



Socioeconomic disparities in changes to preterm birth and stillbirth rates during the first year of the COVID-19 pandemic: a study of 21 European countries

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On behalf of the **Euro-Peristat Network**

The EURO-PERISTAT Network



- Aim : to monitor and evaluate perinatal health in Europe based on valid and reliable indicators from routine statistics (vital statistics, birth registers, hospital data)
 - 10 core and 20 recommended indicators
 - Data collected using a common protocol
 - 4 European reports, scientific publications
 - 31 participating countries



www.europelistat.com



Population Health Information Research Infrastructure



- 41 partners in 30 countries to share data and expertise on the COVID-19 pandemic
- Generate knowledge about the effects of COVID on **population health**
- 4 research use cases by applying a **federated data** model to population health data
- 1 on **perinatal health and perinatal health inequalities.**



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COVID-19 and perinatal health

- Pregnant women and newborns are vulnerable populations
 - Direct effects
 - Specificities of their immune systems
 - maternal-fetal transmission (fetal development/newborn health)
 - Indirect effects
 - Non-deferrable healthcare needs (antenatal visits, childbirth, newborn care)
 - Adverse outcomes associated with stress and socioeconomic circumstances
 - Women of low socioeconomic status more vulnerable to effects of stress, financial difficulty and poor access to care



Studies on indirect effects: reassuring, but puzzling

- Unexpected decreases in preterm birth rates in 2020
- Moderate reductions in high income countries of 4 to 9% or odds ratios:

Positive effects – rest? Less pollution?

Negative effects – interrupted health care, fewer indicated preterm births (may lead to higher stillbirth)

- No change in stillbirth, but data are sparse



Objective

- To assess whether changes in the preterm birth rate and the stillbirth rate were the same in all socioeconomic (SES) groups
- We hypothesised that if the reduction were due to
 - **positive effects of the lockdown** = accentuated in higher SES groups with better living conditions and less financial stress
 - **restricted health care or other harmful effects** = affect lower SES groups more and be associated with higher stillbirth rate

Data collection

- Created a common data model for federated collection and analysis of Euro-Peristat core indicators
- **29 countries** provided data on births from 2015 to 2020
- **>29 million births**, > 2M preterm births, 100K stillbirths, 37K neonatal deaths



Zeitlin J, Philibert M, Estupiñán-Romero F, et al. *Open Research Europe* 2023



Methods

- **Outcomes:** singleton preterm birth rate and the stillbirth rate
- **Period:** 2015-2020 (March to December)
- **SES variable:** maternal educational level (preferred) or area-level deprivation/maternal occupation
- **Analysis:**
 - **Country-specific relative risks (RR)** of preterm birth and stillbirth in 2020 compared to expected rates based on linear trends from 2015-2019
 - Overall and by SES group
 - Pooled using **random effects meta-analysis.**

Measuring socio-economic status

harmonized into
high,
medium
low

- Individual level data – 17 countries

Mother's education level (16 countries)

International Standard Classification of Education
(ISCED)

Primary/lower secondary; Upper secondary; Post secondary

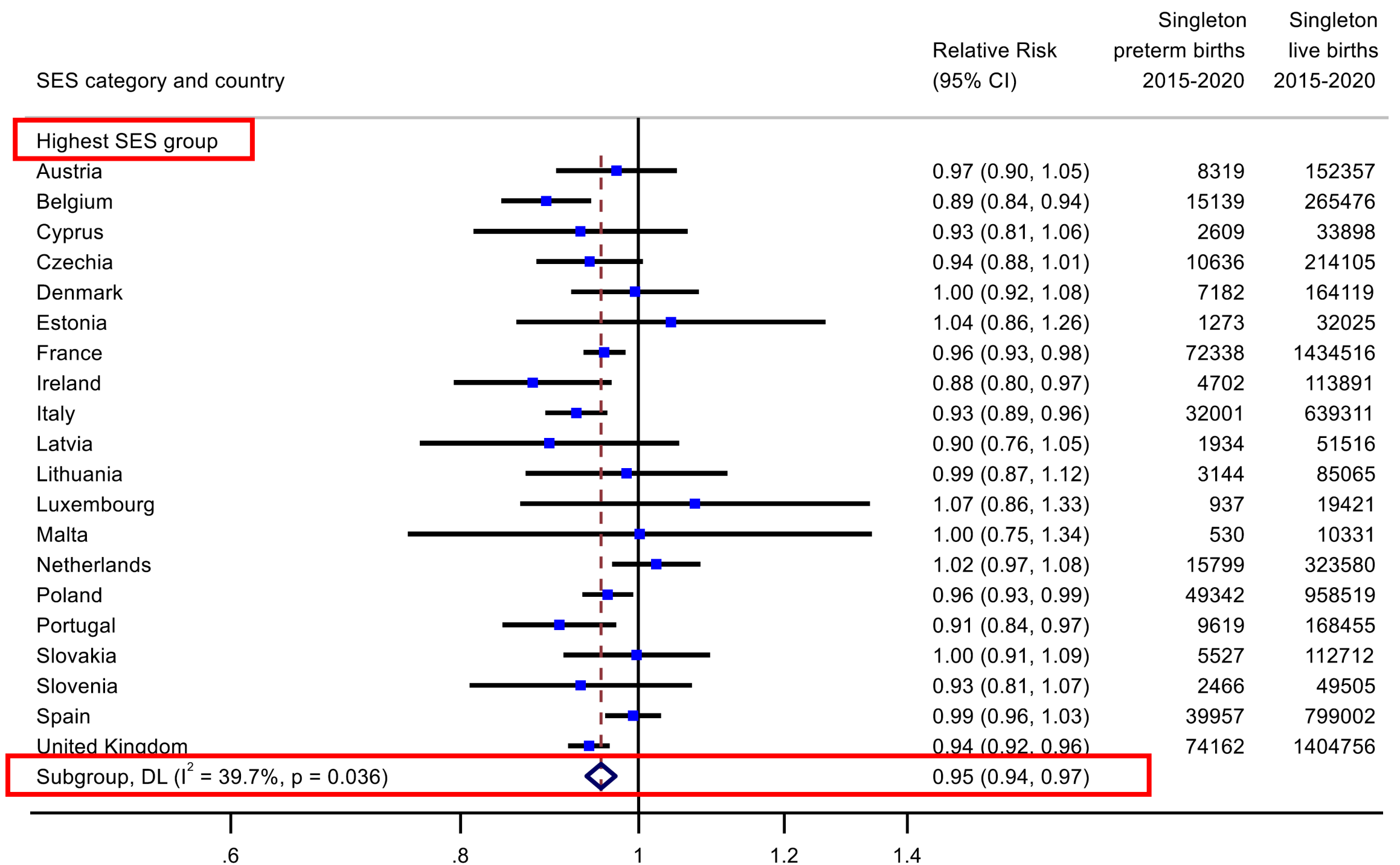
Mother's occupation (1 country)

