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Aim & Scope

The European Journal of Midwifery, (Abbr: Eur J Midwifery; ISSN: 2585-2906) is an open-access and double-blind peer-reviewed scientific journal. The aim of the journal is to foster, promote, and disseminate research involving midwifery education and clinical practice. The journal has an international focus and hence welcomes submissions from across the globe. EJM covers all aspects of the practice of midwifery, especially midwifery research, support, care, and advice during pregnancy, labor, and the postpartum period. The journal is proud to be under the auspices of 18 European Midwives Associations and is indexed in PubMed, Embase, Scopus, and the Web of Science - ESCI.

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PB269

Determination of the relationship between the perception of self-efficacy towards normal birth and their spiritual well-being levels of primary pregnant women

Büşra Amaç[1]
[1]Amasya University, Midwifery, Amasya, Turkey

BACKGROUND
Women go through stages of adaptation to physiological, psychological and social changes during pregnancy. High birth self-efficacy enables pregnant women to cope with labor pain and fear of birth more easily and to decide on the method of birth.From past to present, it has been emphasized that birth and pregnancy have spiritual aspects and that a woman's state of readiness for birth and, accordingly, her self-sufficiency for birth require a state of spiritual well-being.
OBJECTIVES
The study was conducted to determine the relationship between primigravida women's spiritual well-being levels and their perceptions of self-efficacy towards normal delivery. The sample of the descriptive and correlational study consisted of 280 primiparous pregnant women who applied to Sivas province Numune Hospital between August 24, 2023 and July 16, 2024, met the research criteria and volunteered.
METHODS
The data were collected using the "Personal Information Form", "Spiritual Well-Being Scale (SWBS)" and "Self-Efficacy Scale for Normal Birth (SEVB)". One-Way Analysis of Variance (One-Way ANOVA), Mann-Whitney U test, Kruskal Wallis test were used to analyze the data. The relationship between variables was evaluated with Pearson correlation test.
RESULTS
The mean SEVB score of the pregnant women was found to be 55.74±20.55 and the mean total score of the SWBS was found to be 124.21±13.72. A significant relationship was found between the level of education, employment status, planned pregnancy, preferred mode of delivery and the mean spiritual well-being scores of the pregnant women. The preferred mode of delivery and the mean score of self-efficacy for normal delivery were found to be significantly higher.
CONCLUSIONS
A significant correlation was found between the SEVB scores of the pregnant women and the total scores of the SVBS ($r=0.341$, $p<.01$). As a result, the higher the SEVB scores, the higher the total scores of the SVBS.
KEY MESSAGE
Pregnancy, natural childbirth, self-efficacy, spirituality
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PB270

The strength of hope: A qualitative exploration of pregnant women's experiences after prenatal diagnosis of congenital anomalies

Monica Antunes[1], Sara Palma[2], Clara Roquette-Viana[3], Zaida Charepe[3]
[1]Escola Superior de Enfermagem São João de Deus, Universidade de Évora, Enfermagem, Évora, Portugal, [2]Escola Superior de Saúde de Santarém, Enfermagem, Santarém, Portugal, [3]Universidade Católica Portuguesa, Enfermagem, Lisboa, Portugal

BACKGROUND
Pregnancy often embodies expectations, dreams and emotional investment. A prenatal diagnosis of a congenital anomaly disrupts this trajectory, triggering complex emotional responses. Hope plays a critical role in adapting to this new reality, yet the specific processes through which it is sustained remain underexplored.
OBJECTIVES
To explore how women experience and sustain hope after a prenatal diagnosis of congenital anomalies; to identify facilitating and hindering factors; and to analyse coping strategies throughout the pregnancy.
METHODS
This ongoing qualitative study applies a Grounded Theory approach. Participants are pregnant women with a confirmed diagnosis of fetal anomaly, recruited from hospitals in Portugal. Semi-structured interviews are being conducted and analysed using MAXQDA, guided by Charmaz's coding method. Ethical approval was obtained and informed consent secured.
RESULTS
Preliminary findings reveal that hope coexists with profound emotional ambivalence. Women often describe a period of emotional shock followed by mourning the loss of the "idealised baby". This grieving process is not always acknowledged by healthcare professionals, intensifying feelings of isolation. However, hope gradually re-emerges through moments of connection, empathetic communication, and emotional validation. Participants highlight the importance of being treated as mothers and not only as patients facing a diagnosis. Focusing on the present, maintaining daily routines, and visualising positive outcomes help sustain hope. The presence and attitude of midwives are described as decisive in helping women navigate between grief and resilience.
CONCLUSIONS
Hope is a dynamic and relational process, profoundly shaped by how women are supported emotionally and how grief is acknowledged. Recognising the mourning for the idealised baby is essential in midwifery care. Promoting hope can enhance emotional well-being and foster meaningful adaptation during high-risk pregnancies.
KEY MESSAGE
Midwives can play a key role in balancing hope and grief by validating emotions and providing humanised, relational care.
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Mental health and mother-to-infant bonding: A longitudinal study

Rika Arimoto[1], Hiroya Matsuo[2]
[1]Kansai University of International Studies, Nursing, Miki,