



EURO-PERISTAT



A comprehensive health information and knowledge system for evaluating and monitoring perinatal health in Europe

Abstract

Promoting healthy pregnancy and safe childbirth is a priority in Europe. Major concerns are preterm birth, fetal growth restriction, congenital anomalies, mortality and severe maternal morbidity associated with childbirth.

EURO-PERISTAT aims to develop and compile valid and reliable indicators for the surveillance of perinatal health in the EU. A multidisciplinary and geographically representative expert network developed a consensus on a list of indicators and tested its feasibility. In 2008, this network produced the European Perinatal Health Report with data from 25 participating EU member states and Norway.

The next phase of our project, *EURO-PERISTAT Action*, will establish routine reporting of these indicators in Europe.

Objectives

Provide high-quality data on perinatal health in Europe to policy makers, clinicians and users for informed decision-making.

Specifically, we seek to harmonise indicator definitions, create new indicators, compile comparable data and develop European analysis and reporting in order to:

- Assess maternal and infant mortality and morbidity
- Describe the evolution of demographic, social and behavioural risk factors for adverse outcomes
- Monitor the use and consequences of medical intervention.

Management

The project is managed by a multidisciplinary panel of population and clinical scientists with expertise in perinatal health. A Steering Committee takes strategic decisions with guidance and endorsement from the Scientific Committee, in which all participating countries are represented. Their names are listed in our report: <http://www.europeristat.com/Network/index.shtml>

Methods

Review of best evidence and DELPHI process with our experts to develop a consensus on indicators and methods.

Indicator development for essential dimensions of perinatal health, including severe maternal morbidity, positive outcomes of pregnancy and socioeconomic inequalities.

Data collection and analysis to validate data quality and to explore hypotheses about why health outcomes and practices vary between countries.

Reporting and publishing to disseminate our findings. We produced the European Perinatal Health Report in 2008 and have published other analyses.

Outreach to policy makers and stakeholders after surveying their needs in participating countries. An integrated media strategy promoted the 2008 report and generated more than 100 articles in the press. Over 4000 people have downloaded this report from our website.

The EURO-PERISTAT indicators

FETAL, NEONATAL, AND CHILD HEALTH
C: Fetal mortality rate by gestational age, birth weight, plurality
C: Neonatal mortality rate by gestational age, birth weight, plurality
C: Infant mortality rate by gestational age, birth weight, plurality
C: Birth weight distribution by vital status, gestational age, plurality
C: Gestational age distribution by vital status, plurality
R: Prevalence of selected congenital anomalies
R: Distribution of Apgar score at 5 minutes
R: Causes of perinatal deaths due to congenital anomalies
R: Prevalence of cerebral palsy
F: Prevalence of hypoxic-ischaemic encephalopathy
F: Prevalence of late induced abortions
F: Severe neonatal morbidity among babies at high risk
MATERNAL HEALTH
C: Maternal mortality ratio by age, mode of delivery
R: Maternal mortality ratio by cause of death
R: Prevalence of severe maternal morbidity
F: Prevalence of trauma to the puerperium
F: Prevalence of faecal incontinence
F: Postpartum depression
POPULATION CHARACTERISTICS/RISK FACTORS
C: Multiple birth rate by number of fetuses
C: Distribution of maternal age
C: Distribution of parity
R: Percentage of women who smoke during pregnancy
R: Distribution of mother's education
F: Distribution of mother's country of origin
HEALTH CARE SERVICES
C: Mode of delivery by parity, plurality, presentation, previous caesarean section
R: Percentage of all pregnancies following fertility treatment
R: Distribution of timing of first antenatal visit
R: Distribution of births by mode of onset of labour
R: Distribution of place of birth according to number of annual deliveries in the maternity unit
R: Percentage of infants breast fed at birth
R: Percentage of very preterm babies delivered in units without a neonatal intensive care unit (NICU)
F: Positive outcomes of pregnancy (births without medical intervention)
F: Neonatal screening policies
F: Content of antenatal care

Core
Recommended
Further development
In italics, recently added to the list

Results I

The **European Perinatal Health Report**, a 280-page publication, is the most comprehensive report to date on fetal, infant and maternal health in Europe.

Outcomes differed widely between the countries of Europe (Figure 1). No country topped every list. Understanding the reasons behind these differences can provide insights for prevention.

