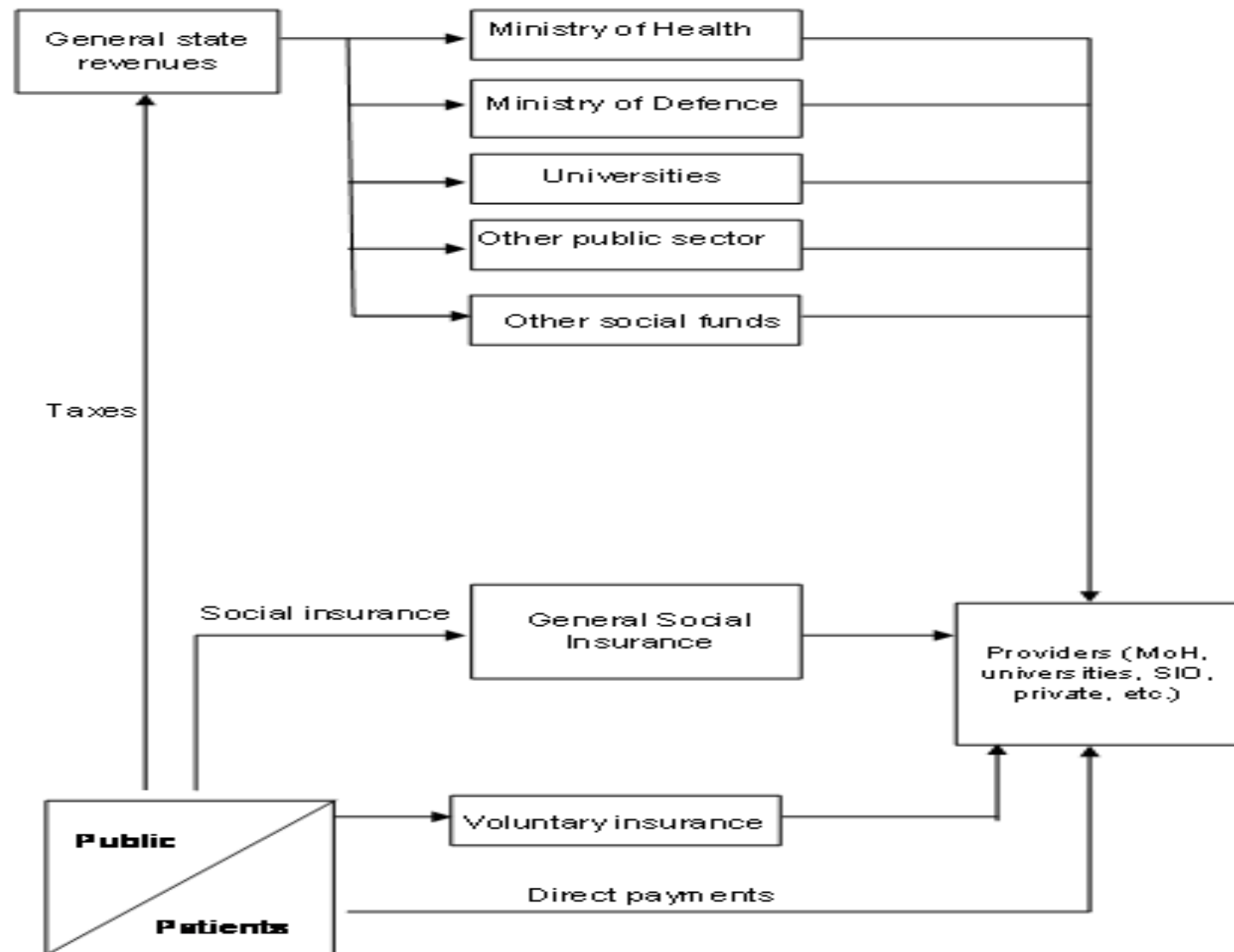


- Demand for primary health care services dropped

# 2004 Health Transformation Program

- Family Practitioner System
- General Health Insurance
- Public Hospital Reforms

