EURO PERISTAT

BETTER STATISTICS FOR BETTER HEALTH
for pregnant women and their babies

Stakeholder evaluation

of

the Second European Perinatal Health Report (EPHRII)

March 2014

(Deliverable 9 of WP3)

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Executive Summary

In order to understand the impact and utility of our main deliverable – the European Perinatal Health Report: Health and care of pregnant women and babies in Europe in 2010 published in May 2013, we launched an evaluation survey in December 2013

Overall, we have received very positive reviews from stakeholders both on the content and format of our report. Most of them agreed that the supplementary materials for the report are very useful and that for future reports, the targeted country supplementary material such as: a summary of report findings in their language and country-level reports would be somewhat useful.

Of the stakeholders who responded to our evaluation survey, many of them are researchers, professors or statisticians but also, clinicians, and involved in making health policy laws. They are mainly interested in health care practices for pregnant women and babies and in data on very low birth weight and gestational age.

When asked about features for future reports, stakeholders encourage us to continue stressing the comparability of our definition and to strive for comprehensive reporting. They are interested in us featuring in any future reports data on: assisted reproduction, data quality recommendations, positive outcomes of birth, perinatal mortality and morbidity by gestational age, official regulations as related to health care services in Europe, Robson classifications of CS, mortality by place of birth, alcohol consumption and fetal alcohol syndrome, urban health data and perinatal morbidity data overall.

Regarding the format of our report, stakeholders are very much interested in web access to our tables, country reports and the enhanced presentation of our data in graphs. Most of them encourage us to streamline the format of our publication and agree that a paper report is somewhat useful only if it is not too expensive to produce otherwise an on-line report is efficient in disseminating results.

Based on the results of both evaluation rounds (EPHRI was evaluated in December 2009), stakeholders continue to agree on the usefulness of our report and on the relevance of our data to their work and to the perinatal health field. Stakeholders would like to have access to our report every two to five years.

Decisions about future activities of our network and recommendations on the future of perinatal health reporting in Europe will consider this feedback from stakeholders alongside the results from our DELPHI consensus process with project collaborators.

Introduction

The European Perinatal Health Report: The Health and Care of Pregnant Women and Babies in Europe in 2010 (EPHRII) released by the Euro-Peristat project is the most comprehensive report on the health and care of pregnant women and babies in Europe. The 250-page report brings together data from 26 European Union member states, plus Iceland, Norway and Switzerland. The first Euro-Peristat report, with data for 2004, was published in 2008. It found wide differences between the countries of Europe in indicators of perinatal health and care. This second report provides the opportunity to see whether gains in positive health outcomes have been achieved and whether inequalities between the countries of Europe have narrowed.

Euro-Peristat takes a new approach to health reporting. Instead of comparing countries on single indicators like infant mortality using a 'league table' approach, our report paints a fuller picture by presenting data about mortality, low birth weight and preterm birth alongside data about health care and maternal characteristics that can affect the outcome of pregnancy. It also illustrates differences in the ways that data are collected, and explains how these can affect comparisons between countries.

EPHRII also contains data from two other European projects: Surveillance of Cerebral Palsy in Europe (SCPE), European Surveillance of Congenital Anomalies (EUROCAT).

The web-based evaluation of EPHRII (Deliverable # 9) is part of the set of actions undertaken to verify that the project is being implemented as planned and reaches its objectives (WP3: Evaluation of the project).

The aim of this evaluation was to harness stakeholders' reactions to EPHRII in order to help us improve the collection and reporting of perinatal health data in Europe. We requested stakeholders' to inform us on the relevance of our indicators for their work and provide their opinions on the updated format and content of our report. We compared their reactions to the results of the evaluation of EPHRI.

I. Methods

1.1 Identifying stakeholders

During Euro-Peristat II, we conducted a literature review to learn about different categories of stakeholders (policymaker, health care provider, insurer, researcher, etc.), and then developed a questionnaire for our network to identify stakeholders in these categories within each country. Scientific Committee members were asked to update this list prior to the publication of the report.

Our current stakeholders were identified through a time intensive multi-round process during Euro-Peristat III; more than 600 contacts in 27 countries who were working as

health policymakers, researchers, health providers, health insurers, and in non-governmental or advocacy groups and the media are now a part of our perinatal health stakeholder list.

Our stakeholder identification process was reiterated in countries recently added to our network such as Switzerland and Romania.

For each of our stakeholders, SC members were asked to provide a postal address (to which was sent a paper copy of the report) and/or an email address (for web contact and to receive the PDF version of the report).

