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МИНИСТАРСТВО ЗДРАВЉА



SOUTH-EASTERN EUROPE  
HEALTH NETWORK



АГЕНЦИЈА ЗА АКРЕДИТАЦИЈУ  
ЗДРАВСТВЕНИХ УСТАНОВА СРБИЈЕ



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# Multi-country Workshop on development of Accreditation Standards for Maternity Wards and Neonatal Departments

Country: **Montenegro**

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# MONTENEGRO

- Montenegro has a good network of primary health care (PHC) (schools for pregnant women and postpartum care nurses patronage), and good hospital capacities almost 97% of women have once or more visited the gynecologist during pregnancy, and almost 100% of women have in the last two years given birth with professional help of a medical doctor.

# MONTENEGRO

- Montenegro recognises the importance of quality reproductive health care and reorganized its perinatal care, which consists of one National Hospital for Obstetrics and Gynecology in Podgorica and a Unit for Neonatal Intensive Care, which represents a separate entity, as a part of national pediatric hospital.
- In the country there are also 8 maternity wards of levels 1 or 2 as well as 5 additional small wards. **Montenegro has over 8.000 deliveries yearly.**

# MONTENEGRO

- Ministry of Health and UNICEF Montenegro jointly – using WHO methodology in 2012 with support of international and national consultants performed an Analysis of the Perinatal Services in Montenegro
- Using the results of this Analysis Montenegro entered into a process of re-organisation of the reproductive health care.

# MONTENEGRO

- In June 2013 it was adopted a new re-designed “Strategy for Maintenance and improvement of the Reproductive and Sexual Health in Montenegro 2013-2020” with action plan.
- In 2012 was adopted the Strategy for improvement quality and patient safety 2012-2017, with action plan.

# MONTENEGRO

- The aim of the strategy is to create conditions for the health care system to be a part of the process of health care integrations into the EU, in accordance with equal values, aims and instruments which ensure universality, availability of good quality health care, equality and solidarity referring to the level of social protection, social cohesion and social justice.

# OVERVIEW OF THE STRATEGY

**Main Goal** of the strategy on reproductive and sexual health is to contribute to the reduction of poverty and inequity.

## **Other general aims:**

- Improvement of Maternal and child health care
- Reduction of malignant diseases of reproductive organs
- Planned parenthood including infertility treatment
- Prevention of spreading of sexually transmitted infections including HIV
- Promotion of sexual health and reproductive rights
- Continued education in the field of reproductive health care
- Defining of the respective roles of the governmental and non governmental sectors.
- Within the frame and in accordance with the dynamics of accession process to the European Union, a more intense and direct cooperation with the institutions of the EU and certain member states will be developed, through all EU mechanisms and programs

# STRATEGY OF RSH

- For each of the goals - basic indicators are set, which need to be developed during further implementation, including a clear description of the indicators, the form of indicators (basic data, calculation methods, standardization methods, analysis and interpretation methods) as well as the defining of the flow of information and indicators.



# EQUITY CHALLENGES

- The poverty level in Montenegro in 2005/6 was estimated at 11.3% mainly in the Roma population which are affected by poverty. Also an additional 30% of the population is considered as “economically disadvantaged” ;
- In the northern part of the country there are regional differences in poverty, with 45% of the poor who live with a poverty rate nearly two times higher than the national average.

# EQUITY CHALLENGES

- Groups at risk of social exclusion in Montenegro can be classified according to the following criteria:
- **Economic disadvantage:** the poor, the unemployed, the homeless, housewives, minorities, displaced people (DP) and persons with a low educational background;
- **Family structures:** One-member households, single parents, children without parental care, households with more than three children are particularly at risk;
- **Age:** Young people aged between 15 and 29, senior citizens (65+) and retirees;
- **Criminal actions:** prisoner and ex-prisoners, under-aged delinquents, victims of domestic and criminal violence;
- **Health:** Persons with mental and physical abnormalities, persons living with HIV, drug and alcohol consumers;
- **Sexual orientation:** Sexual minorities (transgender and transsexual).

# STRATEGY RSH

- The national strategy on reproductive health for the period 2013-2020 is in full accordance with the principles of the European framework of the WHO health policy “Health 2020” and WHO gave excellent comments on the adopted strategy RSH.