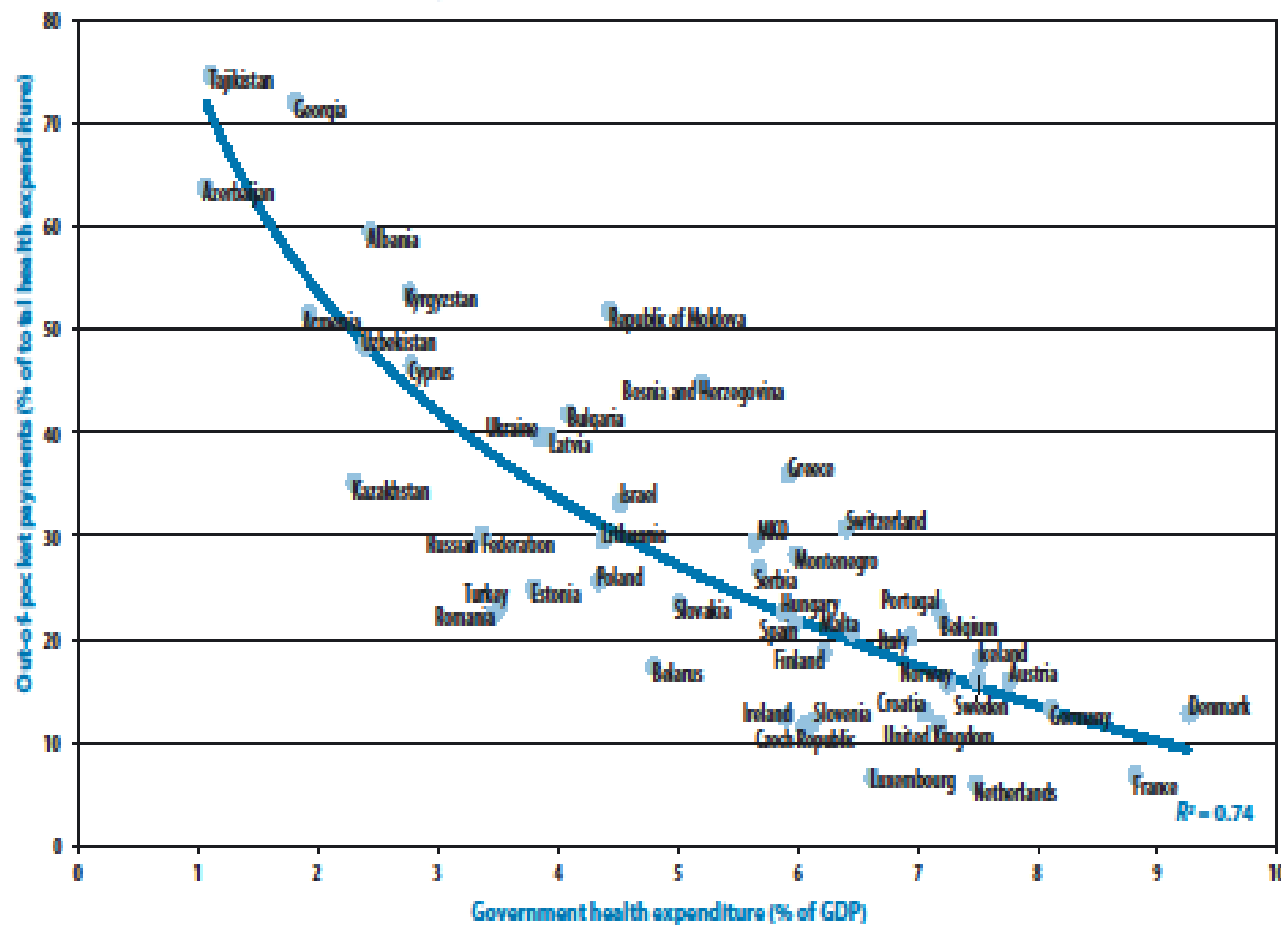
### Turkey: Financing of health care, 2007

