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**ABSTRACT BOOK**



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**PROOPSIS**  
Consulting S.A.

postnatal care is lacking in Belgium, a multidisciplinary guideline on postpartum care has been developed to optimize quality of care.

### Material and Methods

The ADAPTE procedure has been applied to develop the guideline. After a systematic search for (inter)national guidelines, methodological quality of selected guidelines was assessed, using AGREE, resulting in three included guidelines. The quality of the evidence was rated (GRADE). A consensus procedure (Delphi) was used to formulate 'good practice points' (GPP). Additionally, further literature search and contextualising was executed.

### Results

Together with stakeholders seven clinical questions were determined: PART 1: maternal and neonatal physical health; PART 2: information/support, neonatal examinations/screening, mental health, sexual health and baby's feeding. Following the ADAPTE procedure, recommendations in part 1 for maternal (n=16) and neonatal (n=14) physical health were finalized and validated by the Belgian Centre for Evidence-based Medicine (CEBAM). Part 2 will be finalized end of 2023.

### Conclusions

Evidence-based midwifery practice leads to improved health outcomes and reduced variability in quality and provision of care. This guideline is a step forward in optimizing maternal and neonatal follow-up in postpartum, including early detection of complications. Further attention to a sustainable implementation in postnatal care with collaboration of all engaged professionals is needed.

### Funding

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### Conflicts of interest

The authors have no conflicts of interest to disclose.

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## World Health Organization Well-being Index (WHO-5): A validation study on midwifery students and determination of related factors

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### Introduction

Psychological well-being is a crucial aspect of mental health and can affect personal and academic achievements. Based on concerns regarding the decrease of well-being during midwifery education, early-stage determination of midwifery students' well-being level is essential. WHO-5 has been translated into many languages and proven to be a simple, rapid, and suitable tool for depression screening in various health conditions. The aim of this study is to determine the validity and related factors of WHO-5 on midwifery students.

### Material and Methods

The study was conducted on 338 midwifery students studying at various universities in Turkey. The internal consistency of the scale was assessed using Cronbach's alpha coefficient, and construct validity was assessed using confirmatory factor analysis. For criterion validity, the Beck Depression Inventory

and Psychological Well-being Scale were used.

### Results

It was determined that the model showed perfect fit and the one-factor structure of the scale on midwifery students was confirmed. A negative moderate level relationship ( $r = -0.598$ ,  $p = 0.000$ ) was found between the scores obtained from the WHO-5 and depression scores; and a positive moderate level relationship ( $r = 0.438$ ,  $p = 0.000$ ) was observed between WHO-5 and psychological well-being scores. The Cronbach's alpha reliability coefficient was calculated for the scale as 0.925. It was also found that students' well-being level was related to perspectives on their life.

### Conclusions

The Turkish version of the WHO-5 is a reliable and valid tool for measuring psychological well-being among midwifery students.

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## e-Posters

### Operative deliveries in Estonia from 1992-2016

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### Introduction

Cesarean sections (CS) rates have increased worldwide, the optimal rate of CS has been long debated<sup>1</sup>. Operative vaginal delivery (OVD) can provide a safe alternative in modern obstetric care<sup>2</sup>. The rates of CS and OVD in Europe varied vary largely. CS rates in Europe (median rate 26.0% in 2019) in 2019 from 16.4% in Norway to 53.1% in Cyprus<sup>3</sup>. In Estonia, the share of CS was low, 6.4% in 1992<sup>4</sup>, in 2015 was 19.5%<sup>5</sup>. Today, Estonia is one of the safest countries in the Europe for giving birth<sup>3</sup>.

### Aim

Provide an overview of CS and OVD trends in Estonia.

### Methods

Data was obtained from the Estonian Medical Birth Registry (EMBR). EMBR was founded in 1992 and is a central digital registry collecting data about all births in Estonia. All births in the years 1992 – 2016 were included (n= 356 063). Trends of CS and OVD in total were analyzed. Incidence Rate Ratio (IRR) was calculated, and two time periods compared for total CS rates, adjusted by the mother's age.

### Results

The annual number of births in Estonia decreased significantly, and the proportion of CS increased. The proportion of CS increased from 6.5% in 1992 to 20.9% in 2007 and remained stable thereafter. Mean age of mothers increased during the