Coverage, Gaps and Maternal Experiences in Perinatal Mental Health Care: Findings from 13 Countries of the IMAgiNE Network

Updated analysis based on the latest available IMAgiNE GLOBAL dataset

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On behalf of the WHO CC and the IMAGINE team

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The IMAgiNE Research Network: objective & key results

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Objectives: Document the quality of maternal and newborn health care in the WHO European Region and beyond from 2 perspectives: women & health workers (HW)

Global Collaboration

40 participating countries

Validated questionnaires

34 languages for mothers' survey

17 languages for health worker's survey

WHO Standards

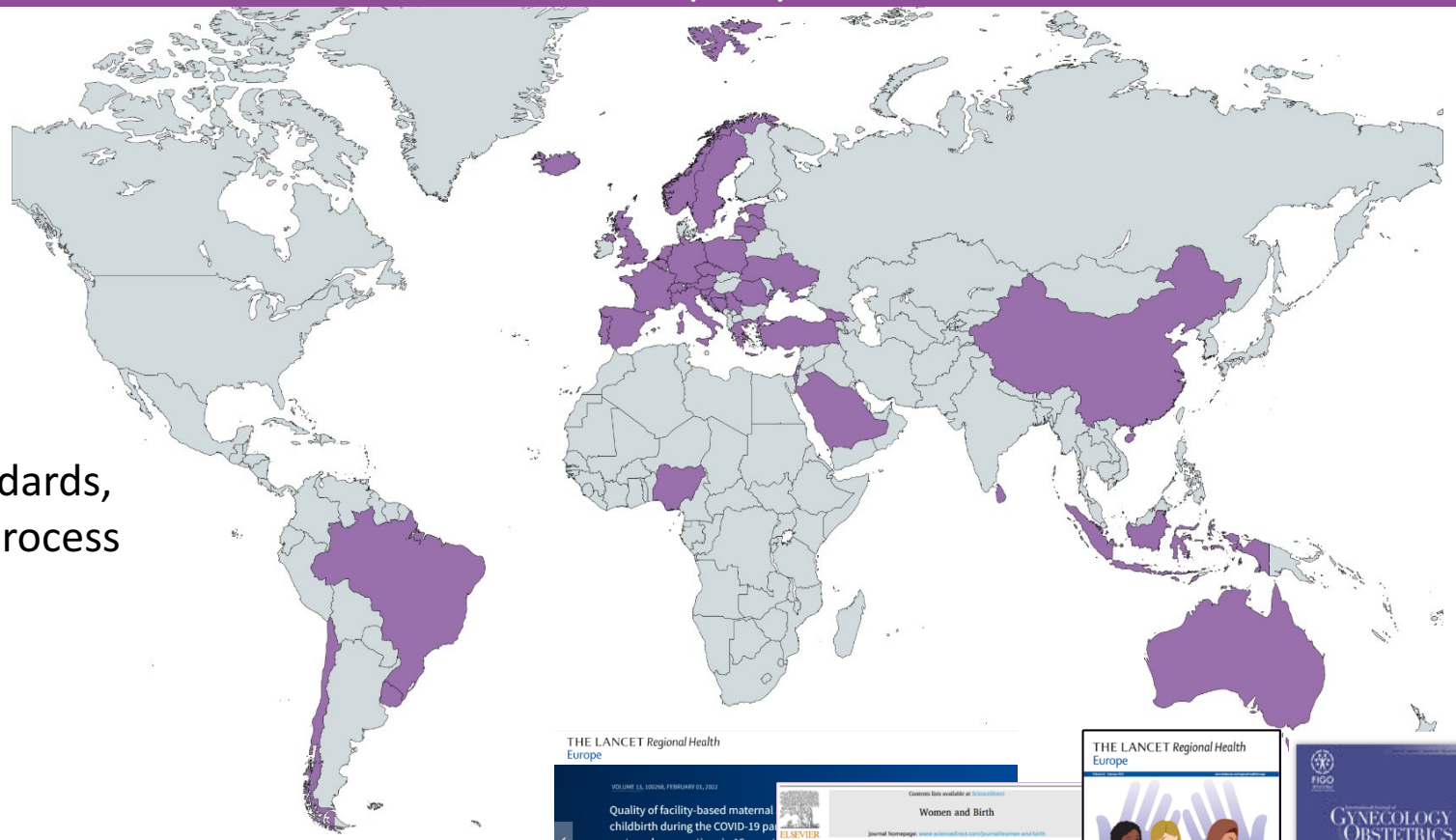
85 Quality Measures based on WHO Standards, derived through an international Delphi process

