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## CONFERENCE ABSTRACT

### **'Integrated antenatal care pathway': a regional experience in Belgium (Flanders).**

23rd International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023

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In a 2019 publication, the KCE (the Federal Knowledge Center, an independent research institution providing scientific advice on health care as requested by the Belgian government) proposes to monitor all pregnant women in Belgium through an "Integrated Antenatal Care pathway". The baseline care needs to be expanded in case of high medical risk or psychosocial vulnerability.

This advice addressed some new aspects: the extension of the classic clinical (medical) follow-up with Individual Counseling Consultation (ICC) sessions, sessions for Birth Preparation and Parenthood Education (BPPE). The pregnant woman chooses one health care provider as coordinator. The coordinator draws up an individual care plan and, if necessary, extends the standard counseling (general practitioner, gynecologist, midwife, physiotherapist and regional child guidance services) to a social worker, mental health care professionals and other specialists. The coordinator organizes Multidisciplinary Antenatal Consultation (MAO) if needed. Holistic view on patient care and shared decision making are keypoints.

In the East Flemish Brabant region, the execution of such an integrated care pathway was started following this advice and has been implemented since late 2021 under coordination of vzw De Bakermat, a center of expertise in Maternity care.

The Bakermat previously also set up a pilot project called 'Kort in Kraamkliniek' (KIK), a postnatal care pathway, to reduce the length of postnatal hospital stays in the region, also upon request by the government. Similarly, seamless transition of the transmural care was crucial for the patient.

The development of the integrated antenatal care pathway was a challenging, complex process of co-creation, involving a large number of partners in the region from the start. The region spanned across the entire "Plexus" hospital network covering 585,000 inhabitants, consisting of three regional and one supra-regional (university) hospital. Collaboration occurred across lines and trans-disciplinary. Existing organizations with local initiatives of integrated care and well-being were involved, in light of their shared vision and expertise. Therefore, the project did not only create a care pathway but also a strong interconnectedness between all partners involved!

The project resulted in uniformity and greater clarity for caregiver and care recipient. One follow-up schedule was created and all patient info was centralized. At the beginning of each pregnancy, there is a screening for psychosocial vulnerability, through a scientifically validated tool (Born In Belgium, antenatal screening of vulnerability). Red flags for referral from primary to secondary care were listed to maximize the use of additional expertise.

Electronic data sharing in a joint patient file is complex and will be further developed.

The quality of the project is continuously monitored through a set of indicators coordinated by the Academic Center for General Practice of the KU Leuven. Regular training sessions are organized by and for all project partners. Meanwhile, the regional coordination and adjustment of the project in the future is embedded in and provided by the center of expertise for maternity care.