1.2 The evaluation survey

We created the web–based evaluation survey after publication of our report using the Survey Monkey software. Using a web-based survey enabled us to streamline the evaluation process and allowed us to quickly tabulate the electronic results. The survey was created in English (attached as Annex X)

We drafted the evaluation survey based on our web-based survey of EPHRI; it was then sent to all SC members for comments. SC members stressed the importance of allowing comparisons between this evaluation round and the one undertaken for the evaluation of EPHRI. Seven questions from the previous survey were included in this round and one question on the supplementary material accompanying the report was modified:

Q6. In addition to the report, how useful would you consider these supplementary materials to be?

We added 2 extra options: "*Executive summary of the report with CD* "and "*Country-level reports (i.e. reports compiling all the indicators for one country)"*

For this evaluation, we also added several questions pertaining to the use and format of our publication which are listed below:

Q3. Have you used data from the report in your work? Yes or No - If yes, please specify

Q7. Should the report, or sections of the report, be translated into national languages?

Q11. Should the Euro-Peristat report be printed as a paper report (the 2010 report was principally printed as an on-line report, although some paper copies were distributed)?

Q12. If you have any other comments about the report, please provide them here

1.3 Inviting stakeholders to participate in the web-based evaluation

Invitations were sent via the europeristat website to our email contact list. The survey was made available both on our website and on the survey monkey web platform using this link:
https://fr.surveymonkey.com/s/Euro-Peristat2010Report

Many of the stakeholders in our mailing list are in leadership and high responsibility positions in Health ministries and other health policy organizations, national statistical offices, medical schools and universities, clinics and health research centers, or responsible for national working groups on health care and medical services.

It was not possible, to send an evaluation survey to each one of the stakeholders who had received the European Perinatal Health Report 2010. In some cases, we did not have a working email address to complement our postal address for a contact. In some cases, our contacts were no longer working at the same institution seven months later, or the institution itself had undergone significant reorganization.

To improve the response rate, stakeholders were solicited twice (09/12/13 and 08/01/14). We also requested the help of the Euro-Peristat group to encourage stakeholders to reply (13 Jan) and personal emails were sent to SC members of countries; we aimed for 5 respondents in each of our partner countries.

In all, we invited 649 stakeholders previously identified by SC members and who had received the EPHR to participate in the web-based evaluation survey. 104 stakeholders completed our questionnaire.

II. Results from the evaluation

2.1 Our respondent stakeholders

From the evaluation survey it is clear that while the respondents represented a wide range of professional activities, the largest number of stakeholders self-described as professors or researchers, healthcare providers, advocates and statisticians. However, far fewer were involved in the financing of healthcare projects and/or structures benefiting mothers and babies. As shown in Figure 1, 27.4% of stakeholders were professors or researchers. 16.7% of our stakeholders also reported to be clinicians and 9% are involved in making policy and laws. Stakeholders were given the option to check off several categories if they all pertained to their work. Professionals involved in health information, editing, and in the regulation of health and social care services self-categorized in the “Other” category.