Progress & Achievements

33 papers published or accepted

32 papers ongoing

> 150 dissemination events





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Thanks to all partners of the network

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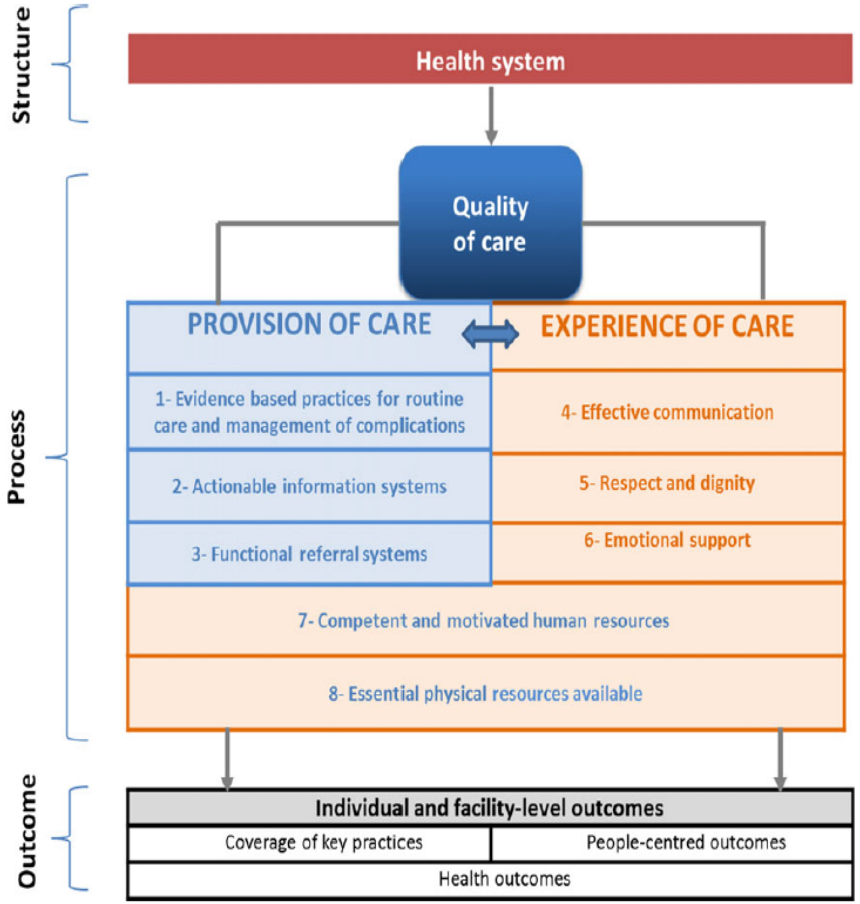


A network of motivated volunteers: midwives, doctors, epidemiologists, psychologists, women rights advocates

New partners are welcome!

WHO framework

(2015)



WHO standards

(2016 & 2022)



8 STANDARDS

318 QUALITY MEASURES

STANDARDS RELEVANT TO MENTAL HEALTH

85 QUALITY INDICATORS

selected with multiple rounds of Delphi among:

- INTERNATIONAL EXPERTS
- HEALTH PROFESSIONALS
- MOTHERS

FORMAL VALIDATION

Development and validation of the IMAgiNE Questionnaire

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1. Questionnaire design

Literature review and selection of WHO quality-of-care measures

2. Content validation

Delphi consultation with international experts and mothers

3. Field testing and statistical validation

Two rounds of field testing, questionnaire refinement and score development

QMNC INDEX

Built from 30 WHO-based quality measures

0–300

Higher score = better reported quality of care

QUESTIONNAIRE CONTENT

Domain	# questions
Provision	10
Experience	10
Resources	10
Mental Health	5

2024 update:
+5 Mental Health indicators


Open access Original research

BMJ Open WHO standards-based tool to measure women's views on the quality of care around the time of childbirth at facility level in the WHO European region: development and validation in Italy

Marzia Lazzerini, Giorgia Argentini, Ilaria Mariani, Benedetta Covi, Chiara Semenzato, Ornella Lincetto, Moise Muzigaba, Emanuelle Pessa Valente

Partners' tasks

Only if needed

1) Translate surveys (if not available)

2) Ethical clearance (if required)

3) Promote surveys

(social media or other channels)

Responders fill the survey



REDCap
Research Electronic Data Capture

WHO CC as coordinating center, provide all data analyses

DATA USE:
Publications
Training material
Advocacy etc

Marketing material already available in several



Wish to be a partner?
Contact us
maria.verdecchia@burlo.trieste.it

From Gaps in care to Study Objectives

WHY IT MATTERS

Perinatal mental health conditions affect women, newborns and families.

