20 March 2023

**Information provided by the Republic of Lithuania**
**to the Office of the High Commissioner for Human Rights on good practices and challenges in the application of a human rights-based approach to the elimination of preventable maternal mortality and morbidity**

## Strategies to decrease maternal mortality and severe morbidity

After the restoration of Lithuanian independence in 1990, it was possible to develop the perinatal and neonatal healthcare system adapted to the situation in the country and following international standards. The Health Minister directive in 1992 approved the Program for Perinatology. To implement this objective based on the regional principle, the following three-stage perinatology system was created: in-patient obstetric and neonatal care units were equipped with the necessary facilities, and two perinatology centers were established. Overall, right policy decision for integration of care in a small homogenous country was beneficial. Maternal mortality per 100,000 live births was 23,8 in 1997 and 8,2 in 2019. There were no maternal deaths during 2020-2022 period.

Although maternal mortality remains a significant public health problem, maternal deaths are rare in absolute numbers especially within a community, so that assessment of effects of care is difficult. To overcome this challenge, notion of severe acute maternal morbidity and near miss event was introduced in maternal health care to complement information obtained with review of maternal deaths in 2012. The incidence of near miss cases during the last five years is stable – 0,33 percent in 2019 and 0,31 percent in 2022.

The main strategies to decrease maternal mortality and severe morbidity are:

1. Three-stage perinatology system based on regional principle. The key is early risk identification so that the woman is promptly transferred to a high-risk care environment.
2. Monitoring and clinical audit of maternal mortality and morbidity (Lithuanian Perinatology Integrated Health Care Steering Committee; Commission in Perinatology Centers),
3. Identification of a specific problems leading to increased maternal mortality and morbidity.
4. Adequate training to medical staff to reduce the mostly preventable occurrences of severe morbidity (annual training of clinical skills in every department of obstetrics and neonatology and every 5 years in Perinatology centers for each healthcare professional working in obstetrics and neonatology).
5. Updating the protocols and recommendations in perinatology based on evidence based medicine and good clinical practice (42 guidelines in obstetrics and 30 in neonatology were published in 2014. The guidelines were updated in Obstetrics in 2019-2020).

The Experience of Lithuania as a Success Story was presented by the FIGO (The International Federation of Gynecology and Obstetrics) Safe Motherhood and Newborn Health Committee (Barnea ER, Nicholson W, Theron G, Ramasauskaite D, Stark M, Albini SM, Nassar AH; FIGO Safe Motherhood and Newborn Health Committee. From fragmented levels of care to integrated health care: Framework toward improved maternal and newborn health. Int J Gynaecol Obstet. 2021 Feb;152(2):155-164. doi: 10.1002/ijgo.13551.).

