Reply of Lithuania on preventable maternal mortality and morbidity

History. It should be noted that since the restoration of its Independence in early 1990’s Lithuania puts continuous efforts in improving the quality of the health care services as well as the environment in the health care institutions in order to make it as comfortable as possible for the birth giving women and the new-borns and to ensure their human rights based approach to preventable maternal mortality and morbidity. The Lithuania Perinatal Programme started in 1992. The aim of the Programme: to reduce the stillbirth rate, neonatal, infants’ and maternal mortality and morbidity.

Current situation and country experience. It should be observed that the health care institutions providing services for pregnant, delivering and postpartum women and new-borns are of three levels. The first level health care institutions provide an out patient perinatal care, including consulting, physical examination, assessment of the risks of pregnancy, setting up a monitoring plan of a pregnancy, etc. The right to provide the primary perinatal care is assigned to the midwife, the obstetrician – gynaecologist or the general practitioner.

It should be noted that there are 30 II-III level hospitals including one private clinic providing inpatient perinatal and neonatal health care services in Lithuania. According to the provisions approved by the order of the Minister of Health, the inpatient perinatal and neonatal health care services are provided by district, regional and university hospitals. District hospitals provide medical care to delivering women with low perinatal risk and to neonates without any substantial pathology (II A level services). Regional hospitals provide obstetric and neonatal services in cases of both low and high perinatal risk (II B level services). Medical care of complicated cases of pregnancy with high perinatal risk and neonatal pathology is provided by university hospitals (III level services). Nonetheless, any pregnant woman with a low perinatal risk has a right to choose a hospital of a higher level, e.g. II B or III.

The hospitals (i.e. health care institutions of the II A and B and the III levels) ensure the permanent posts of the obstetrician-gynaecologist on duty who can provide twenty-four hours services as well as the assistance of the paediatrician or neonatologist, anaesthesiologist (or doctors of other specialisation) and other medical personnel available at any time. Moreover for the emergency situations there are twenty four hours teams on duty in IIB and III level hospitals which are ready to go to the lower level health care institutions in order to provide assistance for delivering women and newborns.

Currently the III level services are provided at 2 perinatology centres: Kaunas Perinatology Centre consisting of the Clinic of Obstetrics and Gynaecology and the Clinic of Neonatology under the Lithuanian University of Health Sciences hospital Kaunas Clinics of, and Vilnius Perinatology Centre under the Vilnius University hospital Santariškės Clinics.

All the health care institutions are interrelated in order to ensure the maximum quality of the health care services for the patients in improving and securing their health.

Quality indicators (number of deliveries in health care institution, percent of caesarean sections among all deliveries and among instrumental deliveries, natural deliveries after caesarean sections,
baby friendly hospital, etc.) were introduced in 2013 for hospitals providing obstetrical and neonatal care.

Obstetrical and neonatal health care services are provided according to obstetrical and neonatal standards and guidelines.

It should be observed that pursuant to the national legislation (the Law on the Rights of Patients and Compensation for Damage, "Relevant National Law and Practice") all patients (including pregnant, delivering or postpartum women) have the right to choose health care institution as well as particular health care professionals. In addition, it should be noted that all health care institutions have a right to approve internal legal norms (rules, protocols, etc.) which regulate the particularities of the provided health care services. The inpatient health care institutions (namely the hospitals of II A and B and the III levels) provide the wide range of choices concerning the circumstances of giving birth for the delivering women (e.g. the women may refuse from unnecessary medical interventions, they have the right to choose a comfortable physical position during the delivery, the right to stay in the water during the labour, the right to have a partner or other close persons present in the delivery room as well as the right to stay in the “family type” wards with all necessary equipment, the right to bring their favourite music records or even bedding, the right to stay with a newborn after the delivery, the etc.).

Health care services may be provided only by licenced health care professionals who are practicing in the licenced health care institutions. According to the Law on Medical Practice (adopted on 25 September 1996 and with further amendments) Article 4. Acquisition and Implementation of the Right to Engage in the Practice of Medicine: the doctor who has a valid license issued in accordance with the procedure established by this Law may engage, in the practice of medicine in the Republic of Lithuania. The doctors may practice medicine only in those health care institutions, which have obtained a licence to provide health care services.

Management. The Committee of integrated health care in perinatology was established in the Ministry of Health from the 2014. The aim of the Committee is to monitor quality indicators and “near miss” cases of delivering women in hospitals providing obstetrical care. Every hospital must analyse “near miss” cases and provide information to the Committee.

Budgeting and resourses. Health care for pregnant and delivering women is covered by Compulsary Health Insurance and all obstetrical services to the pregnant and delivering women are free of charge.

In 2013 the Lithuanian – Swiss Co-operation Programme was launched with the purpose to improve the quality and accessibility of perinatal and neonatal services and reduce the disparities between regional and district hospitals. The Swiss support is assigned for two programmes: Improvement of perinatal and neonatal care services in Lithuania - CHF 31.294 mln. (CHF 26.600 mln. is the Swiss support funds and CHF 4.694 is the co-financing of the Republic of Lithuania) and Introduction of energy efficient technologies into the Lithuanian hospitals providing perinatal and neonatal health care services - CHF 22.353 mln.(CHF 19.000 mln. is the Swiss support funds and CHF 3.353 is the co-financing of the Republic of Lithuania). To coordinate the activities of the programme, the Joint Health Sector Steering Committee is established for the programmes funded under the Lithuanian–Swiss Cooperation Programme aimed at reducing economic and social disparities within the enlarged European Union. The Committee consists of representatives of the Ministry of Health, the Ministry of Finance, the Central Project Management Agency, the Lithuanian Neonatology
Association, the Lithuanian Association of Obstetricians and Gynaecologists, the Lithuanian Nursing Specialists Organisation, Lithuanian Obstetricians Union, the State Patients’ Fund under the Ministry of Health and the public establishment Centre of Registers.

**Achievements.** It should be noted that the abovementioned efforts of the State gave positive results in significant decrease of infant and neonatal mortality rate during the period of 1992 – 2014. For instance, it could be observed that already in 2003 the infant mortality rate decreased 2 times and still these numbers continue improving. Infant mortality was 3.9 in 2014. Maternal mortality was 44 in 1992 and in the last 5 years ranges from 0 to 6 / 100 000 live births (diagrams below).

**Maternal mortality in Lithuania in 1991 – 2014 (100 000 live births)**

![Maternal mortality in Lithuania](image)

**Infant and neonatal mortality in Lithuania in 1991 – 2014**