GAPS IN CARE

Screening and adequate support remain insufficient.

GAPS IN EVIDENCE

Comparable evidence across countries is limited.

What this study assessed



13 COUNTRIES

IMAgiNE Research Network

1. **Measure** reported symptoms, screening and adequate support
2. **Examine** overlap between symptoms, screening and support
3. **Compare** indicators across countries
4. **Assess** associations with the QMNC Index

STUDY DESIGN & POPULATION

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1

116,691

Women gave their consent to the online survey

- ≥18 years
- March 2020 – Sept 2025
- Birth in a health facility
- Country participating in the IMAgiNE Research Network

2

Countries included
(>350 women recruited)

13 Countries

Belgium
Croatia
Germany
Greece
Indonesia
Italy
Latvia
Lithuania
Norway
Poland
Portugal
Slovenia
Sweden

39,019

Women included in the analysis

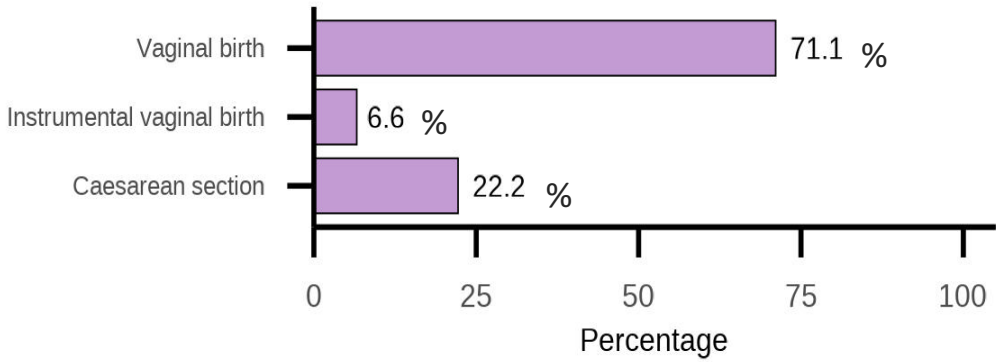
Who partecipated? 39,019 women

Age group	%
18–30 years	25.8
31–35 years	**43.0**
>35 years	31.1

Education level	%
None or elementary education	0.2
Junior high or high school	28.8
First degree	**34.4**
Higher degree	**36.6**