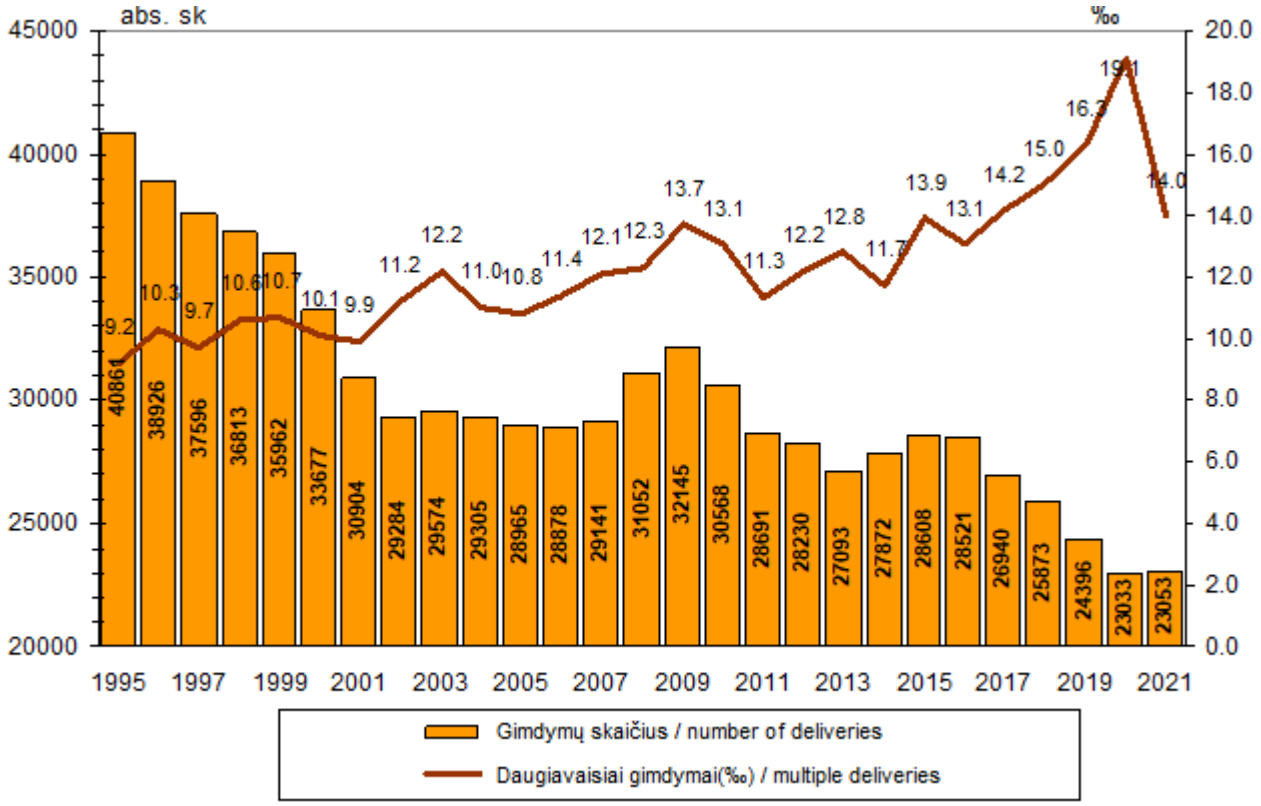


**Fig. 1. Number of deliveries in Lithuania from 1995 to 2021**

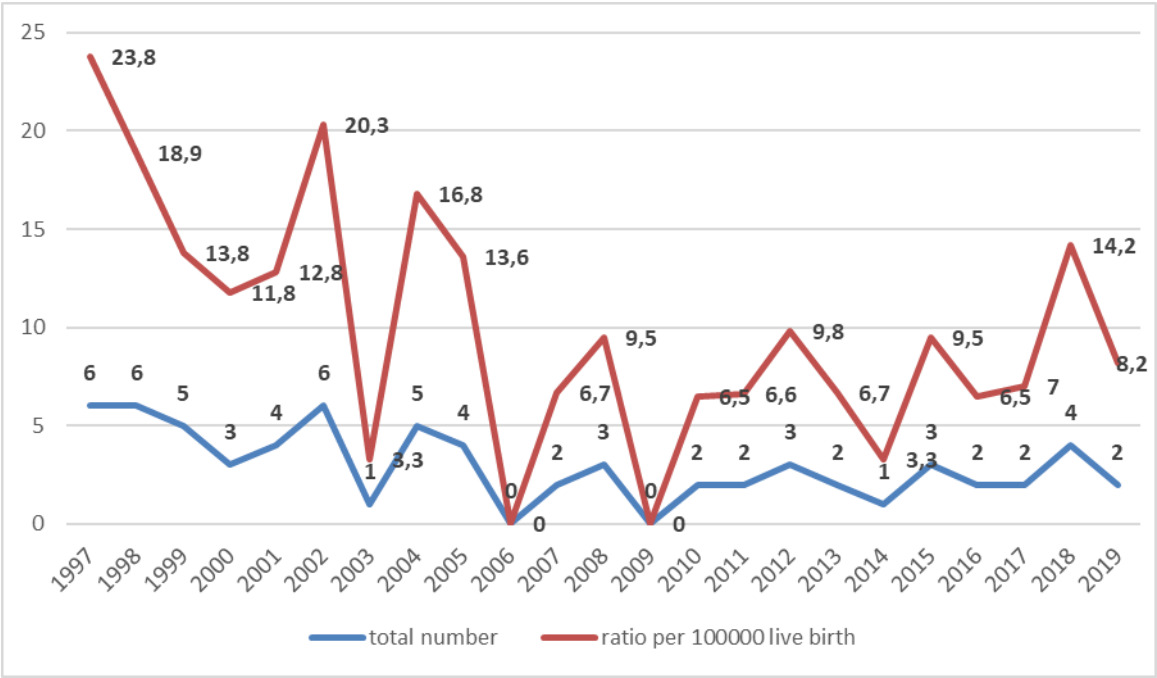


**Fig. 2. Declining trend in maternal mortality from 1997 to 2019 (Lithuania)**

## Psychological support for mothers

After assessing the importance of psychological support for mothers, in October 2022 the Minister of Health of the Republic of Lithuania amended his order "On the approval of the description of the health care procedure for pregnant women, mothers and new-borns". According to the provisions of

this Order, the personal health care institutions must inform the patient (orally and in writing) about the symptoms of postpartum depression and personal health care institutions that provide services to patients experiencing symptoms of postpartum depression. The Ministry of Health in cooperation with the project "Mama mums rūpi" (Eng. *We care about the mother*) prepared the electronic version of helpful information in prevention of postpartum depression: https://www.mamamumsrupi.lt/.

The current description of the health care procedure for pregnant women, mothers and newborns (hereinafter - the Description) stipulates that a family doctor (general practitioner) or a doctor of the primary health care team, an obstetrician-gynecologist, or an obstetrician must talk with the pregnant woman about the living and working conditions, harmful habits and domestic violence. The institution providing secondary health services and the Perinatology Center must ensure that the services of a social worker and a medical psychologist are provided.

The Ministry of Health has identified the need to improve the competences of specialists and annually proposes to finance projects on the postpartum depression issues by the State Public Health Promotion Fund. In 2021 this fund financed the project "Prevention of mental illnesses and complex support for women experiencing a crisis pregnancy", implemented by the Crisis Pregnancy Center, during which psychological, social and other complex support was provided to women experiencing a crisis pregnancy. 417 women were assisted; 1,903 consultations were carried out, 11 self-help groups carried out their activities (106 meetings), over 300 doctors attended training on crisis pregnancy.