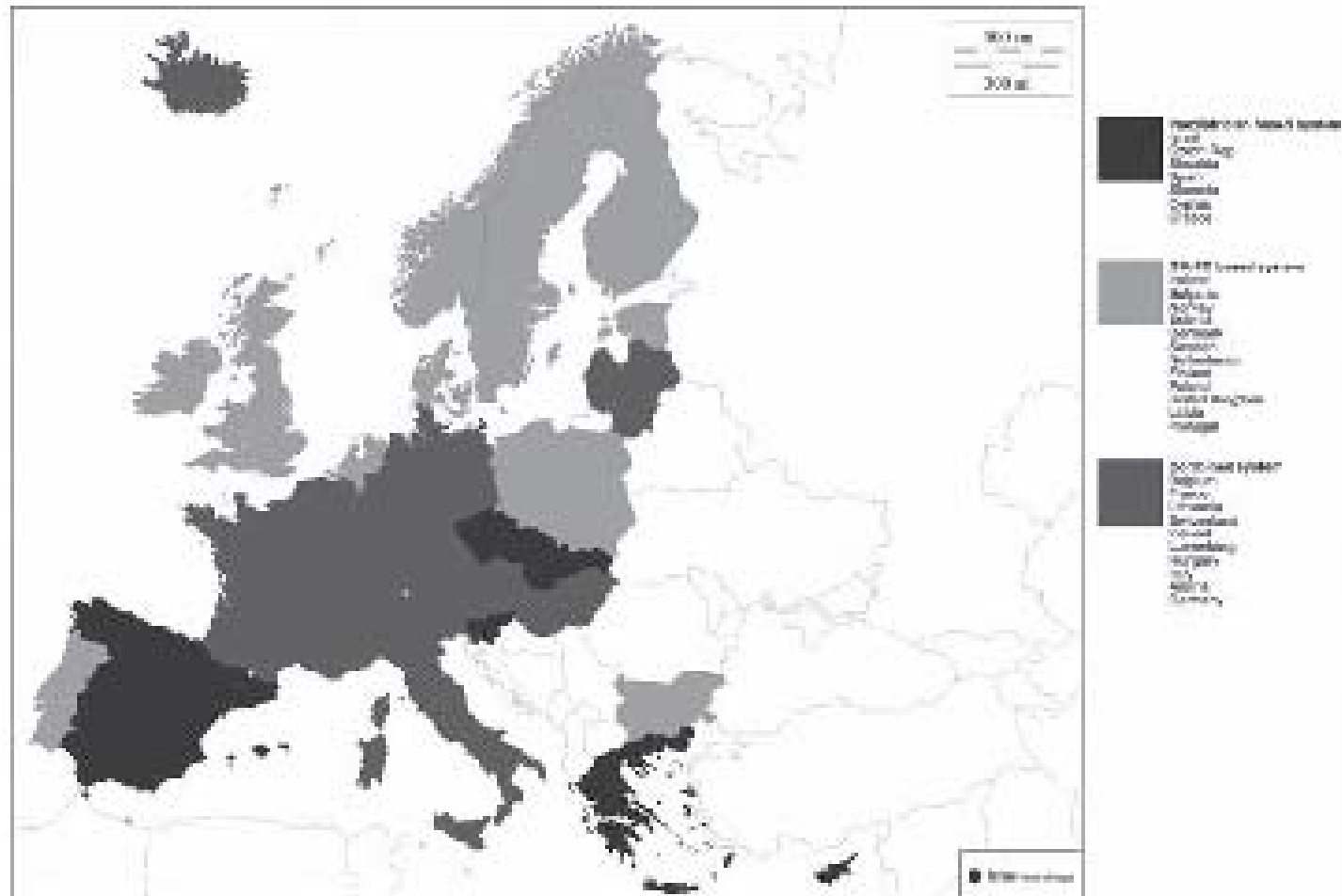


Source: OECD Secretariat, 2007.