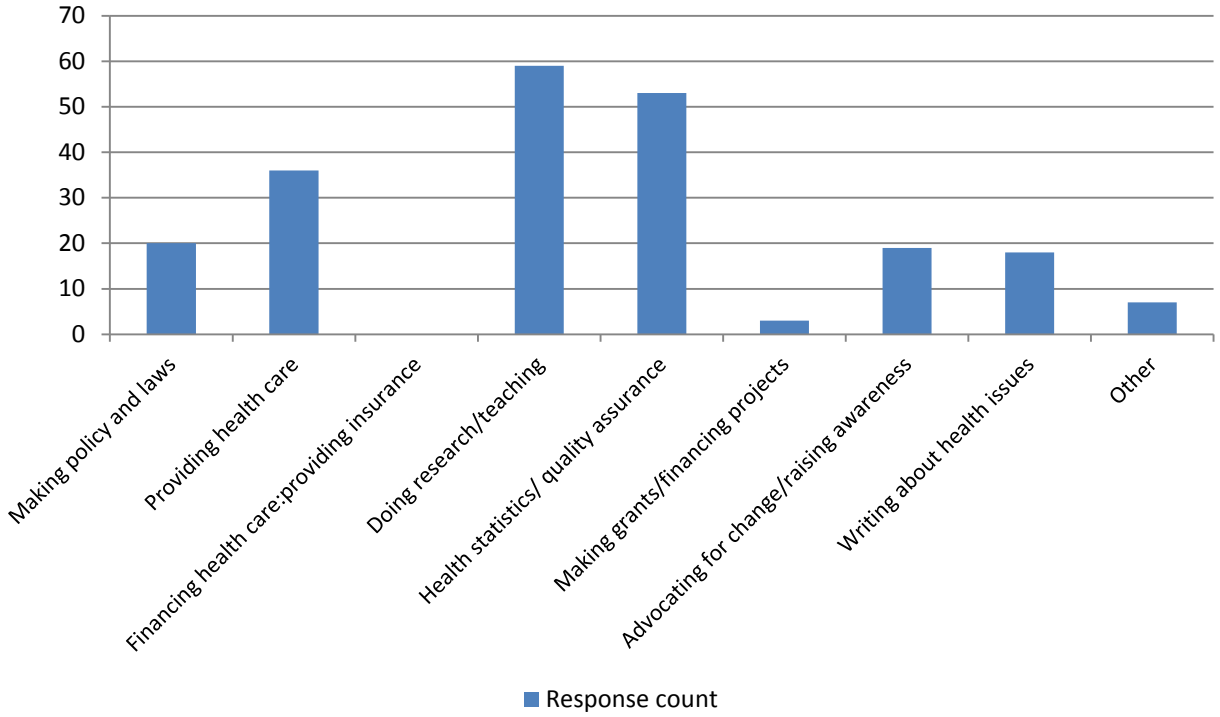

Figure 1: "How would you categorize your work in perinatal health?"

As displayed in Fig. 2, we have representation by stakeholders from all countries of the Euro-Peristat network except for the Czech Republic and Greece. Most countries have 2-3 respondents except Estonia, France, Belgium and the UK which have more than five.

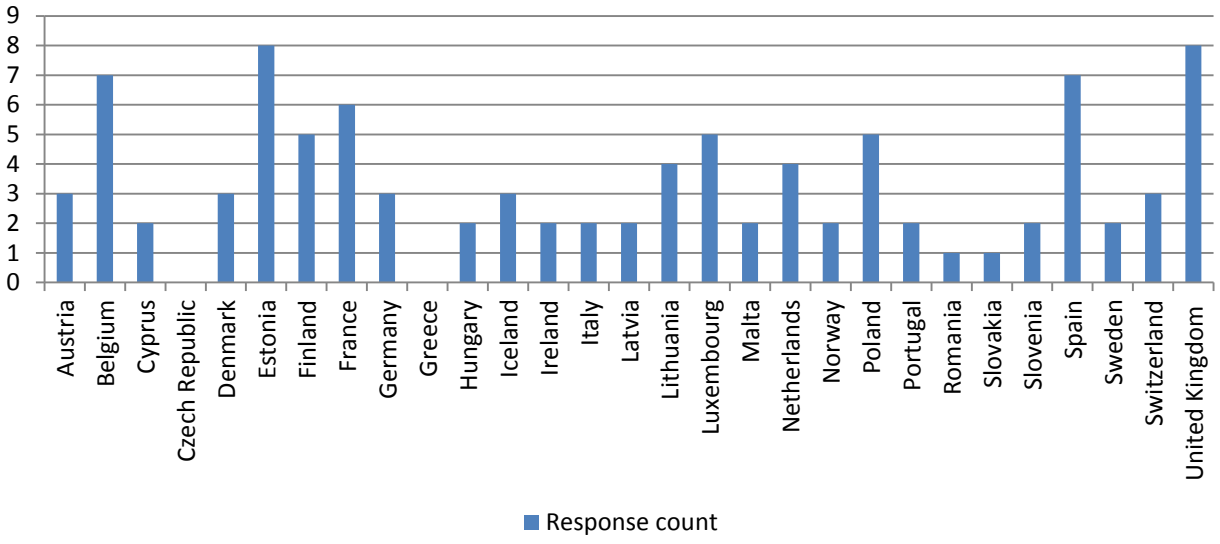

Figure 2: "In which country are you working?"

The perinatal health topics in which stakeholders reported being most interested in are represented in Fig.3. Stakeholders could only pick one main interest. They were strongly interested in *health care practices for pregnant women and babies* (28%) and data on *very low birth weight and gestational age* (24%). Between 2-7% of our stakeholders reported being interested in *characteristics of childbearing women, CP or Congenital anomalies* Other specified interests included: "*all of the above health areas*" and selected perinatal health topics such as: congenital anomalies, drug use in pregnancy, low birth weight and gestational age, and variations in antenatal and postnatal care at national/regional level.