In 2022 the Ministry of Health has allocated funding to the project "Recognition, risk assessment, prevention of postpartum depression of pregnant and postpartum women in the care of women and families" with the aim to improve the competences (knowledge and skills) of healthcare professionals (obstetricians, gynaecologists, midwives, family doctors, nurses) in recognizing the signs of postpartum depression, assessing the risk and supporting women with postpartum depression

During the implementation of the program "Health" of the EEA Financial Mechanism 2014-2021, EEA and Norwegian investments were aimed at improving mental health and ensuring the well-being of children and youth at risk in Lithuania. The family visiting model in the provision of early intervention services has been created to help expectant and postpartum women who are experiencing their first pregnancy and are under 21 years of age or older than 40 years, or who live in a disadvantaged social environment and experience more risk factors. According to this model, specially trained nursing and midwifery specialists carry out home visits and advice on issues related to pregnancy and the first two years of a child. Currently, 12 pilot projects have been implemented in Lithuanian municipalities. Women and their family members usually establish close relationships with the nurse or midwife, who is helping the family to take care of the health of the expectant woman and the baby, to solve problems related to the care of the new-born, the postpartum period, and the changed family situation. Currently, based on this experience, a multidisciplinary working group has been formed in the Ministry of Health, which is preparing new services project - early intervention (ambulatory) services for families during pregnancy and before the child turns 2 years old. These services are planned at a national level in the future after these pilot projects, by training more family visiting specialists and providing payment for the services from the Compulsory health insurance fund budget.

In order to achieve greater public mental health literacy, which includes knowing how to take care of mental health, what are the signs of mental health disorders and where to get help, the Ministry of Health from 2020 supports the national mental health information platform “Pagalba sau” (eng. *Self-help*) (www.pagalbasau.lt).