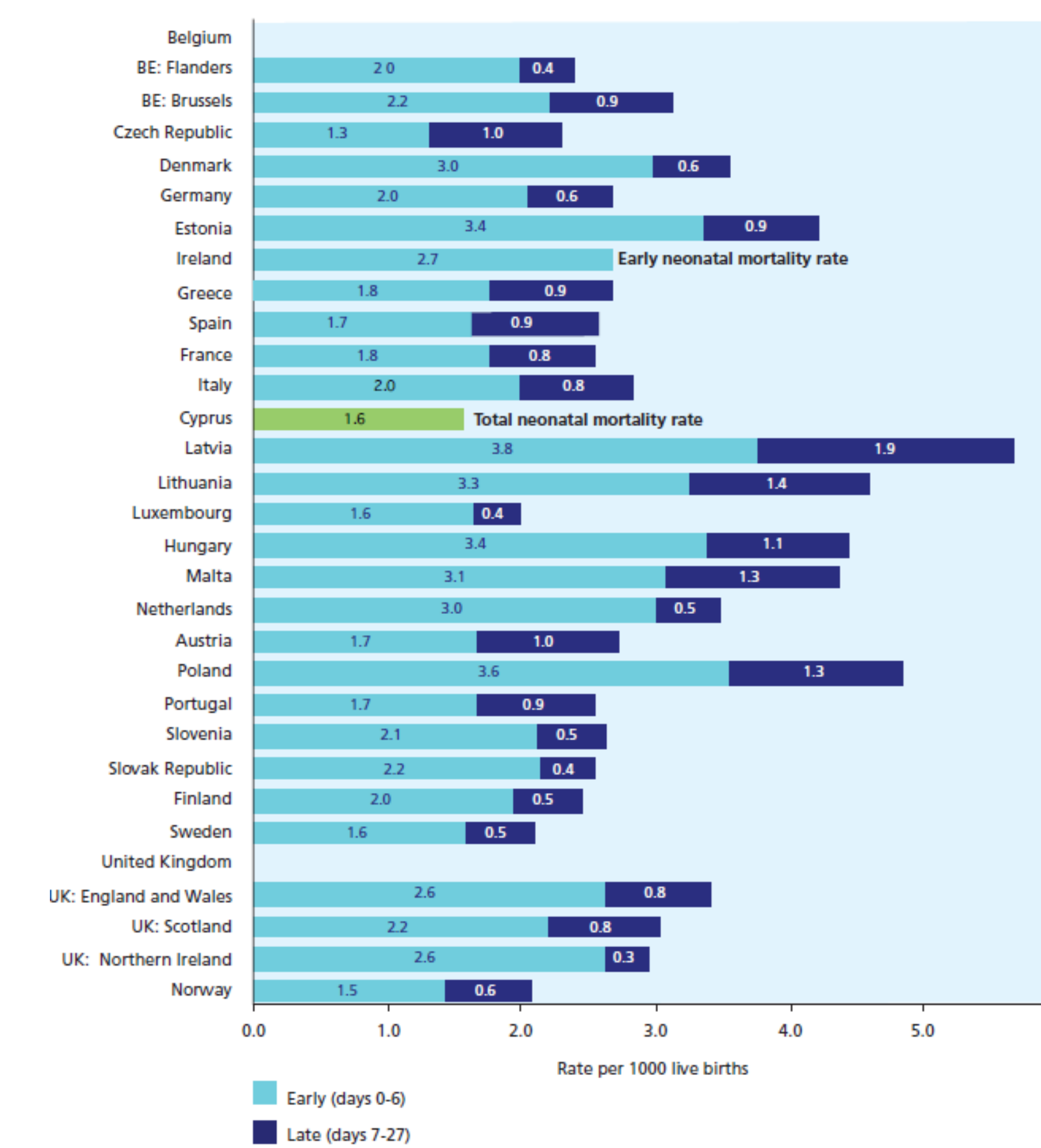


Figure 1 Neonatal Mortality in 2004

Results II

Obstetric practice varied widely (Figure 2) raising questions about what level of obstetric intervention is the most appropriate.

There were serious gaps in reporting capacity. Few reliable data were available on severe maternal morbidity. Maternal smoking and use of subfertility procedures were recorded in about half of the countries.