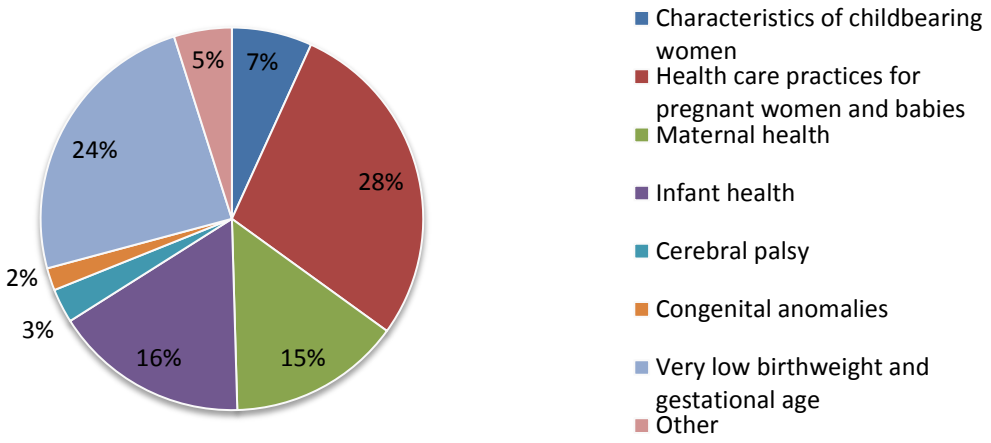

Figure 3: "In which of these perinatal health topics are you strongly interested?"

2.2 Usefulness of the report for stakeholders

Overall, comments on the usefulness of the report were very positive and supportive of the need for comprehensive cross-national perinatal health reporting in Europe. Stakeholders were very satisfied with both the content and format of our report. Many stakeholders remarked on the usefulness of this data for their work and to derive evidence-based health policy initiatives and assessments. 80% of our respondents rated EPHRII "*very useful*" (Fig.4) and 70% reported to have used the EPHRII data in their work (Fig.5).

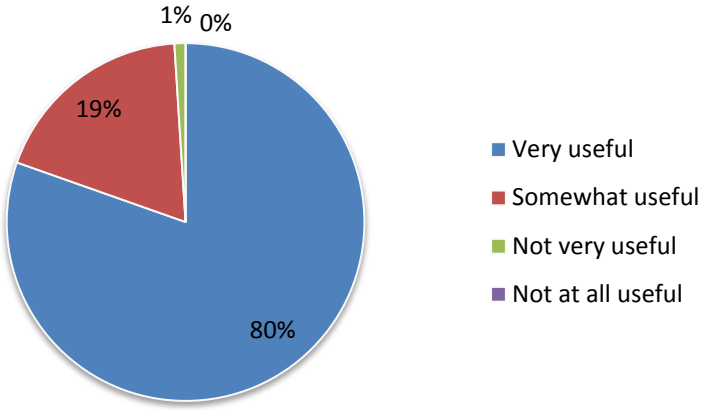

Figure 4: "Overall, how useful do you consider the European Perinatal Health Report to be?"

Figure 5 confirms that the majority of stakeholders who evaluated EPHRII found the data in the report useful for their work; 51 stakeholders out of 101 specified this use. Data were mainly used for research work, in scientific conferences, when teaching, to inform policies, to put user experiences of their health care system within a country specific framework, and when providing expertise for the media.

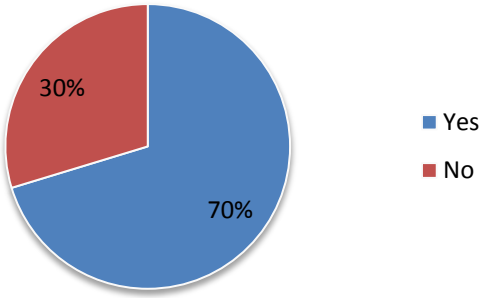

Figure 5: "Have you used data from the report in your work?"

Table 1 below summarizes the specific sections of the report which stakeholders found most relevant to their work.

Table 1: "How useful are the following types of information for the work that you do?"

	Very relevant	Somewhat relevant	Not very relevant	Not at all relevant	Response count
Summary of key findings	77	20	1	0	98
Background information about	59	34	4	1	98

why specific indicators were selected					
Discussion of methodological problems comparing data across countries	59	30	8	1	98
Discussion of policy relevance of results	42	44	10	1	97
Data tables on perinatal health indicators	81	16	1	0	98
Maps presenting geographic differences in perinatal health	64	28	4	1	97
Answered question					98
Skipped question					6

2.3 Recommendations from stakeholders on content and presentation of data

Besides giving their opinions on the current report, stakeholders were also asked to provide suggestions for future reports. These suggestions are summarized below and pertain to both the content and presentation of data as well as to the format of future publications.

In addition to our current indicators, stakeholders are interested in us presenting data in the future on:

- infant health: "near miss" perinatal events, perinatal morbidity overall, positive outcomes of birth, perinatal morbidity by gestational age, mortality by place of birth, fetal alcohol syndrome, hypoxia and umbilical artery pH, causes of newborns and infants mortality by gestational age, infant mortality per NICU level.

- maternal health: intra and post-partum complications,

- health care services for mothers and babies: official regulations as related to health care services and termination of pregnancy in Europe, characteristics of perinatal health care systems(facilities, equipment, qualifications, distribution of care providers, financing), Robson classifications of CS, and urban health data.

