

PP38 Immersion in water during childbirth: A survey to the Spanish National Health System

Eva Reviriego-Rodrigo (ereviriego@bioef.eu),
 Nora Ibarгойen-Roteta, Soledad Carreguί-Vilar,
 Luis Mediavilla-Serrano, Sonia Uceira-Rey,
 Susana Iglesias-Casás, Ana María Martín-Casado,
 Ana Toledo-Chávarri, Gonzalo Ares-Mateos,
 Sonia Montero-Carcaboso, Belén Castelló-Zamora,
 Natalia Burgos-Alonso, Anai Moreno-Rodríguez,
 Naiara Hernández-Tejada, Carmen Koetsenruyter and
 Iñaki Gutiérrez-Ibarluzea

Introduction: Certain doubts about immersion in water during birth mainly regarding the safety of the infant, warrant analysis of the data to determine whether immersion in water during childbirth is safe and effective. The aim is to describe the situation regarding the use of water immersion during childbirth in hospitals of the Spanish National Health System across Spanish Autonomous Regions and Cities.

Methods: A questionnaire was developed to assess the use of water immersion on maternity wards of National Health System hospitals. The survey was reviewed by several categories of health professionals and stakeholders. The online questionnaire was distributed via email. A database was created using the Microsoft Excel 365[®] computer program. Quantitative results were described through percentages and frequency distributions. In the case of free responses, a content analysis was performed, coding the responses into different categories.

Results: Regarding the status of water birth in Spain, the availability of the option of water birth varies across hospitals of the National Health System. Forty-six hospitals in 13 autonomous regions indicated that they had birthing pools on their delivery wards. Among these hospitals, 20 percent reported having more than 10 years of experience in water births, 45 percent between five and 10 years and 35 percent less than five years. Of the 46 responses received, 78 percent of the hospitals indicated that there was a demand for information on waterbirth by pregnant women. Regarding the existence of criteria for the adequate selection of pregnant women who could opt for immersion in water during childbirth, 89 percent of the hospitals indicated that these did exist, while 11 percent indicated that they did not have agreed criteria for the selection of candidates for water birth.

Conclusions: The availability of the option of water birth varies in hospitals across the Spanish National System. All the hospitals that have birthing pools offer them in the first stage of labor (dilation), while 32 percent also use them in the pushing stage and 15 percent during delivery of the placenta. It would be advisable to have standardized protocols and training to ensure the possibility that all pregnant women, regardless of their place of residence, can safely opt for water immersion during childbirth with satisfactory results.

PP38 Designing A Training And Capacity Building Pathway In Patient Involvement

Yolanda Triñanes (yolanda.trinanes.pegó@sergas.es),
 María J. Faraldo-Vallés, Patricia Gómez,
 Paula Cantero-Muñoz, María J. Vicente-Edo,
 Eva Reviriego-Rodrigo, Blanca Novella and
 Ana Toledo-Chávarri

Introduction: The Patient Involvement (PI) Interest Group of the Spanish Network of Health Technology Assessment Agencies (RedETS) was set up in 2017 by a group of health technology assessment (HTA) researchers interested in PI. Since its inception, training and capacity-building to support PI and patient-based evidence in HTA processes has been one of its main aims. The objective of this work was to identify the needs and priorities related to training and capacity building activities to be developed within the framework of the PI Interest Group.

Methods: The PI Interest Group met on November 14, 2022, for its Annual Meeting. The group discussed the needs, priorities and possibilities on training, and carried out a prioritization exercise. For this purpose, a self-reported and anonymous questionnaire was used, which included 16 training activities. Every item was scored with a Likert-type scale ranging from 0 to 10.

Results: The questionnaire was answered by twenty participants. The most highly rated training activities (mean less than or equal to 8) were: qualitative evidence synthesis (8.75); PI case studies (basic (8.65) and advanced (8.56) level); quality assessment tools for qualitative evidence (8.37); and qualitative research (8.11). Other proposals scoring above 7 points were: ethical aspects related to PI, evaluation of patient participation and impact, identification and recruitment procedures, and discrete choice experiments. The group agreed to organize bi-monthly webinars and three structured training activities for the whole RedETS network on: Qualitative Evidence Synthesis, Qualitative Research and PI Case Studies.

Conclusions: The prioritization of training activities according to PI Interest Group members allowed planning a tailored capacity-building program adapted to the needs of RedETS.

PP40 Structuring Unstructured Medical Device Reimbursement In India

Ashwin Goel, Arif Fahim (arif.fahim@abbott.com),
 Monika Pusha and Kirti Kataria

Introduction: As India makes rapid strides towards universal health coverage, focusing on medical device reimbursement is key to