

Paryi V.D., Korotkiy O.V., Kozhemiakina T.V.,  
Vezhnovets T.A., Prus N.V.

## Analysis of key trends in the financing of perinatal medical care under the medical guarantee program in Ukraine

Bogomolets National Medical University,  
Kyiv, Ukraine

Парій В.Д., Короткий О.В., Кожемякіна Т.В.,  
Вежновець Т.А., Прус Н.В.

## Аналіз ключових тенденцій у фінансуванні перинатальної медичної допомоги за програмою медичних гарантій в Україні

Національний медичний університет  
імені О.О. Богомольця, м. Київ, Україна

[korotkiy.md@gmail.com](mailto:korotkiy.md@gmail.com)

### Introduction

Medical care related to prenatal care and pregnancy, childbirth and care to newborns has always been in the center of attention of the healthcare system in Ukraine. The problems of development and improvement of perinatal care for pregnant women, women in labor, parturient women and newborns have constantly attracted and continue to attract the attention of researchers.

The issue of effective use of financial resources, which includes providing perinatal care in childbirth, became relevant after the medical reform implementation. It radically changed the approaches to the financing of medical care in Ukraine, which led to this research.

The aim of this study is to determine the key trends in the medical care financing in Ukraine within the priority medical care packages under the Medical Guarantee Program (MGP) «Medical care in childbirth», «Medical care to newborns in complex neonatal cases» and «Prenatal care in outpatient settings».

The strategic goal of the medical reform in Ukraine is, of course, to provide high-quality medical care, in particular, perinatal care. The world experience proves that providing high-quality of perinatal care to women and newborns can be ensured only by those healthcare institutions that accept a sufficient number of childbirths during the year, which allows doctors and other staff of the institution to maintain their qualifications at an appropriate level, and the management to provide doctors with everything they need to do their work. According to the literature, it is known about the traditional connection «volume-result», which refers to providing medical care during childbirth [1–3]. Thus, in the US in 2018, most babies (56.8%) were born in hospitals with more than 2,000 childbirths per year, and only 7.4% were born in low-volume hospitals (10–500 deliveries/childbirths per year). More than a third of children (37.4%) in the USA were born in obstetric hospitals with a volume of 501 to 2000 childbirths per year [4–7].

Changes in the system of financing healthcare institutions at the primary level began in 2018 according to the Law of Ukraine «On State Financial Guarantees of Medical Services to the Population» [8]. Since 2020, the medical reform in Ukraine has spread to the specialized sector of providing medical care. NHSU [9] has begun contracting with the specified providers of medical services for a group of so-called priority services, which, by the relevant resolution of the Cabinet of Ministers of Ukraine (CMU), include medical care for acute cerebral stroke, acute myocardial infarction, medical care in childbirth and in complex neonatal cases, as well as early diagnosis of oncological diseases [10]. This list of the packages of priority medical services is annually updated and approved by the resolution of the CMU in accordance with the annual Law of Ukraine «On the State Budget of Ukraine» [11]. Thus, medical care for diseases that are the most frequent causes of mortality of the population in Ukraine is defined as a priority for the state, and perinatal care services have taken an important part of such services.

In 2024, enough data has already been collected to identify key trends in the financing of perinatal care in Ukraine.

**The aim** of this study is to determine the key trends in the medical care financing in Ukraine within the priority medical care packages under the Medical Guarantee Program «Medical care in childbirth», «Medical care to newborns in complex neonatal cases» and «Prenatal care in outpatient settings».

### Object, materials and research methods

The analysis of the number of healthcare institutions (HIs) that signed a contract with the NHSU for the priority areas of providing medical services from 2020 to 2023 has been carried out on the basis of open data of the National Health Service of Ukraine (NHSU). An assessment of the regional distribution of concluded contracts for providing the perinatal care has been made using the ranking method.

A ranked distribution of medical services providers by regions has been carried out within the package «Medical care in childbirth» and the package «Medical care to newborns in complex neonatal cases».

The indicators of the provided medical services in connection with childbirth and the number of the provided medical care services to newborns in complex neonatal cases in healthcare institutions in the regions of Ukraine have been determined in comparison with the average indicator in Ukraine. The trends regarding the dynamics of payments from the NHSU under the MGP from 2018 to 2023 have been defined. Information on the medical services packages related to pregnancy, childbirth and neonatal care has been summarized and systematized.

The incidence of newborns by types of diseases and the number of childbirths in Ukraine by region in 2022 has been studied according to statistical form No. 21 of the Center for Public Health of the Ministry of Health of Ukraine [12].

**Data processing:** calculations were performed using MedCalc® Statistical Software version 22.009 (MedCalc Software Ltd, Ostend, Belgium; <https://www.medcalc.org>; 2023).

### Research results

The data analysis from the official website of the NHSU (Table 1) has shown that since 2020 medical care for childbirth and newborns in complex neonatal cases has been contracted in Ukraine. From April 1, 2021, contracts are concluded with health centers within the «Prenatal in outpatient settings» package [13].

So, 312 contracts were concluded with 307 medical service providers within the package of priority services «Medical care in childbirth» by the end of 2023 according to the data of the official website of the NHSU. 97 contracts were concluded with 95 providers of medical services within the package «Medical care to newborns in complex neonatal cases». The contracts were concluded only with medical non-commercial enterprises of a communal form of ownership.

The data presented in Table 1 also indicate that since 2021 there has been a decrease in the number of HIs with which the NHSU concluded contracts for perinatal care packages in outpatient's settings. Thus, the number of HIs that concluded contracts within the «Medical care in childbirth» package decreased in 2023 compared to 2020 by 22.86%, within the «Medical care to newborns

in complex neonatal cases» package by 22.13%. One of the reasons for this trend was the increased requirements for the organization of providing services according to the specified packages of medical services regarding the material, technical and personnel support of HIs, the territories of Ukraine temporarily occupied by the Russian invaders, as well as the formation of a capable network of HIs in hospital districts. Among other factors, there is an undeniable decrease in the birth rate in Ukraine, which is a long-term trend that existed even before Ukraine gained independence in 1991, and the excess number of HIs providing medical care in childbirth, with which Ukraine entered the reform. Thus, in 2022, a total of 910 institutions had concluded contracts under MGP for all packages. According to the terms of the contracts, 349 of them provided medical care in childbirth. That is 38.4% of medical service providers in Ukraine, which is more than every third institution providing medical care in childbirth.