Source: <http://www.ecosante.org/ocde.htm>

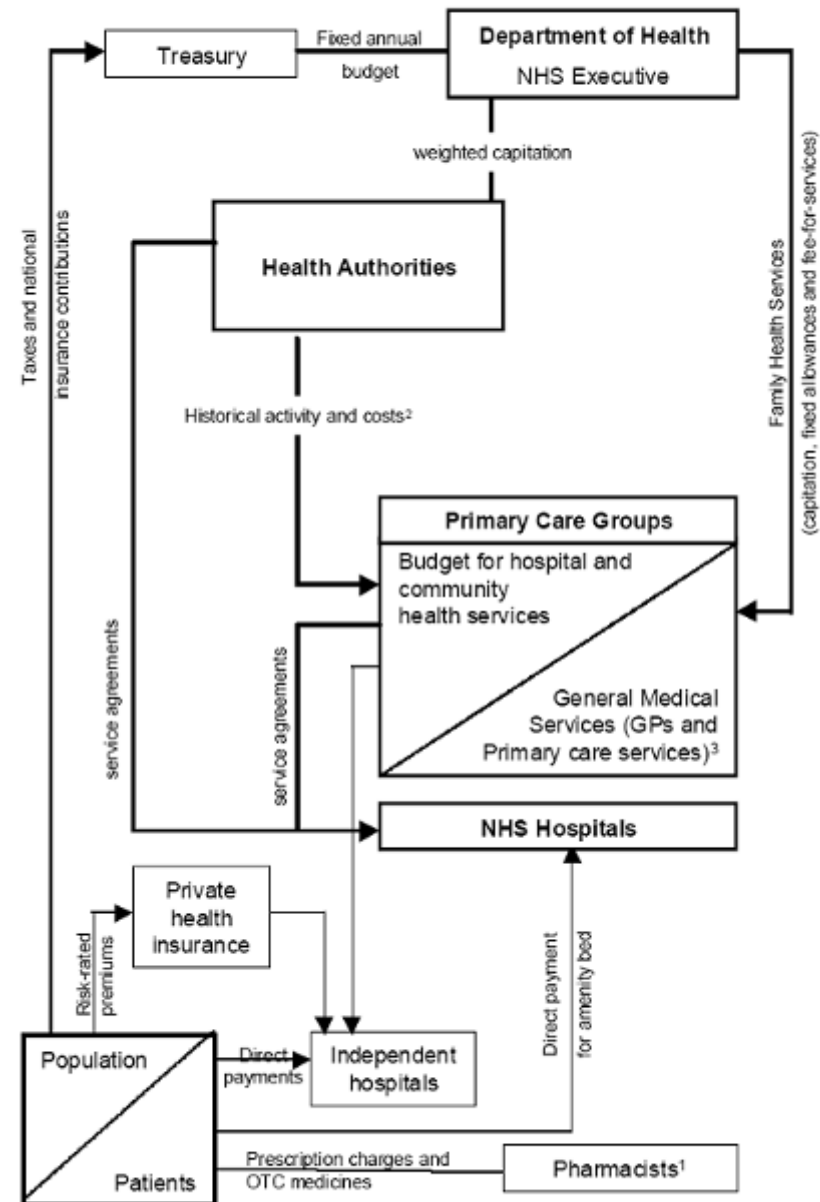
Fig. 2.33. Relationship between the level of government health spending and the share of total health expenditure from out-of-pocket payments, WHO European Region, 2006