- methods in reporting: data quality recommendations, trend data over a period of up to 20 years, annual updates of the report, detail on the variations in definitions used by countries, more graphs, more detailed categorization of birth weight (<1000, 1000-1500, etc.) and gestational age (24-28, 29-32, etc..) weeks, data in Excel or similar format, annex with references to the major papers published in the field since the previous report, ready excel-files of the data, for rare events- a pooling of more years

68 out of 104 stakeholders skipped this question.

2.4 Recommendations from stakeholders on format of the publication

Stakeholders reported accessing our data to inform parliamentary discussions at the national level, when providing expertise for their local press, to inform public health strategies at the national level, and for medical teaching. To facilitate use of our data for these specific purposes, stakeholders largely favored the web presentation of our data (Fig.8) and requested enhanced infographics (maps, figures, interactive access to our data tables).

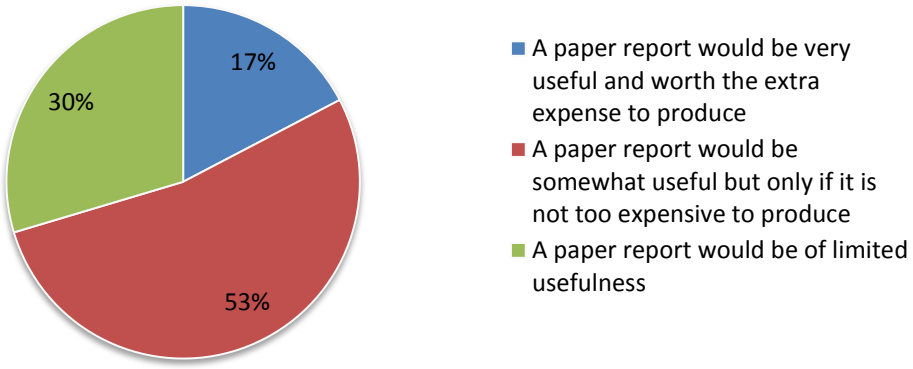

Figure 8: "Should the Euro-Peristat report be printed as a paper report?"

Stakeholders also provided feedback on supplementary materials show in Table 2. The ideas rated as most useful included: "*scientific articles that analyze health in Europe*," and "*short summaries of the results for the general public*". The idea that was rated least useful was "*a summary of report findings in my language.*" EPHRII was also accompanied by a separate executive summary publication with CD of the full report - ratings of the usefulness of the separate executive summary by stakeholders were mixed although summary of key findings were rated most relevant to stakeholders work. Stakeholders are also interested in accessing individual country reports by indicators.

Table 2: "In addition to the report, how useful would you consider these supplementary materials to be?"

	Very useful	Somewhat useful	Not very useful	Not at all useful	Response count
Executive summary of the report with CD	32	32	32	3	99

Scientific articles that analyse perinatal health in Europe	63	35	3	1	102
Short summaries of results for the general public	57	38	6	0	101
An online database for generating tables	65	27	6	1	99
A summary of report findings in your language	30	42	21	5	98
Country-level reports (i.e. reports compiling all the indicators for one country)	41	45	11	3	100
Answered question					103
Skipped question					1

For future reports, stakeholders also favored the presentation of data by country (i.e. reports compiling all the indicators for one country) but feelings were mixed regarding further investing in having these data translated.

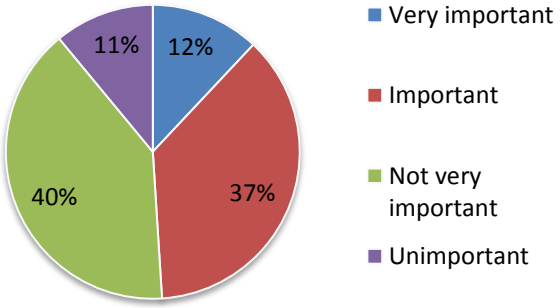

Figure 7: "Should the report, or sections of the report, be translated into national languages?"

In fine, the majority of our respondents would like us to report on women's and babies' health in Europe every 2-3 years (Fig.6).

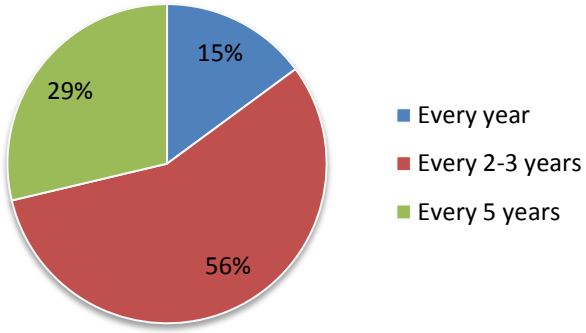

Figure 6: "How often would you like to see a report like this produced?"