According to the data presented in Table 1, the number of HIs that signed a contract under the MGP «Prenatal care in outpatient settings» increased by +5.59% from 2021 to 2023, while until 2022 there was a trend to increase the number of concluded contracts. We see the reason for the decrease in their number in the future because of the beginning of the Russian Federation full-scale invasion into Ukraine.

The regional distribution of perinatal care providers by packages providing medical services in hospital settings by the end of 2022 is shown in Table 2.

Thus, the largest number of contracts was concluded with HIs of Lviv region (25 contracts) and Odesa region (21 contracts) in terms of the regions within the «Medical care in childbirth» package. And the large number of contracts within the package of priority inpatient services «Medical care to newborns in complex neonatal cases» was concluded with the HIs of the Kyiv city (10 contracts) and Dnipropetrovsk and Odesa regions (8 contracts each).

According to the Center for Medical Statistics of the Ministry of Health of Ukraine, 199,619 children were born in 2022 in Ukraine [12]. 196,806 of them were born in HIs that belong to the MHU management. At the same time, 184,706 childbirths (or 93.83%) took place in HIs that signed contracts with NHSU under MGP, and 12,100 childbirths (or 6.17% of all births) took place in HIs that did not sign contracts with NHSU. Another 2,813 childbirths took place in private and departmental HIs.

Table 1

**The number of HIs that have signed a contract with the NHSU in priority areas of providing medical services**

Medical services package	The number of HIs over the years				Growth rate 2020–2023, %
	2020	2021 (from April 1, 2021)	2022	2023	
Medical care in childbirth	398	409	349	307	-22,86
Medical care to newborns in complex neonatal cases	122	126	100	95	-22,13
Prenatal care in outpatient settings	-	645	715	681	+5,59

Table 2  
**The distribution of medical service providers within packages «Medical care in childbirth» (MCC) and «Medical care to newborns in complex neonatal cases» (MCNC) by/for/in regions of Ukraine**

Region	The number of providers	
	MCC package	MCNC package
Lviv	25	5
Odesa	21	8
Dnipropetrovsk	18	8
Kyiv	17	5
Kharkiv	17	4
Vinnitsia	16	3
Rivne	16	4
Cherkasy	16	1
Khmelnyskyi	15	5
Volyn	13	2
Ivano-Frankivsk	13	3
Transcarpathian	11	4
Mykolaiv	11	2
Poltava	11	4
Ternopil	11	3
Chernivtsi	11	3
Kirovohrad	10	3
Donetsk	9	4
Zhytomyr	9	3
Chernihiv	9	2
Kyiv city	8	10
Sumy	8	3
Zaporizhzhia	6	5
Kherson	6	1

The analysis of the regional distribution of the number of childbirths taken in HIs (Fig. 1) shows that the biggest number is traditionally observed in the most urbanized regions and Kyiv city [13].

Significantly fewer childbirths are taken in the regions close to the front line under the influence of military actions, while the number of childbirths in the western regions of Ukraine, on the contrary, has increased.

Analyzing the specific number of childbirths that are taken in contracted HIs, we note that on average in Ukraine, one such institution provided 645 medical care services in childbirths during the year.

In terms of regions, the number of childbirths per contracted HIs in 2022 differed significantly (Fig. 2).

Figure 2 shows the biggest number of childbirths in 2022 that were taken in maternity hospitals in Kyiv, where 1,914 of them were per institution. At the same time, in 10 regions of Ukraine, the number of childbirths taken during 2022 in maternity hospitals that concluded the MCC package was higher than the average indicator. The number of taken childbirths per institution was from 640 to 414 in HIs of Rivne, Chernivtsi, Kyiv, Vinnitsia, Ternopil, Sumy, Khmelnytskyi, Kharkiv, Chernihiv, Kirovohrad, Mykolaiv, Cherkasy regions. The number of childbirths was less than 400 per year

in HIs of Kherson and Donetsk regions [14]. Of course, the small average volumes in parts of the specified regions are caused by being under occupation and approaching the war zone as a consequence of the war with Russia.

The data presented in figures 1 and 2 indicate the concentration of medical services for childbirth in HIs of Kyiv city, Transcarpathian, Dnipropetrovsk, Zhytomyr, Lviv, Poltava, Zaporizhzhia, Ivano-Frankivsk, and Odesa regions.

As we noted above, an important factor in the quality of providing medical services is the level of the doctor's qualification, which also depends on the number of childbirths the doctor takes during the year apart from the number of childbirths per HI.

There is a practice of providing medical care in childbirth by doctors who do not have sufficient professional practice to maintain the required level of qualification in many regions of Ukraine.

The question of the doctor's qualification and his ability to provide the necessary care to the woman in labor becomes especially important in cases where various complications are observed, in particular, those related to the birth of sick children.

According to statistical form No. 21 «Report on medical care to pregnant women, women in labor, and postpartum women» [12], in Ukraine in 2022, 43,635 newborns were registered who were either born sick or fell ill within the first days after birth (nearly 22% of the total number of births). Among these children, 47,580 complex neonatal cases were registered, including intrauterine hypoxia and birth asphyxia (P20-P21), respiratory disorders originating in the perinatal period (P22-P28), infections specific to the perinatal period (P35, P37-P39), bacterial sepsis of the newborn (P36), intraventricular and subarachnoid hemorrhages (P52), hemolytic disease of the fetus and newborn, fetal hydrops, kernicterus (P55-P57), neonatal jaundice due to excessive hemolysis, hematological disorders (P60-P61), hypothermia (P80), other disturbances of cerebral status in the newborn (P91). This means that one sick child often had multiple diseases simultaneously.

Thus, there is no doubt about the correctness of categorizing the provision of medical care for newborns in complex neonatal cases as a priority medical service.

An analysis of the work of HIs with the MCNC package «Provision of medical care for newborns in complex neonatal cases» showed [13] that in 2022, 95 providers of this service were contracted. These providers collectively delivered 30,730 services over the year (Table 3).

