



MINISTRY OF HEALTH OF THE REPUBLIC OF LITHUANIA

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INFORMATION NOTICE

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Lithuania ranks among the most progressive countries as infant mortality falls more than 4 times

Targeted policies and cooperation have brought tangible model results in the field of European child health care, says Minister of Health, Rimantė Šalaševičiūtė. According to her, today Lithuania is mentioned among the countries that have made the greatest progress in reducing infant and neonatal mortality.

“Infant mortality has decreased more than four-fold throughout Lithuania, or from 16.5 per 1000 live births in 1992 to 3.9 in 2014”, said Minister R. Šalaševičiūtė at the press conference “Prenatal care as a possibility to improve the health of two generations”. “The health of mother and child is a priority of the state health policy, and the health and life of each born child have great value. By the way, we really have something to rejoice at because Lithuania has achieved especially good results in the fields of perinatal medicine, neonatology and obstetrics development”.

Adopted more than 20 years ago, the Perinatology Programme laid down the basis for the correct and effective prenatal and neonatal health care and set an aim to achieve the infant and neonate mortality indicators of developed countries and to ensure proper perinatal and neonatal health care services. Ensuring proper health care required investments. In 1994–1996 the Swiss Government allocated 4.6 mln. Swiss francs for modernising the field of Neonatology, which enabled the purchase of medical equipment for Lithuania’s eight largest hospitals and training of doctors.

In recent years, Lithuania has been implementing the programme with support of the Swiss Government, designed for modernising perinatal and neonatal health care, energy efficiency in obstetrical hospitals and ensuring infrastructure improvement. The support which amounts to more than 53 mln. Swiss francs involves 27 hospitals that provide perinatal and neonatal health care services. The funds are used for renewing medical equipment and organising training for doctors. Moreover, 70 diagnostics and treatment methodologies have been prepared, and infrastructure of the hospitals has been undergoing renovation.

All this provides conditions for the development of the perinatal and neonatal health care service range: all neonates undergo tests and newborn hearing screening, from 1 January 2015 all newborns are tested for another two congenital diseases (galactosemia and adrenogenital syndrome), newborn critical heart defect screening is to start from next year, and from 1 November of this year all pregnant women undergo ultrasound scans and screening for possible foetal malformations in the first trimester.

Following the establishment of the Perinatal Integrated Health Care Management Committee in 2014, the monitoring of perinatal and neonatal health care is carried out and the performance quality indicators of the obstetrical hospitals are subject to regular evaluation.

According to specialist, the number of Caesarean sections represents a concern. Therefore, one of the quality indicators is the share of C-sections in the total number of births in an obstetrical hospital. From 1 January 2016, all health care establishments providing obstetrical hospital services will be obligated to analyse and evaluate the frequency of C-sections in accordance with the Robson classification. The introduction of the Robson group classification will help not only to monitor the frequency of Caesarean sections but also to identify women’s groups in which the rate of C-sections is the highest and to evaluate the effectiveness of measures for reducing the number of such surgery procedures.

The data of the Ministry of Health show that last year the number of newborns in Lithuania was 28 000, up by 600 infants from 2013.