2.5 Additional recommendations from stakeholders:

23 out of 104stakeholders provided additional comments on the report (cf. Q.12). Many stakeholders thanked us for the added-value of this work to the perinatal health field and for the dedication of our SC members in providing high-quality data for cross-national comparisons, one stakeholder concluded: *"Thank you for this valuable work. It will translate into better health care as it clearly identifies some problems which can be solved"*.

Other stakeholders voiced their concerns about the future of perinatal health reporting in general, and on the importance of maintaining the current reporting process for the countries that have initiated this work (26 EU MS, Iceland, Norway and Switzerland).

Stakeholders also stressed the importance of assessing trends over several periods in order to evaluate the impact of public health strategies at the national level: *"which countries made the greatest improvement in breastfeeding rates at 48 hours in the past 5 years etc? This would be useful in terms of learning about what is working and what is not."* Some stakeholders also expressed being interested in us expanding our reporting to annual and urban health data.

Additional recommendations were also about the presentation of our data. Stakeholders are very interested in gaining interactive access to our detailed data tables and look forward to us presenting recommendations on specific perinatal health issues not only in scientific articles but also via our website in short targeted summaries, for instance.

III. Comparing reactions to EPHRI vs. EPHRII

The first European Perinatal Health Report was evaluated by 100 respondents out of 454 contacted stakeholders (response rate of 22%). The web-based evaluation of this second

European perinatal health report yielded a lower response rate of 16% (104 respondents out of 659 stakeholders)

Stakeholders who participated in this round of evaluation are mainly researchers, professors and statisticians (Table 3) which is what we observed in the evaluation of EPHRI. The evaluation of EPHRII had better representation from statisticians and professionals working in quality assurance but in comparison with stakeholders who rated EPHRI, a smaller proportion of health advocates and policy makers participated in our survey.

Table 3: EPHRI vs EPHRII - "how would you categorize you work in perinatal health?"

How would you categorize your work in perinatal health?(several options could be selected)	I	II
Making policy and laws	11.9%	9.3%
Providing health care	16.8%	16.7%
Financing health care/providing insurance	3.7%	0.0%
Doing research/teaching	21.7%	27.4%
Health statistics/quality assurance	16.0%	24.7%
Making grants/financing projects	2.5%	1.4%
Advocating for change/raising awareness	16.0%	8.8%
Writing about health issues (media)	8.2%	8.4%

Based on the results of both evaluation rounds, stakeholders agree on the usefulness of our report and on the relevance of our data to their work and to the perinatal health field (Table 4).

Table 4: EPHRI vs EPHRII - "how useful do you consider the EPHR to be?"

Overall, how useful do you consider the European Perinatal Health Report to be?	I	II
Very useful	67.8%	80.4%
Somewhat useful	27.8%	18.6%
Not very useful	4.4%	1.0%
Not at all useful	0.0%	0.0%

This time again, the report section rated least relevant was the discussion of the policy relevance of the data but stakeholders clearly expressed in other parts of the EPHRII

survey a growing interest in: health policy regulations at national and EU level and in guaranteeing the sustainability of our report (Table 5).

Table 5: EPHRI vs EPHRII - what stakeholders found very relevant

	Response count	
How useful are the following types of information for the work that you do?	***What they found very relevant***	
	I	**II**
Summary of key findings	69	77
Background information about why specific indicators were selected	55	59
Discussion of methodological problems comparing data across countries	57	59
Discussion of policy relevance of results	45	42
Detailed data tables on perinatal health indicators	57	81
Maps presenting geographic differences in perinatal health	49	64

The priorities of stakeholders for EPHRII also appear to be different than for EPHRI as displayed in Table 6.

Table 6: EPHRI vs EPHRII - "In which of these perinatal health topics are you strongly interested?"

In which of these perinatal health topics are you strongly interested?	**I**	**II**
Characteristics of childbearing women	12.4%	6.8%
Health care practices for pregnant women and babies	18.1%	28.2%
Maternal health	15.2%	14.6%
Infant health	19.5%	16.5%
Cerebral palsy	7.5%	2.9%

Congenital anomalies	10.6%	1.9%
Very low birthweight and gestational age	16.7%	24.3%
Other	_	4.9%

Suggestions for future reports made in the evaluation of EPHRI and EPHRII reflect stakeholders' different interests. Whereas stakeholders evaluating EPHRII suggested putting a greater emphasis on perinatal morbidity, regulations and health system characteristics, stakeholders evaluating EPHRI were interested in: prenatal care, prenatal screening, folic acid, neonatal transport, health system characteristics, inequality and socioeconomic indicators, and breech and twin delivery route.