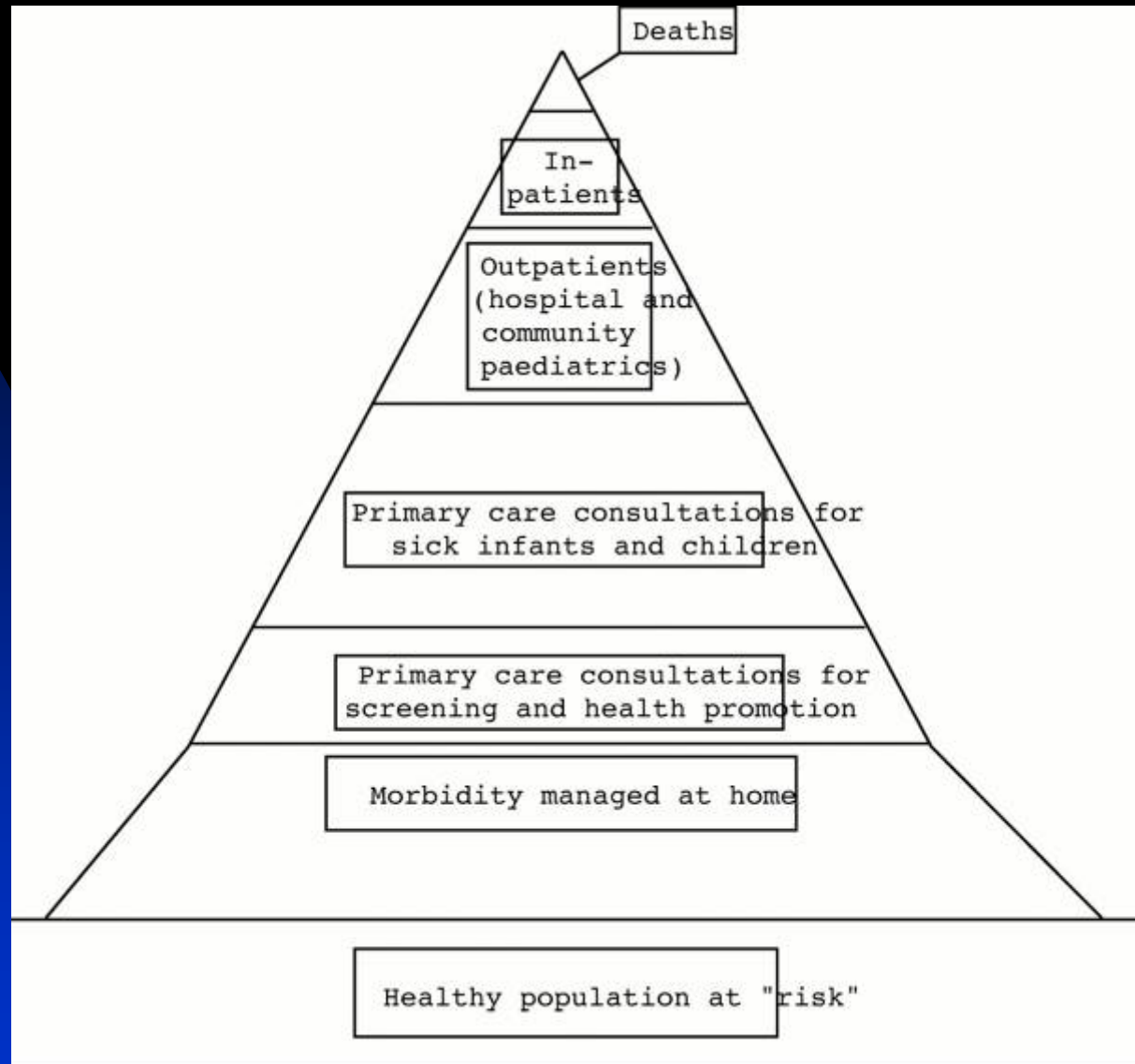
Distribution of paediatric primary care systems in the 29 countries included in the study.

United Kingdom: Financing of health care, 1999



Source: Health Care Systems in Transition: United Kingdom, 1999. European Observatory on Health Care Systems.

Source: <http://www.ecosante.org/ocde.htm>



**BLAIR M Arch Dis Child 2000;83:7-9**



# Drawbacks of family practitioner system

- Education unstandardized
- Authorization and competence difference
- Rural areas disadvantaged
- National health programs difficult to administer
- High cost
- Preventive vs. curative

# Well child care program in Turkey

- History on growth and developmental issues,
- Screening for some important problems
- Providing anticipatory guidance.
- Eliciting parental concerns.