In 2022, one healthcare institution contracted under the MCNC package, on average across Ukraine, had 309 cases of providing medical care to newborns in complex neonatal cases (Fig. 3).

In 11 regions of Ukraine, the number of services provided was higher than the national average. Specifically, HIs in Ivano-Frankivsk, Lviv, Volyn, Cherkasy regions,

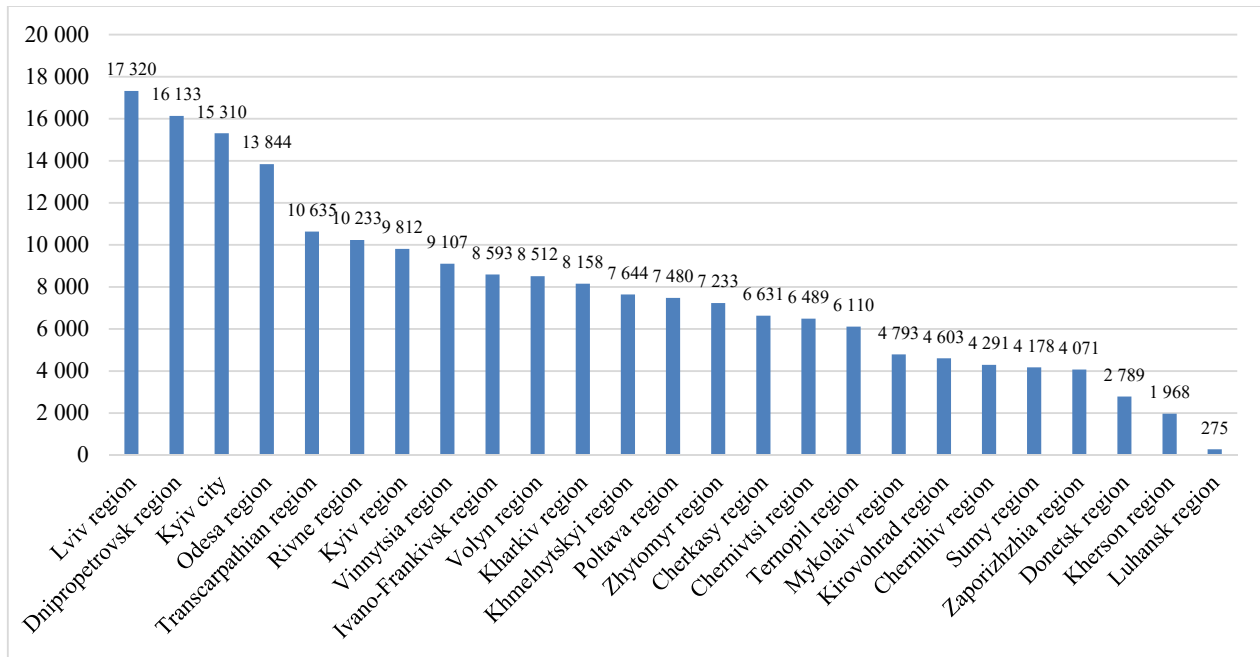


Fig. 1. The number of childbirths by regions of Ukraine in 2022, the absolute number

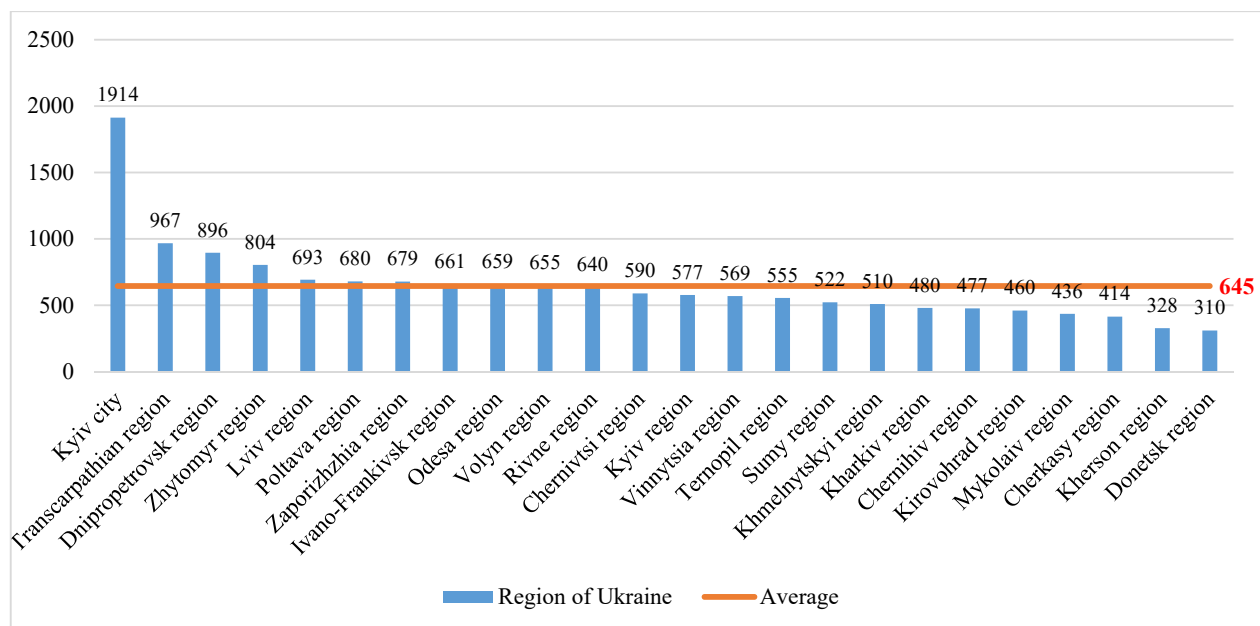


Fig. 2. The number of childbirths in HIs that concluded the MCC package in the regions of Ukraine in comparison with the average indicator for Ukraine, the absolute number

and Kyiv provided over 500 cases per year of medical care to newborns in complex neonatal cases under the contracted MCN package. Conversely, healthcare facilities contracted by the National Health Service of Ukraine (NHSU) in Chernihiv, Donetsk, Kirovohrad, Kharkiv, Kherson, Transcarpathian, Odesa, and Zaporizhzhia regions provided fewer than 200 services on average.