71% had a first or higher degree

Mode of birth

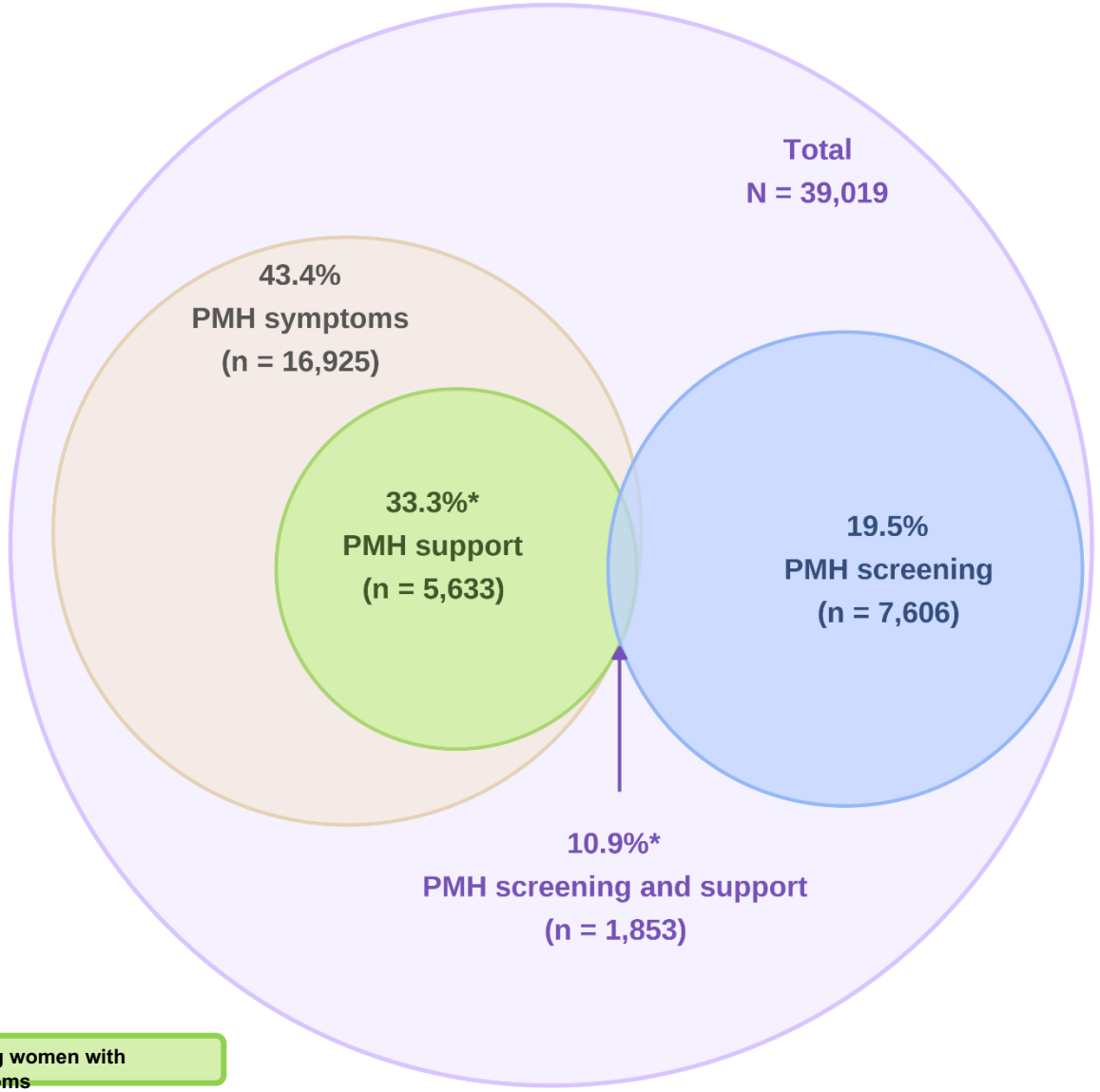


Country of birth

About 1 in 20 women were born outside the country where they gave birth.