# Well child care- screening levels

- (1) History gathering,
- (2) Physical examination,  
(Hypertension, strabismus,  
coarctation of aorta, undescended  
testis, congenital dislocation of hip,  
scoliosis)
- (3) Observation of parent-child  
interaction and
- (4) Laboratory testing.

# Neonatal screening



- Congenital heart disease
- Congenital dislocation of hip
- Undescended testis
- Phenylketonuria
- Hypothyroidism
- Biotinidase deficiency
- Hearing loss



# Early Childhood Screening



- Growth monitoring
- Developmental screening
- Hypertension
- Anemia
- Urinalysis
- Visual disturbances
- Hearing disorders
- Dental examination

# Screening at school age

- Growth and development
- Vision
- Hearing
- Dental
- Behavior
- Sexually active: Urinalysis, Chlamydia?, pelvic examination

World Health Organization 2006, on behalf of the European Observatory on Health Systems and Policies

# Periodicity of Well Child Health Care

- At birth
- Second week
- 2-4-6-9-12-15-18-24. month
- 3-4-5-6-8-10-11-12-13-14-15-16-17-18 years

## ÇOCUKLUK DÖNEMİ AŞI TAKVİMİ

	Doğumda	1. ayın sonu	2. ayın sonu	4. ayın sonu	6. ayın sonu	12. ay	18-24 ay	İlköğretim 1. sınıf	İlköğretim 8. sınıf
Hep B	I	II			III				
BCG			I						
DaBT-IPA-Hib			I	II	III		Rapel		
KKK						I		Rapel	
OPA					√		√	√	
Td								√	√

Hep B: Hepatit B aşısı

BCG: Verem aşısı

DaBT-IPA-Hib: Difteri, aselüler Boğmaca, Tetanoz, İnaktif Polio, Hemofilus influenza tip b aşısı

KKK: Kızamık, Kızamıkçık, Kabakulak aşısı

OPA: Oral Polio aşısı

Td: Erişkin Tipi Difteri-Tetanoz aşısı

Rapel: Pekleştirme dozu

## My personal child health record

My name .....

My NHS number .....

My date of birth .....

My photo

*If this book is found please return to:*

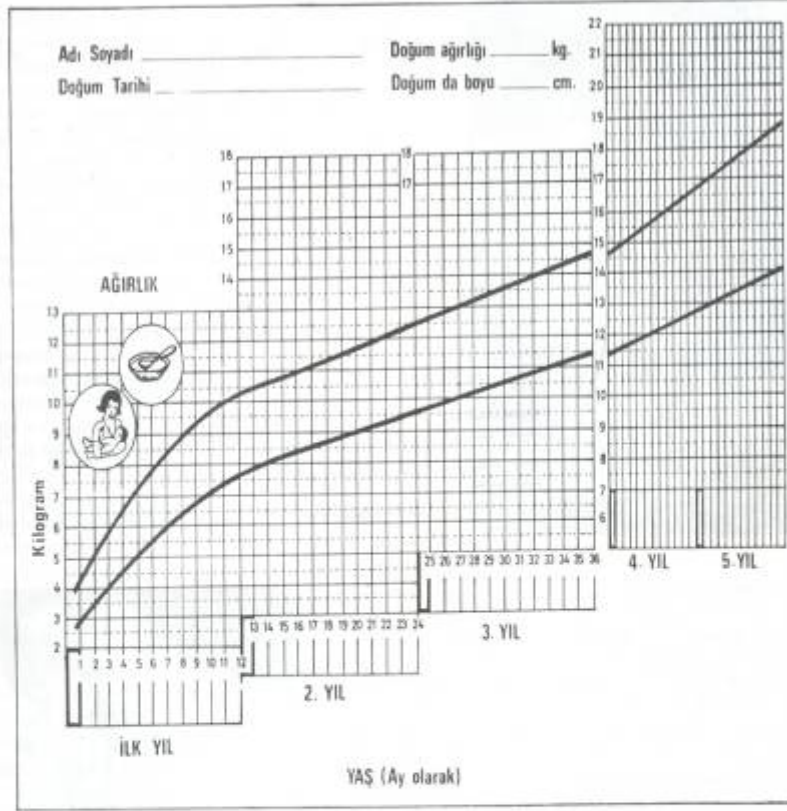
Somewhere Healthcare   
NHS Trust

- Standardized format for universal use.