Table 4 in the NHSU data provides information on payment amounts under the Medical Guarantees Program from 2020 to 2023 for priority service packages such as «Medical care during childbirth,» «Medical care for

newborns in complex neonatal cases,» and «Prenatal care in outpatient settings» [13].

### Discussion of research results

Therefore, despite the overall decrease in the number of all three types of medical services provided over the analyzed period, there has been a general increase in the payments made to medical institutions by the NHSU. In 2022, a decrease in payment amounts was observed due to objective reasons (reduction in the number

Table 3

The distribution of service providers and treated cases under the MGP package for medical care for newborns in complex neonatal cases by regions of Ukraine in 2022

Region	MCNC package		The number of cases per provider
	The number of providers	The number of cases	
Lviv	5	2783	557
Odesa	8	1443	180
Dnipropetrovsk	8	3700	463
Kyiv	5	1079	216
Kharkiv	4	621	155
Vinnitsia	3	1174	391
Rivne	4	1328	332
Cherkasy	1	502	502
Khmelnyskyi	5	1191	238
Volyn	2	1088	544
Ivano-Frankivsk	3	1838	613
Transcarpathian	4	704	176
Mykolaiv	2	438	219
Poltava	4	1307	327
Ternopil	3	1031	344
Chernivtsi	3	830	277
Kirovohrad	3	400	133
Donetsk	4	442	111
Zhytomyr	3	983	328
Chernihiv	2	193	97
Kyiv city	10	5725	573
Sumy	3	858	286
Zaporizhzhia	5	905	181
Kherson	1	167	167
Total	95	30730	309

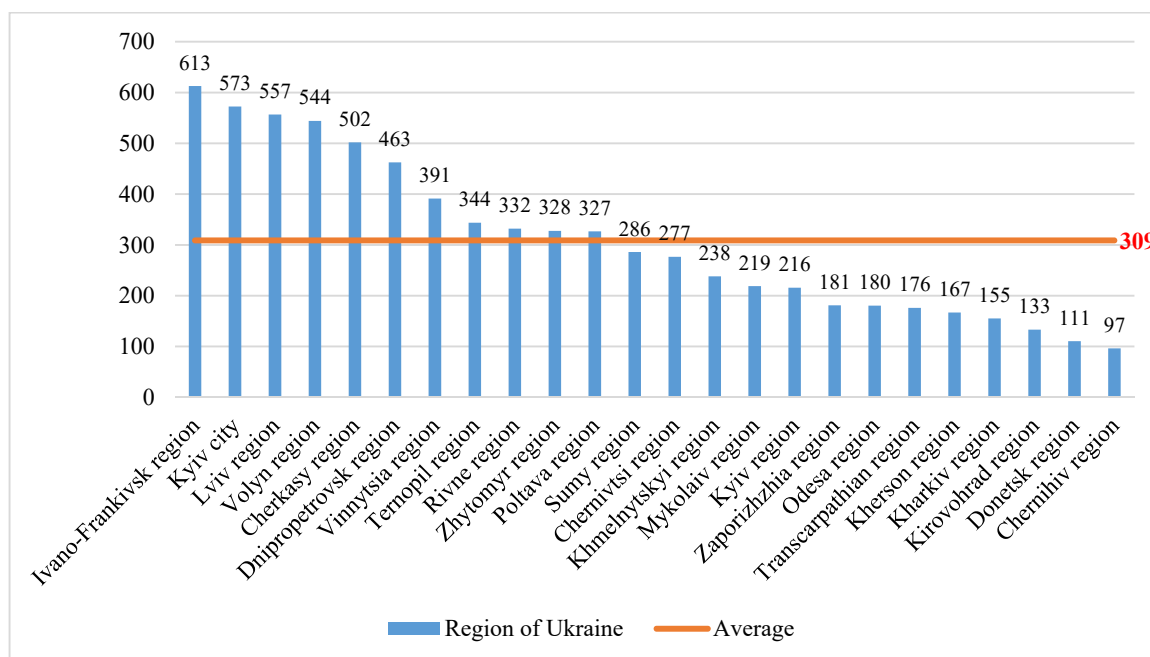


Fig. 3. Number of medical services provided to newborns in complex neonatal cases in HIs contracted under the MCNC package, by regions, compared to the national average

Table 4

## Information on NHSU payment amounts for specific types of medical services

Year	2020	2021	2022	2023	Growth rate 2020-2023, %*
<b>Medical care in childbirth</b>					
billion UAH	1,526	2,528	3,849	2,848	+12,7
% of total expenditures	2,03	2,06	2,64	2,14	+3,9
Total births	283587	260502	196806	–	-24,5
<b>Medical care to newborns in complex neonatal cases</b>					
billion UAH	0,886	1,276	1,757	1,53	+19,9
% of total expenditures	1,18	1,24	1,45	1,40	+12,9
Total complex neonatal cases	45420	52360	47580	–	-9,1
<b>Prenatal care in outpatient settings</b>					
billion UAH	–	0,618	1,078	0,725	+17,3
% of total expenditures	–	0,60	0,89	0,66	+10,0
Total pregnant women	272359	244466	200224	–	-18,1

Note: \*In the absence of data for 2023, the growth or decline rate has been determined for 2022–2021.

of deliveries). Specifically, payments for the «Medical care during childbirth» package amounted to 2.848 billion UAH or 2.14% of total PMG payments, «Medical care for newborns in complex neonatal cases» amounted to 1.53 billion UAH or 1.5%, and for the «Prenatal care in outpatient settings» package it was 0.725 billion UAH or 0.66%.

Focusing on the research subject, it should be noted that 2022 was designated as the year of maternal and child health care, with the NHSU funding pregnancy management and childbirth at increased tariffs according to the Cabinet of Ministers Resolution No. 1440 of November 29, 2021, «Procedure for implementing the state guarantees program for medical services to the population in 2022» [15]. During this time, the payment amounts for provided medical services in 2022 significantly increased, specifically: payments for uncomplicated deliveries increased by +45.4% (from 10,382 UAH to 15,101 UAH per case), and payments for medical care in complex neonatal cases increased by +18.7% (from 113,725 UAH to 135,026 UAH per case).

