

# ICHOM Standard Set for Pregnancy and Childbirth Outcomes in the antenatal period: data from Lithuania



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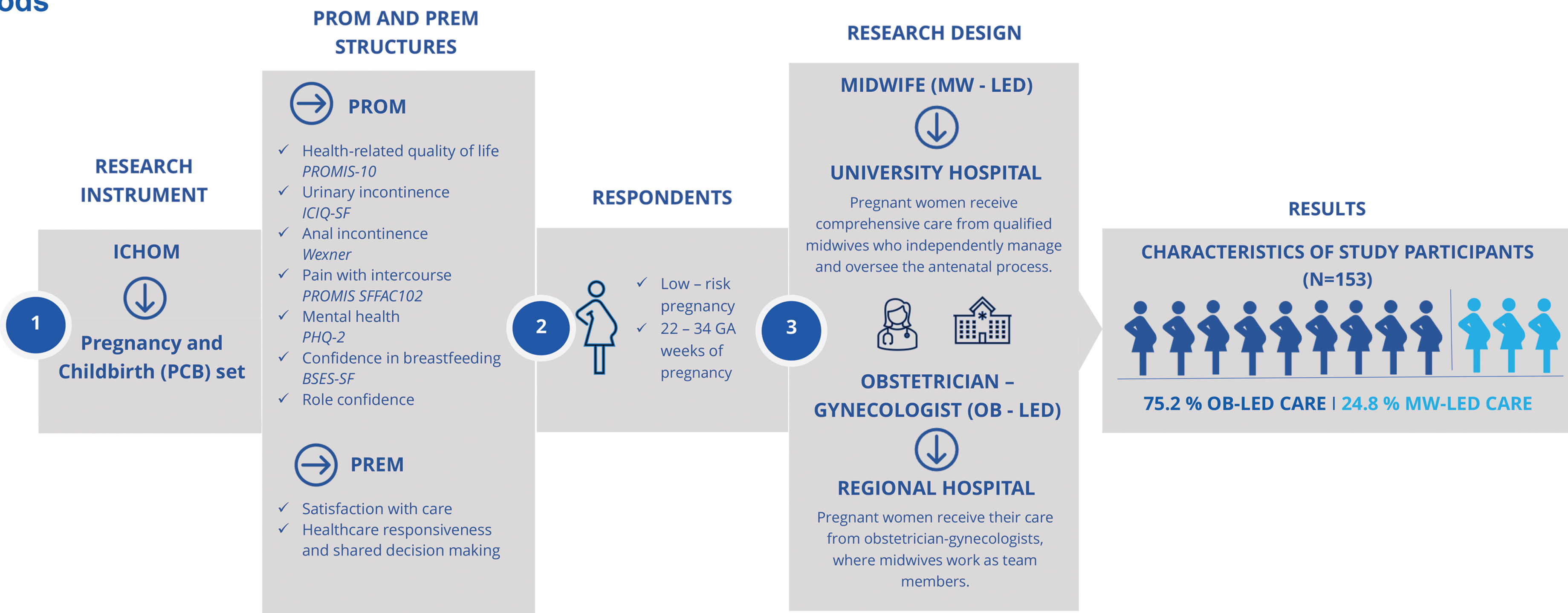
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## Introduction

In recent decades, there has been a global trend among policymakers and healthcare providers to recommend the transformation of maternity services into a more woman-centered approach. A crucial aspect of these recommendations is the promotion of diverse models of maternity care, with a particular emphasis on midwife-led care models. In Lithuania, there is a lack of continuity in midwife-led care, despite the extensive competencies of midwives. Within the outpatient setting, they can collaborate with family doctors, and obstetrician-gynecologists, or provide low-risk pregnancy care independently. Standardization indicators in midwifery care are used to ensure that midwives provide high-quality, evidence-based care to women and newborns. These indicators help monitor and evaluate the performance and effectiveness of midwifery services, improve outcomes, and promote accountability in the provision of care.

## Methods



## Results

Statistical analysis was performed to analyze the differences between the MW-led and OB-led groups in terms of PROMs and PREMs measures (Table 1).

**Table 1.** Comparison of PROMs and PREMs between MW-led and OB-led groups.

Characteristics		MW-led (n=38)		OB-led (n=115)		P
		m (SD) / n (%)	Median (range)	m (SD) / n (%)	Median (range)	
Health-related quality of life (T score)	PH	45.5 (5.0)	46.3 (42.3-47.7)	46.6 (4.6)	47.7 (44.9-50.8)	0.344
	PH*	4 (10.5)		14 (12.2)		0.785
	MH	51.31 (4.7)	52.1 (48.3-53.3)	51.75 (7.2)	50.8 (45.8-59.0)	0.860
	MH**	1 (2.6)		5 (4.3)		0.637
Incontinence	ICIQ-SF	0.84 (2.0)	0 (0-0)	1.15 (2.7)	0 (0-0)	0.860
	ICIQ-SF***	7 (18.4)		22 (19.1)		0.923
	Wexner	0.63 (1.9)	0 (0-1)	0.79 (1.4)	0 (0-1)	0.218
	Wexner***	10 (26.3)		41 (35.7)		0.290
Pain with intercourse		2.47 (1.3)	2 (1-4)	2.17 (1.1)	2 (1-3)	0.243
Mental health screening	PHQ-2	1.3 (1.3)	1.0 (0-2)	1.0 (1.1)	1.0 (0-2)	0.125
	No depressive disorder	35 (92.1)		107 (93.0)		0.846
	Major depressive disorder	3 (7.9)		8 (7.0)		
Confidence in breastfeeding		49.5 (9.8)	48.5 (42.7-55.3)	48.9 (10.3)	50.0 (43.0-56.0)	0.919
Role confidence		3.9 (0.8)	4 (4-4)	1.0 (0.8)	4 (4-4)	0.777
Satisfaction with care		4.2 (1.1)	4.5 (4-5)	4.4 (1.2)	5 (4-5)	0.146
Healthcare responsiveness and shared decision making		1.8 (0.4)	2.0 (1.8-2.0)	1.9 (0.3)	2.0 (1.8-2.0)	0.559

\*- T-standartized scores<42; \*\*- T-standartized scores<40; \*\*\*- answered positively to at least one question.

## Conclusions

Midwives, as independent healthcare professionals, are capable of providing adequate care for pregnant women that aligns with their expectations and requirements. However, it is important to note that the study had a limitation in terms of the small sample size of pregnant women in the group receiving midwife pregnancy care. This revealed that midwives have limited autonomy in the care of pregnant women. To gain a more comprehensive understanding of the features and advantages of midwife-led care in the Lithuanian healthcare system, it is crucial to continue collecting and analyzing data in the postnatal period.

## Ethics

The Kaunas Regional Biomedical Research Ethics Committee issued permission to conduct the study (8 March 2022, No. BE-2-24).

## References:

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