# Growth Monitoring Growth Charts

- NCHS 1963-1975
- WHO
- Local growth charts

BÜYÜME İZLEME GRAFİĞİ



- Uygun yerlere çocuğun adı, soyadı, doğum tarihi doğum ağırlığı ve doğum boyunu yazınız.
- Altta ay yaşına gösteren kutu içine çocuğu kontrol ettiğiniz ayların ilk 3 harfini yazınız.
- Çocuğun ağırlığını yaşına uygun sütunda işaretleyiniz.
- Üst eğri, standart (yaş için olması gereken), alt eğri bunun yüzde seksenine uyan ağırlıkları göstermektedir.\*
- Sağlıklı çocuk üst eğri üzerinde, ya da iki çizgi arasında üst eğriye paralel bir hatta büyür.

\* WHO (1978). A growth chart for international use in maternal and child health care, Geneva.



A. Yukarı doğru çıkan normal bir büyüme eğrisi



B. Yatık seyreden ve uyarı işareti gösteren büyüme eğrisi



C. Aşağı doğru inen ve tehlike işareti gösteren büyüme eğrisi



D. Büyümedeki gerileme nedeniyle alınan önlem veya tedavi sonrası yeniden yukarıya doğru çıkmaya başlayan büyüme eğrisi (catch-up growth)



E. Devamlı aşağı doğru inen ve önlem alınmayan büyüme eğrisi

Şekil IV. Büyüme kartındaki eğrilerin yorumlanması

Şekil IV : Büyüme kartındaki eğrilerin yorumlanması

# Developmental Screening

- 4 times until 6 years of age
- Personal, social, gross motor, fine motor



# Anemia Screening

Premature baby

Low birth weight

Cow's milk before 1 year of age

Cow's milk >750 ml/day

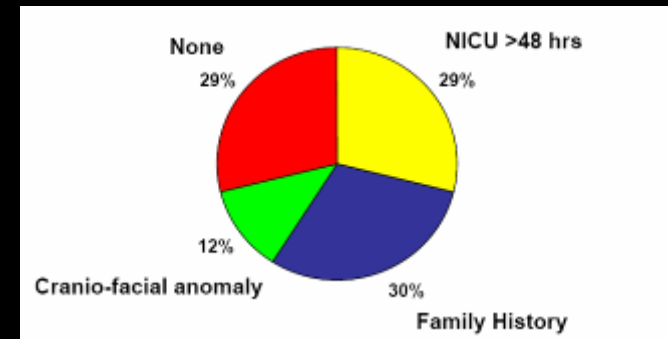
Inappropriate complementary feeding

# Hyperlipidemia Screening

- After 2 years of age
- Maternal-paternal cholesterol >240 mg/dl
- Grandparents died before 55 years of age, coronary and peripheral vascular disease
- Family history of smoking, hypertension, obesity, diabetes mellitus
- Family history unreliable

# Hearing screening

- Sensorineural hearing loss in family
- Maternal TORCH infection during pregnancy
- Low birth weight
- Birth trauma
- Hyperbilirubinemia requiring exchange transfusion
- Ototoxic drug
- History of bacterial meningitis



# Vision Screening

## *Birth-to-3 years of age*

- History
- Evaluation of vision
- External examination of eyes and eyelids
- Evaluation of ocular motions
- Examination of pupils
- Red reflex

## *3 years of age and above*

- All of the above +
- Evaluation of visual acuity appropriate for age
- Ophthalmoscopic examination

PEDIATRICS Vol. 120 No. 3 September 2007



# Dental Examination

- No national fluoridation of drinking water in Turkey
- Frequency of dental carries 91 % at 8 years of age.
- Mean number of decayed teeth is 5 (Saydam G. 1990).