PMH symptoms, screening and support: prevalence and overlap



*among women with symptoms

PMH symptoms were common, while screening and support remained limited

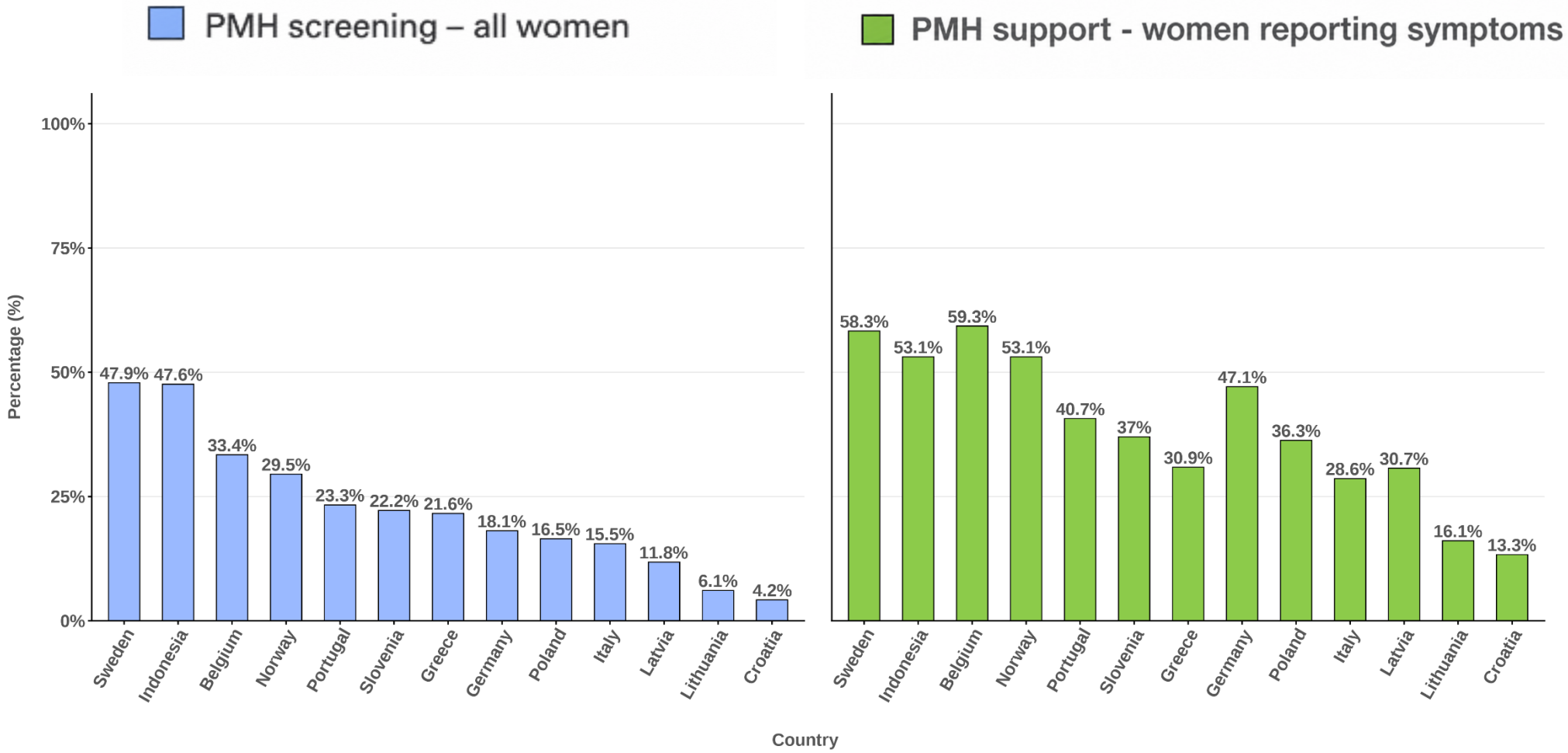
- Nearly half reported symptoms
- 1 in 5 women were screened
- 1 in 3 women with symptoms reported receiving adequate support
- 1 in 10 women with symptoms were screened and adequately supported