For the year 2023, the rate per treated case for providing medical care to women during childbirth has been set at 15,137 UAH [10]. If a healthcare institution is capable of providing comprehensive medical services to both mother and child, a coefficient of 1.3 is applied to this rate. This corrective coefficient is applied to healthcare facilities that meet additional procurement conditions. For the treatment of complex neonatal cases, medical institutions receive 33,073 UAH per treated case if the newborn's weight is more than 1,500 grams. For newborns weighing up to 1,500 grams, the rate per treated case is 135,026 UAH. However, such substantial funding is accompanied by requirements regarding hospital equipment and the qualifications of staff involved. If a hospital has a mobile neonatal team and meets specified additional conditions, a corrective coefficient of 1.05 is applied to the rate per treated case. Additionally,

for a regional level III perinatal center (determined by special decision of the regional state or military administration), a corrective coefficient of 1.2 is applied to the rate during a state of war.

Prenatal care in outpatient settings is reimbursed at a per capita rate of 786 UAH. The payment amount to the hospital is determined by multiplying this per capita rate by the number of pregnant women receiving medical care. Calculations are conducted on a monthly basis.

Such payments significantly lag behind the funding levels for medical care in European countries but allow Ukrainian HIs to provide perinatal services to the population and, in current realities, align with the capabilities of the State Budget of Ukraine. However, do the established tariffs cover the actual costs of maternity hospitals and perinatal centers in providing this specialized medical care?

The answer to this question is provided by a study conducted as part of the USAID «Health Reform Support» project in 2021 [16]. According to the results of this study, 79% of patients made informal payments to hospitals for medical care under the «Medical care during childbirth» package, and similarly, 79% paid additionally for medical care provided under the «Medical care for newborns in complex neonatal cases» package.

Our analysis of the activities of the Charity Organization «Hospital Fund of Zhytomyr Region» in 2022 showed that on average, payment through the Hospital Fund for physiological childbirth was 628 UAH, and for cesarean section it was 776 UAH. These funds covered expenses for the purchase of medicines and medical products, the cost of which is not included in the overall tariff paid to hospitals by the NHSU.

### Prospects for further research

The prospect of further research is to develop ways of transformation of perinatal care, while maintaining its quality and efficient use of available resources.

## Conclusions

The authors confirm the existing problem of discrepancies between the established tariff and the actual costs incurred by HIs for providing perinatal care. Additionally, the established tariff does not account for the differences in costs between physiological childbirth and cesarean sections.

This puts significant pressure on the financial capabilities of medical enterprises and, consequently, their ability to provide quality perinatal care to patients on a free-of-charge basis, as required by contract terms.

Thus, research has shown that the provision of medical services under the packages «Medical care during childbirth» and «Medical care for newborns in complex neonatal cases» has been classified as priority medical services since 2020. The state has committed to fully funding such services to HIs tariffs sufficient for the quality provision of these services.

Analysis has revealed significant variations in the number of services provided among HIs based on their regional placement. These services are most in demand from patients in Kyiv and major regional centers located farther from the front line, particularly in western Ukraine. Conversely, the number of healthcare facilities specializing in perinatal care in more precarious regions exceeds the demand for such services. This leads, firstly, to underutilization and underfunding of specialized HIs and, secondly, negatively impacts the qualification of doctors due to reduced practical professional engagement.

The volumes of perinatal care funding are gradually increasing due to higher payment rates per service.

However, there are still cases where alternative sources of funding are used, indicating, in our opinion, the inadequacy of such funding. This is because the tariff calculations do not consider expenses for necessary medicines and medical supplies.

Therefore, further organizational work is needed on regionalization of perinatal care and concentrating its provision in specialized institutions that meet the contracting requirements of the NHSU. This approach will help address the issue of healthcare facility and physician workload and allow for more rational use of resources allocated to perinatal care.

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## Compliance with ethical standards

There were no people or animals involved in the preparation of the article, no additional approval of the Ethical Committee and the informed consent was required.