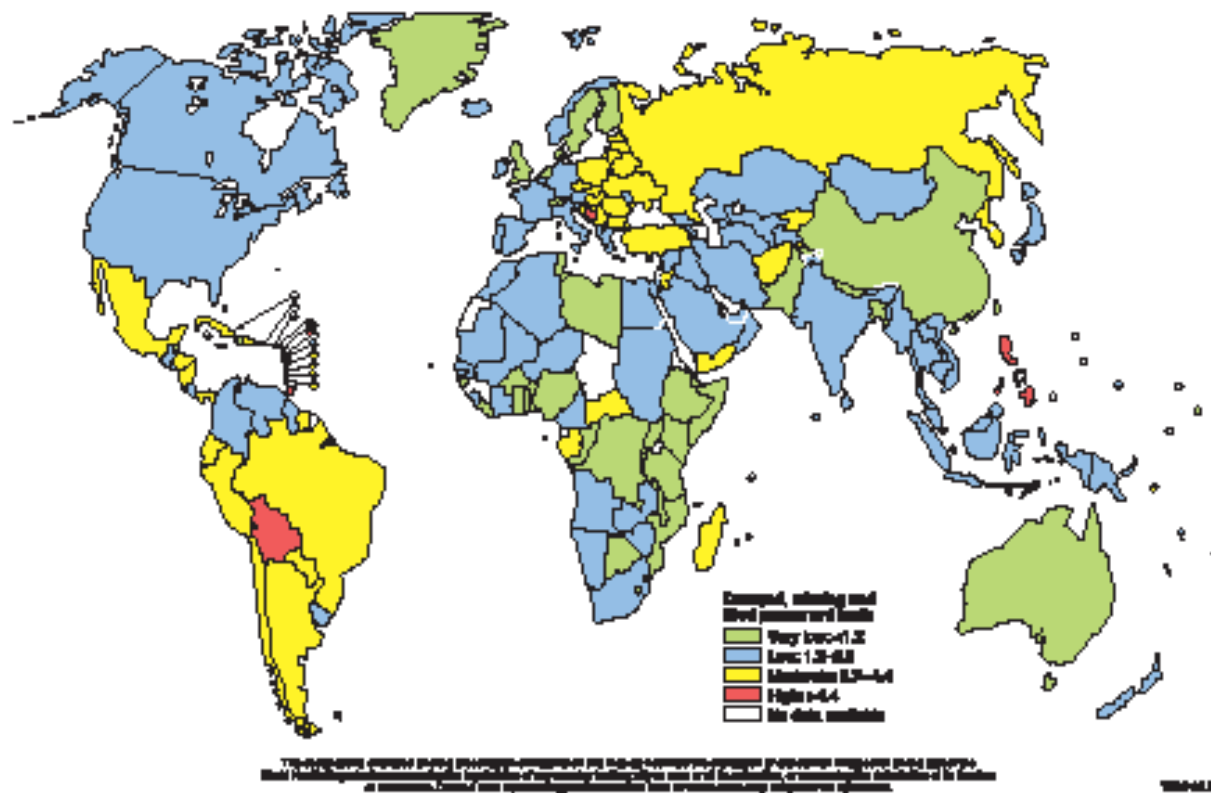


Figure 5 Dental caries levels (DMFT) of 12-year-olds worldwide<sup>3,4</sup>.

# Anticipatory guidance

- Injury prevention
- Media
- Obesity
- Behavioral and developmental issues
- Second hand smoke
- Tobacco cessation

- BREASTFEEDING PROMOTION
- IMMUNIZATION COUNSELLING

# Co-operation of ESSOP members

- Standards for well-child care
- Research in this field
- Meetings
- Working with national and international agencies
- Local and global strategies
- Standart training program

Inferior doctors treat the patient's disease,  
Mediocre doctors treat the patient as a person,  
Superior doctors treat the community as a whole.

*Huang Lee, 2600 BC*

■ THANK YOU!