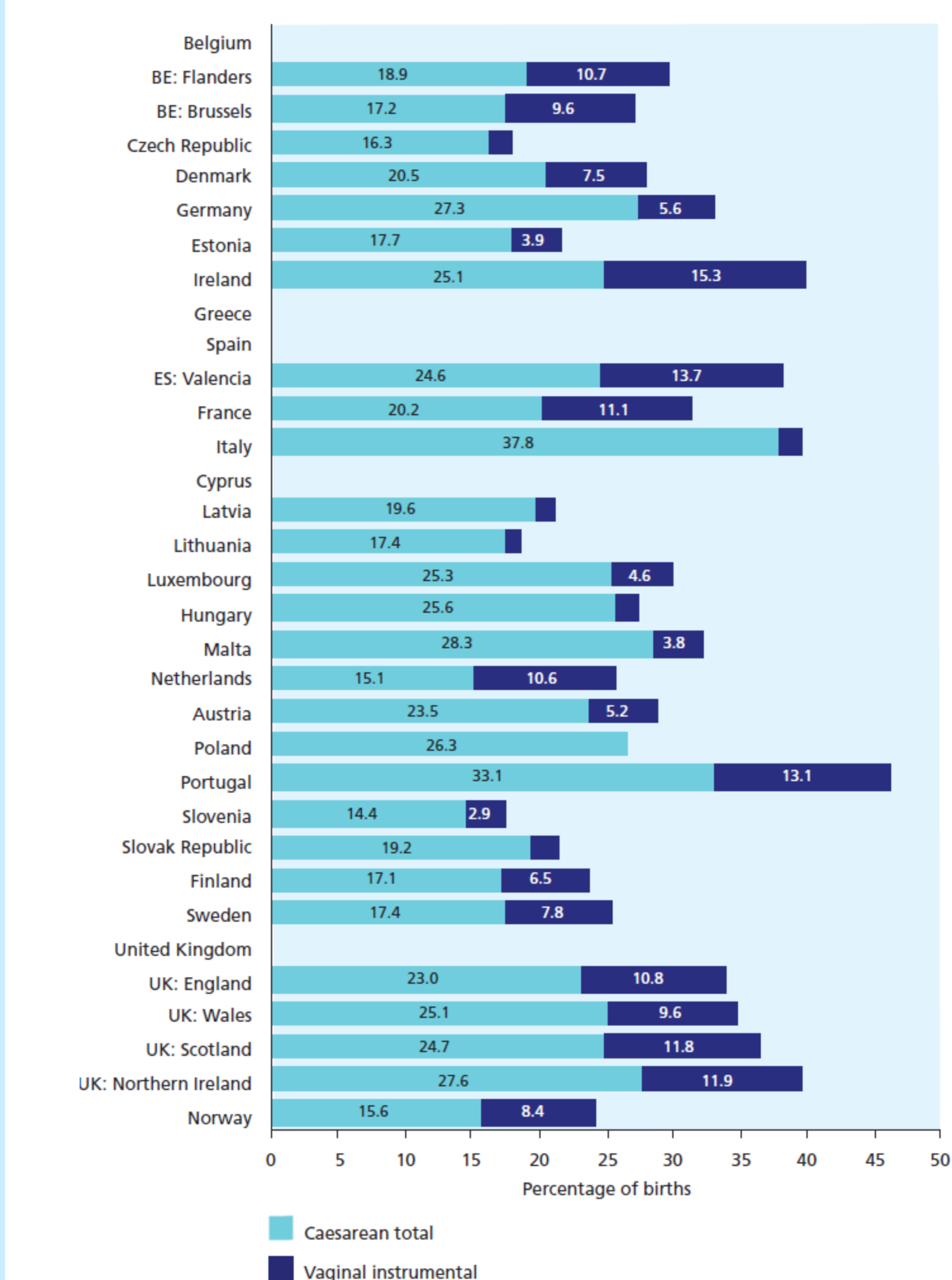


Figure 2. Mode of delivery in 2004

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Next Steps

The full value of having EU level indicators will only be realised when these data are compiled routinely and we can assess trends in health and care over time.

Routine reporting of EURO-PERISTAT indicators is the goal of our next phase, scheduled to begin in April 2011.