## Bibliography

1. Lee KS, Kwak JM. Effect of patient risk on the volume–outcome relationship in obstetric delivery services. *Health* [Internet]. 2014 Dec [cited 2025 July 7]; 118(3):407–12. Available from: <https://doi.org/10.1016/j.healthpol.2014.05.007>
2. Boerma T, Ronsmans C, Melesse DY, Barros AJ, Barros FC, Juan L, Moller AB, Say L, Hosseinpoor AR, Yi M, de Lyra Rabello Neto D, Temmerman M. Global epidemiology of use of and disparities in caesarean sections. *Lancet* [Internet]. 2018 Oct [cited 2025 July 7]; 392(10155):1341–8. Available from: [https://doi.org/10.1016/s0140-6736\(18\)31928-7](https://doi.org/10.1016/s0140-6736(18)31928-7)
3. Sandall J, Tribe RM, Avery L, Mola G, Visser GH, Homer CS, Gibbons D, Kelly NM, Kennedy HP, Kidanto H, Taylor P, Temmerman M. Short-term and long-term effects of caesarean section on the health of women and children. *Lancet* [Internet]. 2018 Oct [cited 2025 July 7]; 392(10155):1349–57. Available from: [https://doi.org/10.1016/s0140-6736\(18\)31930-5](https://doi.org/10.1016/s0140-6736(18)31930-5)
4. Handley SC, Passarella M, Herrick HM, Interrante JD, Lorch SA, Kozhimannil KB, Phibbs CS, Foglia EE. Birth Volume and Geographic Distribution of US Hospitals With Obstetric Services From 2010 to 2018. *JAMA Netw Open* [Internet]. 2021 Oct 8 [cited 2025 July 7]; 4(10):e2125373. Available from: <https://doi.org/10.1001/jamanetworkopen.2021.25373>
5. Betrán AP, Temmerman M, Kingdon C, Mohiddin A, Opiyo N, Torloni MR, Zhang J, Musana O, Wanyonyi SZ, Gülmezoglu AM, Downe S. Interventions to reduce unnecessary caesarean sections in healthy women and babies. *Lancet* [Internet]. 2018, Oct [cited 2025 July 7]; 392(10155):1358–68. Available from: [https://doi.org/10.1016/s0140-6736\(18\)31927-5](https://doi.org/10.1016/s0140-6736(18)31927-5)
6. Fink DA, Kilday D, Cao Z, Larson K, Smith A, Lipkin C, Perigard R, Marshall R, Deirmenjian T, Finke A, Tatum D, Rosenthal N. Trends in Maternal Mortality and Severe Maternal Morbidity During Delivery-Related Hospitalizations in the United States, 2008 to 2021. *JAMA Netw Open* [Internet]. 2023 June [cited 2025 July 7]; 6(6):e2317641. Available from: <https://doi.org/10.1001/jamanetworkopen.2023.17641>
7. Goldenberg RL, Culhane JF, Iams JD, Romero R. Epidemiology and causes of preterm birth. *Lancet* [Internet]. 2008 Jan [cited 2025 July 7]; 371(9606):75–84. Available from: [https://doi.org/10.1016/s0140-6736\(08\)60074-4](https://doi.org/10.1016/s0140-6736(08)60074-4)
8. Закон України «Про державні фінансові гарантії медичного обслуговування населення». [Інтернет]. 19 жовтня 2017 [цитовано: 7 липня 2025]. Доступно з: <https://zakon.rada.gov.ua/laws/show/2168-19#Text>
9. Постанова Кабінету Міністрів України «Про утворення Національної служби здоров'я України». [Інтернет]. 27 жовтня 2017 [цитовано: 7 липня 2025]. Доступно з: <https://zakon.rada.gov.ua/laws/show/1101-2017-%D0%BF#Text>
10. Постанова Кабінету Міністрів України «Деякі питання реалізації програми державних гарантій медичного обслуговування населення у 2023 році». [Інтернет]. 27 грудня 2022 [цитовано: 7 липня 2025]. Доступно з: <https://zakon.rada.gov.ua/laws/show/1464-2022-%D0%BF#Text>
11. Закон України «Про Державний бюджет України на 2024 рік». [Інтернет]. 9 листопада 2023 [цитовано: 7 липня 2025]. Доступно з: <https://zakon.rada.gov.ua/laws/show/3460-20#Text>

12. Статистичні дані Міністерства охорони здоров'я України. Центр громадського здоров'я Міністерства охорони здоров'я України. [Інтернет]. 9 листопада 2024 [цитовано: 7 липня 2025]. Доступно з: <https://moz.gov.ua/uk/centr-medichnoi-statistiki-moz-ukraini>
13. Національна служба здоров'я України. Аналітичні панелі (дашборди). [Інтернет]. 9 листопада 2024 [цитовано: 7 липня 2025]. Доступно з: <https://edata.e-health.gov.ua/e-data/dashboard>
14. Наказ Міністерства охорони здоров'я України «Про вдосконалення організації надання медичної допомоги матерям та новонародженим у перинатальних центрах». [Інтернет]. 31 жовтня 2011 [цитовано: 7 липня 2025]. Доступно з: <https://zakon.rada.gov.ua/laws/show/z0068-12#Text>
15. Постанова Кабінету Міністрів України «Деякі питання реалізації програми державних гарантій медичного обслуговування населення у 2022 році». [Інтернет]. 29 грудня 2021 [цитовано: 7 липня 2025]. Доступно з: <https://zakon.rada.gov.ua/laws/show/1440-2021-%D0%BF#Text>
16. Звіт за результатами дослідження «Обсяг неформальних платежів на рівні спеціалізованих закладів охорони здоров'я за чотирма пріоритетними послугами медичних гарантій». Проєкт USAID «Підтримка охорони здоров'я». 2021 [цитовано: 7 липня 2025]. Доступно з: [https://drive.google.com/file/d/1iBGu8qcN7VRgSi2SdS\\_hMIRpKHylcyFL/view](https://drive.google.com/file/d/1iBGu8qcN7VRgSi2SdS_hMIRpKHylcyFL/view)