PMH screening and adequate support by country

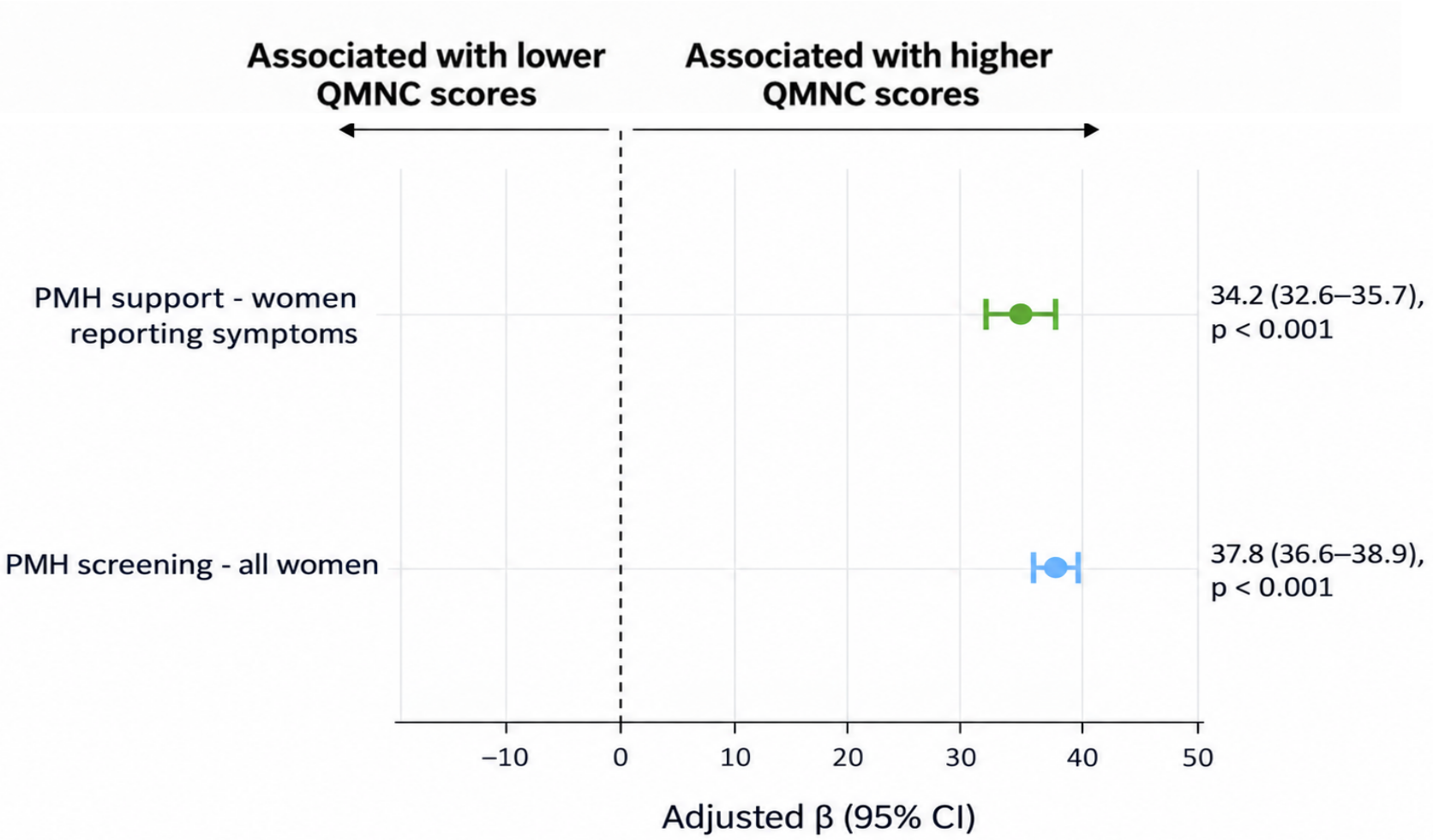
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Wide cross-country variation

Screening ranged from 4% to 48%, and adequate support from 13% to 59%.



Association between PMH care and QMNC



- Adequate PMH support and consistent screening were associated with substantially higher QMNC scores (**+34 and +38 points**, respectively).

QMNC Index: 0–300; higher scores indicate better care. Adjusted for age, education, mode of birth, hospital type, migrant status and country.

CONCLUSIONS & KEY MESSAGES

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Substandard PMH care
Screening and adequate support remain insufficient, leaving many women with symptoms without appropriate care.



Wide cross-country variation
Major differences between countries suggest unequal implementation of PMH care.



Priorities for research
Identify barriers and enabling factors and evaluate effective, context-sensitive models of integrated PMH care.



Priorities for policy
Integrated routine screening within antenatal and postnatal care, with clear referral pathways and timely, accessible support.

Strenghs and Limitations

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Strengths

- **Large multicountry dataset using a standardised questionnaire**, enabling assessment across diverse health systems.
- **Women's perspectives** captured both PMH-related care and experiences during pregnancy and postpartum.
- **Anonymous online data collection** may reduce interviewer and social-desirability bias when reporting sensitive experiences.

Limitations

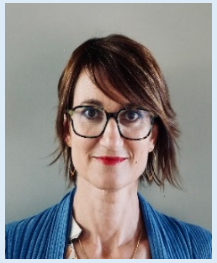
- **Cross-sectional, self-reported data** prevent causal inference and may be affected by recall bias.
- **Online convenience sampling may** introduce selection bias and limit national representativeness.
- **Differences in PMH service organisation** may affect cross-country comparability.
- Information on the **type and intensity of screening and support** was unavailable.

Thank you on behalf of the team



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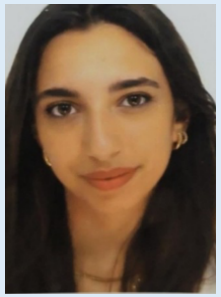
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Nearly 150 researchers from 105 institutions

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IMAGINE GLOBAL

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Thank you!	Merci!	Takk skal du ha!
Hvala ti!	Спасибо!	Хвала вам!
¡Gracias!	Obrigada!	תודה!
Hvala vam!	Danke dir!	Dziękuję!
ευχαριστώ	Mulțumesc!	Grazie!
Paldies	Tack!	Ačiū