Stakeholders who evaluated EPHRI had also suggested having more detail on countries' data collection systems but this issue was not raised in the evaluation of EPHRII – this could be the direct result of us having improved our data collection methods to include more detail on the datasources used in the report.

Suggestions on format of the report were similar in both evaluations in that both for EPHRI and EPHRII, the ideas rated most useful included: "scientific articles that analyze health in Europe," and "an online database for generating tables."

Last, stakeholders from both evaluation rounds agree that a report like this should be made available in routine and at least every two to five years as shown below.

Table 7: EPHRI vs EPHRII - frequency of reporting

How often would you like to see a report like this produced?	**I**	**Options**	**II**
Every year	10.2%	Every year	14.9%
Every 2 years	43.2%	Every 2-3 years	56.4%
Every 4-5 years	46.6%	Every 5 years	28.7%
Every 10 years	0.0%	_	_
Never again	0.0%	_	_

IV. Discussion

4.1 Understanding stakeholders' opinions: EPHRI vs EPHRII

Response rates for the evaluation of EPHRI and EPHRII were similar. The evaluation of EPHRII yielded a slightly lower response rate than for EPHRI (16% vs. 22%) but there was better geographical representation from stakeholders. The response rate for EPHRII

might be slightly under-estimated, as emails sent from europeristat@inserm.fr might have been filtered into SPAM by web servers. Also, the survey was sent during the holiday season and email outreach may have been less direct than for the evaluation of EPHRI (100 respondents; 22% response rate). Out of the 649 emails sent, we could track that 150 different stakeholders opened the invitation letter.

For both surveys, responses were given predominantly by researchers, professors and statisticians. Our participation rate of health policy planners is typical of response rates in other policy maker surveys which are reported to be around (XXX). The low participation of individuals involved in financial planning of health services is indicative of the difficulties identifying these specific stakeholders both for EPHRI and EPHRII.

However, there are slight differences in the sample of stakeholders who completed our surveys. These differences are seen in the different main interests reported in the survey and in the suggestions for future reports made by stakeholders. For example, statisticians were more involved in this evaluation round which may explain the greater proportion of stakeholders interested in health care practices in the EPHRII survey vs EPHRI survey-statisticians are often times part of the evaluation of these practices and would use these data often in their work. That less stakeholders self-categorized as *perinatal health advocates or involved in raising awareness in perinatal health issues* is difficult to interpret. This could reflect that stakeholders self-categorized based on their main profession only since several options could be selected (i.e. clinician/health professional or health policy maker), or that less individuals working exclusively as health advocates participated in our survey.

Reactions to EPHRII vs EPHRI are also influenced by evolving trends in perinatal health across countries. For some countries, key issues in perinatal health have changed since the publication of EPHRI (i.e. age at childbirth has increased, cesarean rates have risen almost everywhere); other issues have become an even greater concern. Trends in stakeholders' interests may be a product of greater public health concerns. For example, stakeholders evaluating EPHRII expressed being strongly interested in very low birth weight and gestational age which echoes the current state of women and babies' health overall in Europe: preterm babies born before 28 weeks of gestational constitute over one third of all fetal and neonatal deaths in Europe and preterm birth rates in 2004(EPHRI) and 2010(EPHRII) were similar in many countries. Furthermore, as Europe experienced overall declines in fetal, neonatal and infant mortality rates, health professionals are increasingly concerned with the co-morbidities associated with survival - this is also reflected in our current stakeholders' reported interests and in their suggestions for the content of future reports.

Some of the differences in opinions between the first and second survey are also the result of us taking into account comments given by stakeholders about EPHRI. Since our first report, our indicator list and data collection instrument were modified (cf. www.europeristat.com/our-indicators.html) and decisions were made regarding the format and dissemination of EPHRII, specifically based on the experience gained from EPHRI.

In general, the sample of stakeholders who answered our survey was slightly different and yet, results from both evaluations highlight the value of the European Perinatal Health Report for researchers, statisticians, professors, clinicians, health policy makers and users.

Based on stakeholders' comments, it appears that Euro-Peristat Action was successful in raising awareness about the importance of comprehensive cross-national comparisons for perinatal health. More stakeholders rated EPHRII "*very useful*" than they did for EPHRI (80% vs. 68% respectively) and the majority of them are interested in us reporting on women and babies' health in Europe more frequently (Table 7). Respondents evaluating our reports, all highlighted their need to access such data in routine since geographical and temporal variations in our indicators can pinpoint areas where improvements can be made- both in terms of health status and services provided to women and babies.