## References

1. Lee KS, Kwak JM. Effect of patient risk on the volume–outcome relationship in obstetric delivery services. *Health* [Internet]. 2014 Dec [cited 2025 July 7]; 118(3):407–12. Available from: <https://doi.org/10.1016/j.healthpol.2014.05.007>
2. Boerma T, Ronsmans C, Melesse DY, Barros AJ, Barros FC, Juan L, Moller AB, Say L, Hosseinpoor AR, Yi M, de Lyra Rabello Neto D, Temmerman M. Global epidemiology of use of and disparities in caesarean sections. *Lancet* [Internet]. 2018 Oct [cited 2025 July 7]; 392(10155):1341–8. Available from: [https://doi.org/10.1016/s0140-6736\(18\)31928-7](https://doi.org/10.1016/s0140-6736(18)31928-7)
3. Sandall J, Tribe RM, Avery L, Mola G, Visser GH, Homer CS, Gibbons D, Kelly NM, Kennedy HP, Kidanto H, Taylor P, Temmerman M. Short-term and long-term effects of caesarean section on the health of women and children. *Lancet* [Internet]. 2018 Oct [cited 2025 July 7]; 392(10155):1349–57. Available from: [https://doi.org/10.1016/s0140-6736\(18\)31930-5](https://doi.org/10.1016/s0140-6736(18)31930-5)
4. Handley SC, Passarella M, Herrick HM, Interrante JD, Lorch SA, Kozhimannil KB, Phibbs CS, Foglia EE. Birth Volume and Geographic Distribution of US Hospitals With Obstetric Services From 2010 to 2018. *JAMA Netw Open* [Internet]. 2021 Oct 8 [cited 2025 July 7]; 4(10):e2125373. Available from: <https://doi.org/10.1001/jamanetworkopen.2021.25373>
5. Betrán AP, Temmerman M, Kingdon C, Mohiddin A, Opiyo N, Torloni MR, Zhang J, Musana O, Wanyonyi SZ, Gülmezoglu AM, Downe S. Interventions to reduce unnecessary caesarean sections in healthy women and babies. *Lancet* [Internet]. 2018, Oct [cited 2025 July 7]; 392(10155):1358–68. Available from: [https://doi.org/10.1016/s0140-6736\(18\)31927-5](https://doi.org/10.1016/s0140-6736(18)31927-5)
6. Fink DA, Kilday D, Cao Z, Larson K, Smith A, Lipkin C, Perigard R, Marshall R, Deirmenjian T, Finke A, Tatum D, Rosenthal N. Trends in Maternal Mortality and Severe Maternal Morbidity During Delivery-Related Hospitalizations in the United States, 2008 to 2021. *JAMA Netw Open* [Internet]. 2023 June [cited 2025 July 7]; 6(6):e2317641. Available from: <https://doi.org/10.1001/jamanetworkopen.2023.17641>
7. Goldenberg RL, Culhane JF, Iams JD, Romero R. Epidemiology and causes of preterm birth. *Lancet* [Internet]. 2008 Jan [cited 2025 July 7]; 371(9606):75–84. Available from: [https://doi.org/10.1016/s0140-6736\(08\)60074-4](https://doi.org/10.1016/s0140-6736(08)60074-4)
8. Закон України «Про державні фінансові гарантії медичного обслуговування населення» [Law of Ukraine «On State Financial Guarantees of Medical Services of the Population»]. [Internet]. 2017 Oct 19 [cited 2025 July 7]; Available from: <https://zakon.rada.gov.ua/laws/show/2168-19#Text>. (in Ukrainian).
9. Про створення Національної служби здоров'я України. Постанова Кабінету Міністрів України. [Resolution of the Cabinet of Ministers of Ukraine. On the establishment of the National Health Service of Ukraine]. [Internet]. 2017 Oct 27 [cited 2025 July 7]; Available from: <https://zakon.rada.gov.ua/laws/show/1101-2017-%D0%BF#Text>. (in Ukrainian).
10. Деякі питання реалізації програми державних гарантій медичного обслуговування населення у 2023 році. Постанова Кабінету Міністрів України від 27.12.2022 № 1464 [Some issues of implementation of the program of state guarantees of medical care of the population in 2023. Resolution of the Cabinet of Ministers of Ukraine]. [Internet]. 2022 Dec 27 [cited 2025 July 7]; Available from: <https://zakon.rada.gov.ua/laws/show/1464-2022-%D0%BF#Text>. (in Ukrainian).
11. Закон України «Про державні бюджетні витрати на 2024 рік» [Law of Ukraine «On the State Budget of Ukraine for 2024»]. [Internet]. 2023 Nov 9 [cited 2025 July 7]; Available from: <https://zakon.rada.gov.ua/laws/show/3460-20#Text>. (in Ukrainian).
12. Статистичні дані Міністерства охорони здоров'я України. Тенденції громадського здоров'я Міністерства охорони здоров'я України [Statistical data of the Ministry of Health of Ukraine. Public Health Center of the Ministry of Health of Ukraine]. [Internet]. 2024 Nov 9 [cited 2025 July 7]; Available from: <https://moz.gov.ua/uk/centr-medichnoi-statistiki-moz-ukraini>. (in Ukrainian).
13. Аналітичні панелі (Дашборди). Національна служба здоров'я України [Analytical panels (Dashboards). National Health Service of Ukraine]. [Internet]. 2024 Nov 9 [cited 2025 July 7]; Available from: <https://edata.e-health.gov.ua/e-data/dashboard>. (in Ukrainian).
14. Наказ Міністерства охорони здоров'я України від 31.10.2011 № 726 «Про вдосконалення організації надання медичної допомоги матерям та новонародженим у перинатальних центрах» [Order of the Ministry of Health of Ukraine dated 31.10.2011 No. 726 «On improving the organization of medical care for mothers and newborns in perinatal centers»]. [Internet]. 2011 Oct 31 [cited 2025 July 7]; Available from: <https://zakon.rada.gov.ua/laws/show/z0068-12#Text>. (in Ukrainian).
15. Деякі питання реалізації програми державних гарантій медичного обслуговування населення у 2022 році. Постанова Кабінету Міністрів України від 29.12.2021 № 1440 [Some issues of implementation of the program of state guarantees of medical care of the population in 2022. Resolution of the Cabinet of Ministers of Ukraine dated 12/29/2021 No. 1440]. [Internet]. 2021 Dec 29 [cited 2025 July 7]; Available from: <https://zakon.rada.gov.ua/laws/show/1440-2021-%D0%BF#Text>. (in Ukrainian).
16. Звіт за результатами дослідження «Обсяг неформальних платежів на рівні спеціалізованих закладів охорони здоров'я за чотирма пріоритетними послугами медичних гарантій». Проєкт USAID «Підтримка реформи охорони здоров'я»



[Report on the results of the study «Volume of informal payments at the level of specialized HIs for four priority services of the medical guarantee program». USAID project «Support for health care reform»] [Internet]. 2021 [cited 2025 July 7]; Available from: [https://drive.google.com/file/d/1iBGu8qcN7VRgSl2SdS\\_hMIRpKHylcyFL/view](https://drive.google.com/file/d/1iBGu8qcN7VRgSl2SdS_hMIRpKHylcyFL/view). (in Ukrainian).

**Purpose.** The aim of this study is to determine the key trends in the medical care financing in Ukraine within the priority medical care packages under the Medical Guarantee Program «Medical care in childbirth», «Medical care to newborns in complex neonatal cases» and «Prenatal care in outpatient settings».

**Material and methods.** The indicators of the provided medical services in connection with childbirth and the number of the provided medical care services to newborns in complex neonatal cases in healthcare institutions in the regions of Ukraine have been determined in comparison with the average indicator in Ukraine. The trends regarding the dynamics of payments from the National Health Service of Ukraine under the Medical Guarantee Program from 2018 to 2023 have been defined.

**Results.** The medical care packages under the Medical Guarantee Program «Medical care in childbirth» and «Medical care to newborns in complex neonatal cases» are among the priority ones, therefore they are fully financed by the state. Their payment is constantly increasing, but it is not enough to cover the costs of healthcare institutions. The number of childbirths in the hospital, which is lower than 400 per year, can negatively affect doctors' qualifications.