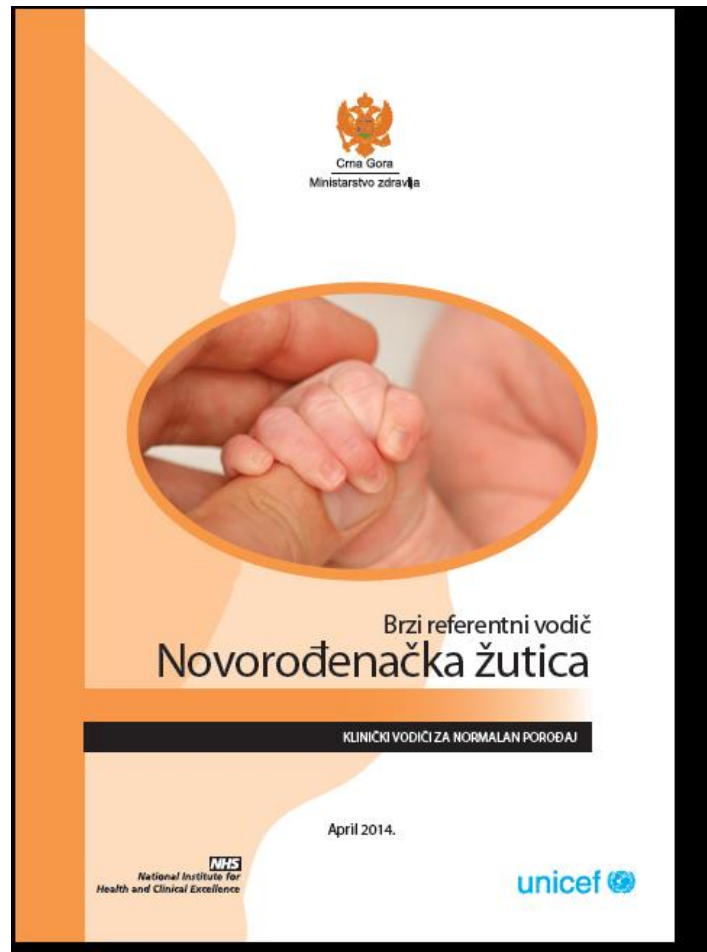
- As part of the reorganization plan of the perinatal care - The Clinic of Obstetrics and gynecology, Clinical Center of Montenegro in Podgorica, as representative of the Tertiary level of care, was completed in December 2013.

## Baby friendly program

Has been established in 11 maternity wards in Montenegro about twenty years ago. In general hospitals, Pljevlja, Nikšić, Bijelo Polje, Berane, Cetinje, Kotor and Bar, then in PHC Ulcinj, Mojkovac, Rožaje, Kolašin and Plav, in a private hospital Meljine and finally after the reconstruction of the maternity ward in the KCCG.

- Beside other recommendations of the Analysis of perinatal care, one of them was the implementation of Evidence Based (EB) Clinical Guidelines (CG) within the Perinatal health care as a most cost-effective measure for improvement of the overall perinatal health care. In May 2013 we adopted three EBCG with UNICEF support.

# Neonatal jaundice



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# Postnatal care



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# Intrapartal care



- Perinatal mortality in Montenegro in the period 1953-2003 was analyzed. Data resources: statistical annuals of the Republic Statistic Agency - Monstat. Results show that in 50 years infant mortality in Montenegro was reduced by almost 10 times.
- **Perinatal mortality was reduced in the analyzed period from 20 ‰ to 10 ‰.**

## Perinatal mortality in MONTENEGRO ( 2004 -2009 )

- We also analyzed the perinatal mortality rate in Montenegro in the period from 2004 - 2009 .
- Source: Statistical Yearbooks of the Institute for Statistics - MONSTAT .

# PERINATAL MORTALITY

year	stillbirht ‰	early neonatal death ‰	Perinatal mortality ‰
2004	4,8	4,5	9,3
2005	3,8	5,4	9,2
2006	2,6	6,4	9,0
2007	2,8	3,9	6,7
2008	4,1	4,5	8,6
2009	4,4	3,1	7,5

# Some Montenegro indicators for Reproductive Health

- Maternal mortality rate is expressed as a number of maternal deaths in one year per 100.000 newborns.
- Maternal mortality rate in Montenegro in 2008 was 12,76 (one women)
- We have achieved MDG 4 and 5

# Future plans

- Guidelines for cesarean section and
  - Breastfeeding Guidelines - end of 2014
  - Reconstruction of postpartal unit of the Clinical Center of Montenegro
  - General Directorate for improvement and quality control is established in 2010
- Accreditation of maternity wards and neonatal departments is planned in the forthcoming period.

# Conclusion

- Montenegro has set a roadmap in reproductive health which needs a lot of work
- With the help of regional support and the RHDCs the level of quality of all the services will improve.