4.1 Evaluating the impact of the European Perinatal Health Report II

The European Perinatal Health Report is the main output product of our research and project activities. Our latest report has been downloaded over 3,000 times since its publication in May 2013 and over 200 news articles have been published on our results throughout Europe. Our data have already generated multiple debates in Europe about care provision to mothers and children. Some themes that have been address in media coverage and debates in international fora are:

- High rates of perinatal mortality in some countries (fetal and early neonatal mortality in the Netherlands, fetal mortality in France)
- Appropriate levels of interventions during pregnancy and in particular on the use of caesarean section
- Organisation of perinatal care and the effect of small maternity units on health outcomes.

The aforementioned figures confirm the usefulness and relevance of the publication reported by stakeholders who evaluated the EPHRII.

The improvement of the Netherlands' mortality statistics in 2010 is an example of the social and health policy impact that data presented in our report can have. The first European Perinatal Health report presented the high figures of Dutch fetal and early neonatal mortality; subsequent to the buzz created by the Dutch results in the press, "The country's sense of urgency regarding perinatal health has changed" (Jan Nijhuis, SC member for the Netherlands). Since the first report, a "Perinatal Audit of mortality" has been introduced at the national level and opening hours for hospitals have increased thus improving access to care; also more attention has been given to deliveries using caesarean section. Since 2007, an ultrasound examination at 20 weeks is now available to all women as part of routine prenatal care and this may have changed perinatal statistics associated with severe congenital anomalies and late terminations.

Stakeholders reviewing EPHRII confirmed the importance of the report for the perinatal health field by citing the example of the Netherlands: *"Perinatal mortality rates are used for to discuss the quality of obstetric in the Netherlands. The Netherlands have one of the*

highest rates and we must improve. So the numbers of PERISTAT have had a great impact in the Netherlands". Another stakeholder added*: "*(*the report) Continues to be of great importance for the stimulation of the Dutch obstetric health system. The report is officially quoted by the minister of health in letters and recommendations regarding obstetrics and paediatrics".*

4.2 Taking into account stakeholders opinions

Stakeholders provided constructive feedback to help us enhance the dissemination and use of our results.

Based on the evaluation results, we will be pursuing current efforts to display our data online and present these using enhanced graphs and summaries. To further the impact of our publication, we will also work on providing access to country reports by indicators on our website for selected indicators. Other suggestions from stakeholders strengthen our decision to continue investing resources in the production of scientific articles on selected perinatal health topics. All of our current publications including, both of our reports EPHRI and EPHRII, and the associated scientific publications and articles in the general press are already currently available from our website: www.europeristat.com, but we will enable access to our detailed data tables from our website by the end of April 2014.

Stakeholders' concerns with the future of prerinatal health reporting are as relevant as ever, given that the project is near its end. Euro-Peristat Action is the only project reporting on EU perinatal health data in a comprehensive manner and the project has been exploring different avenues to sustain our activities; these are summarized below:

Options for integrating of the Euro-Peristat indicators into routine EU data systems are limited but the Health Information Unit at DG Health and Consumers has proposed an ERIC on Health Information.

Eleven countries and several previously funded EU projects (including Euro-Peristat) are planning to apply for funding to build up an ERIC-HI. Monitoring and reporting of perinatal and child health is one of the nine main tasks in the ERIC plan. The ERIC-HI could host the continued activities of the Euro-Peristat project and other joint actions on a more sustainable basis. The core business of EU health information projects is liaising with national experts, taking in nationally collected datasets, and further developing the evidence base and regular reporting of country comparisons. Euro-Peristat collaboration has been given as a good example of such an activity. The costs for the Euro-Peristat part of ERIC Health Information are covered by the Member States. To be able to continue the work on perinatal health, enough national funding is to be allocated to the collaboration or funding has to be applied from other sources, such as EU or other research funds. Finally, one Member State should take the lead for the coordination for Euro-Peristat activities under the ERIC Health Information, if it is to be established.

The 2014-2020 Health for Growth programme has also been accepted by the Parliament in February 2014 and there may be some funds, which could be allocated to health information-related projects.

More detail on the future of perinatal health reporting can be found in Deliverable 2.

V. Conclusion:

Euro-Peristat Action conducted a web-based evaluation of the European Perinatal Health Report: *Health and care of pregnant women and babies in Europe in 2010* from December 2013 to March 2014. Out of the 659 perinatal health stakeholders contacted across Europe, 104 stakeholders representing different countries, professional fields and interests responded.

EPHRII received very positive reviews both on the content and format of the publication. Stakeholders provided suggestions and axes for future research and presentation of data online and in country reports. They encourage Euro-Peristat to continue stressing the comparability of our indicators and to strive for high-quality comprehensive data.

Stakeholders are looking forward to further dissemination of our data and hope to obtain these data in routine.