**Conclusion.** The authors prove the inconsistency problem of the established tariff with the actual costs of healthcare institutions for providing perinatal care. Also, the established tariff does not take into account the differences in the costs of physiological childbirth and cesarean section.

**Key words:** perinatal care, medical guarantee program, financing of the healthcare system.

**Мета:** визначення ключових тенденцій у фінансуванні медичної допомоги в Україні за пріоритетними пакетами медичної допомоги за Програмою медичних гарантій «Медична допомога при пологах», «Медична допомога новонародженим у складних неонатальних випадках» та «Ведення вагітності в амбулаторних умовах».

**Матеріали та методи.** Здійснено ранжований розподіл надавачів медичних послуг по областях за пакетом «Медична допомога при пологах» та пакетом «Медична допомога новонародженим при складних неонатальних випадках». Визначено показники кількості наданих медичних послуг у зв'язку з пологами та кількості наданих послуг медичної допомоги новонародженим у складних неонатальних випадках у закладах охорони здоров'я по областях України порівняно із середнім показником по Україні. Визначено тенденції щодо динаміки виплат від Національної служби здоров'я України за Програмою медичних гарантій у період із 2018 по 2023 р. Узагальнено та систематизовано інформацію щодо пакетів медичних послуг, пов'язаних із вагітністю, пологами та неонатальною допомогою. Розрахунки проведено у пакеті MedCalc® Statistical Software version 22.009 (MedCalc Software Ltd, Ostend, Belgium; <https://www.medcalc.org>; 2023).

**Результати.** Автори засвідчують існуючу проблему невідповідності встановленого тарифу фактичним витратам ЗОЗ на надання перинатальної допомоги. Також установлений тариф не враховує відмінності у витратах на проведення фізіологічних пологів та кесарського розтину, що робить значний тиск на фінансові спроможності медичних підприємств та, відповідно, їх спроможність надавати якісну перинатальну допомогу пацієнткам на безоплатній основі, як того вимагають умови контрактів. Пакети медичної допомоги за Програмою медичних гарантій «Медична допомога при пологах» та «Медична допомога новонародженим при складних неонатальних випадках» належать до пріоритетних, отже, у повному обсязі фінансуються державою. Оплата по них постійно зростає, але не є достатньою для покриття витрат закладів охорони здоров'я. Кількість пологів у лікарні, нижча за 400 на рік, може негативно впливати на кваліфікацію лікарів. Аналіз показав, що кількість наданих послуг суттєво відрізняється між закладами охорони здоров'я відповідно до їх регіонального розміщення. Найбільш затребуваними з боку пацієнтів є ці послуги у місті Києві та великих обласних центрах, розташованих далі від лінії фронту, тобто в західній частині України. Водночас кількість ЗОЗ, що спеціалізуються на перинатальній допомозі у більш небезпечних регіонах, перебільшує попит на такі послуги, що призводить, по-перше, до недостатнього завантаження і, відповідно, недофінансування спеціалізованих ЗОЗ і, по-друге, негативно впливає на кваліфікацію лікарів завдяки зменшенню їх практичної професійної зайнятості. Обсяги фінансування перинатальної допомоги поступово зростають за рахунок збільшення розміру виплат на одну послугу. Але водночас зберігаються випадки використання інших джерел фінансування, що свідчить, на нашу думку, про недостатність такого фінансування, оскільки під час розрахунку тарифів не враховуються витрати на необхідні ліки та вироби медичного призначення.

**Висновки.** Автори засвідчують існуючу проблему невідповідності встановленого тарифу фактичним витратам закладів охорони здоров'я на надання перинатальної допомоги. Також установлений тариф не враховує відмінності у витратах на проведення фізіологічних пологів та кесарського розтину. Обсяги фінансування перинатальної допомоги поступово зростають за рахунок збільшення розміру виплат на одну послугу. Але водночас зберігаються випадки використання інших джерел фінансування, що свідчить, на нашу думку, про недостатність такого фінансування, оскільки під час розрахунку тарифів не враховуються витрати на необхідні ліки та вироби медичного призначення. Потрібна подальша організаційна робота з регіоналізації перинатальної допомоги в Україні.

**Ключові слова:** перинатальна допомога, програма медичних гарантій, фінансування системи охорони здоров'я.

**Conflict of interest:** absent.

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#### Information about the authors

**Paryi Valentyn Dmytrovych** – Doctor of Medical Sciences, Professor, Head of the Department of Healthcare Management of the Bogomolets National Medical University; Beresteiska Avenue, 34, Kyiv, Ukraine, 02000.  
v.pariy@oberig.ua, ORCID ID: 0000-0003-4996-0056 <sup>A,F</sup>

**Korotkiy Oleksandr Volodymyrovych** – Candidate of Medical Sciences, Associate Professor at the Department of Healthcare Management of the Bogomolets National Medical University; Beresteiska Avenue, 34, Kyiv, Ukraine, 02000.  
korotkiy.md@gmail.com, ORCID ID: 0000-0002-5682-7926 <sup>B,C,D</sup>

**Kozhemiakina Tetiana Volodymyrivna** – Candidate of Economic Sciences, Associate Professor at the Department of Healthcare Management of the Bogomolets National Medical University; Beresteiska Avenue, 34, Kyiv, Ukraine, 02000.  
tatyana.ktv06@gmail.com, ORCID ID: 0000-0002-9574-4250 <sup>B,C,D</sup>

**Vezhnovets Tatiana Andriivna** – Doctor of Medical Sciences, Professor at the Department of Healthcare Management of the Bogomolets National Medical University; Beresteiska Avenue, 34, Kyiv, Ukraine, 02000.  
taveg1962@gmail.com, ORCID ID: 0000-0003-1156-8614 <sup>E</sup>

**Prus Natalia Volodymyrivna** – Candidate of Economic Sciences, Associate Professor at the Department of Healthcare Management of the Bogomolets National Medical University; Beresteiska Avenue, 34, Kyiv, Ukraine, 02000.  
prus.nata@nmu.ua, ORCID ID: 0000-0002-8410-7125 <sup>B</sup>

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