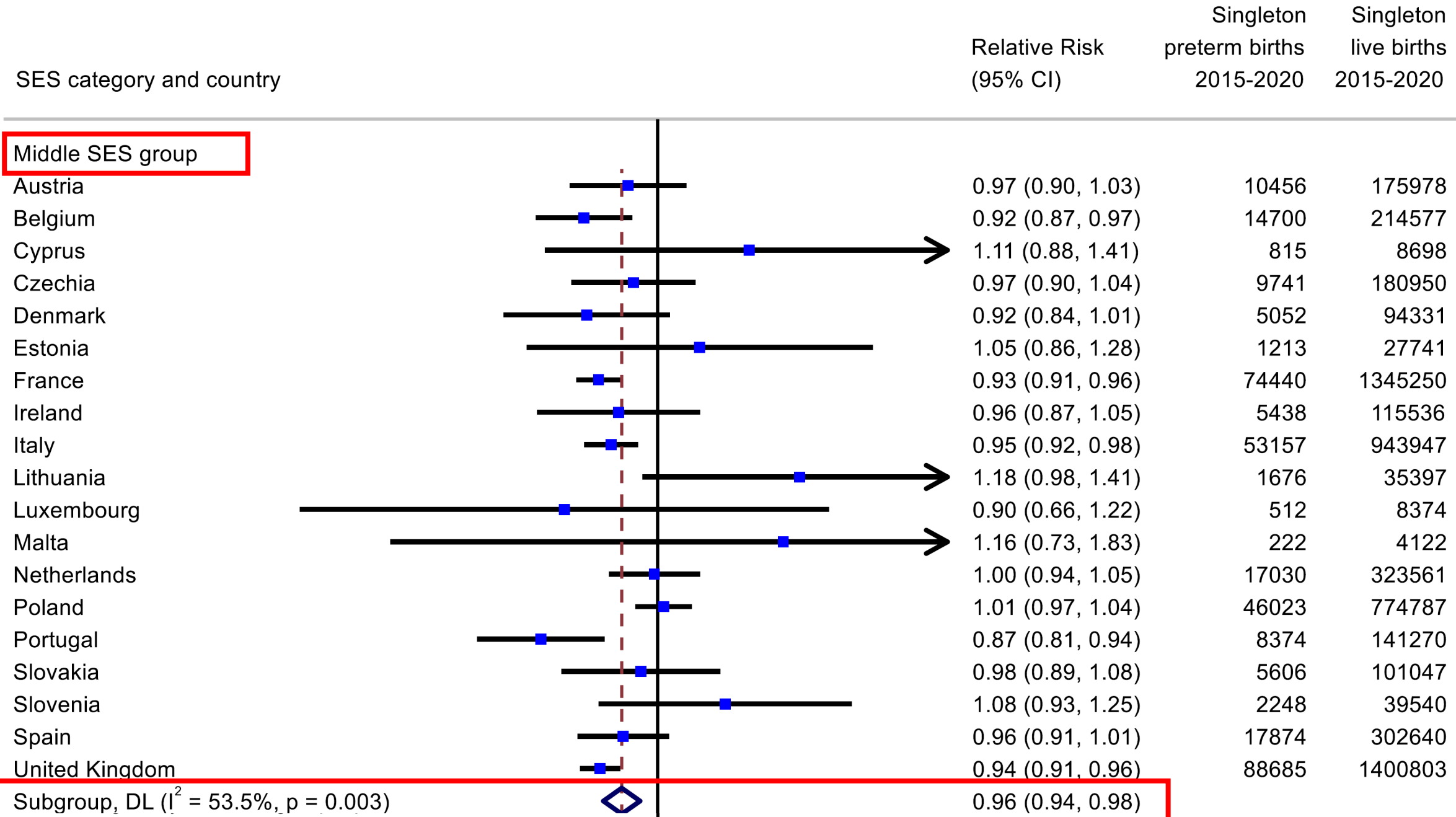
Skilled/ unskilled workers; technicians/clerical/service
occupations; Managers/professionals.

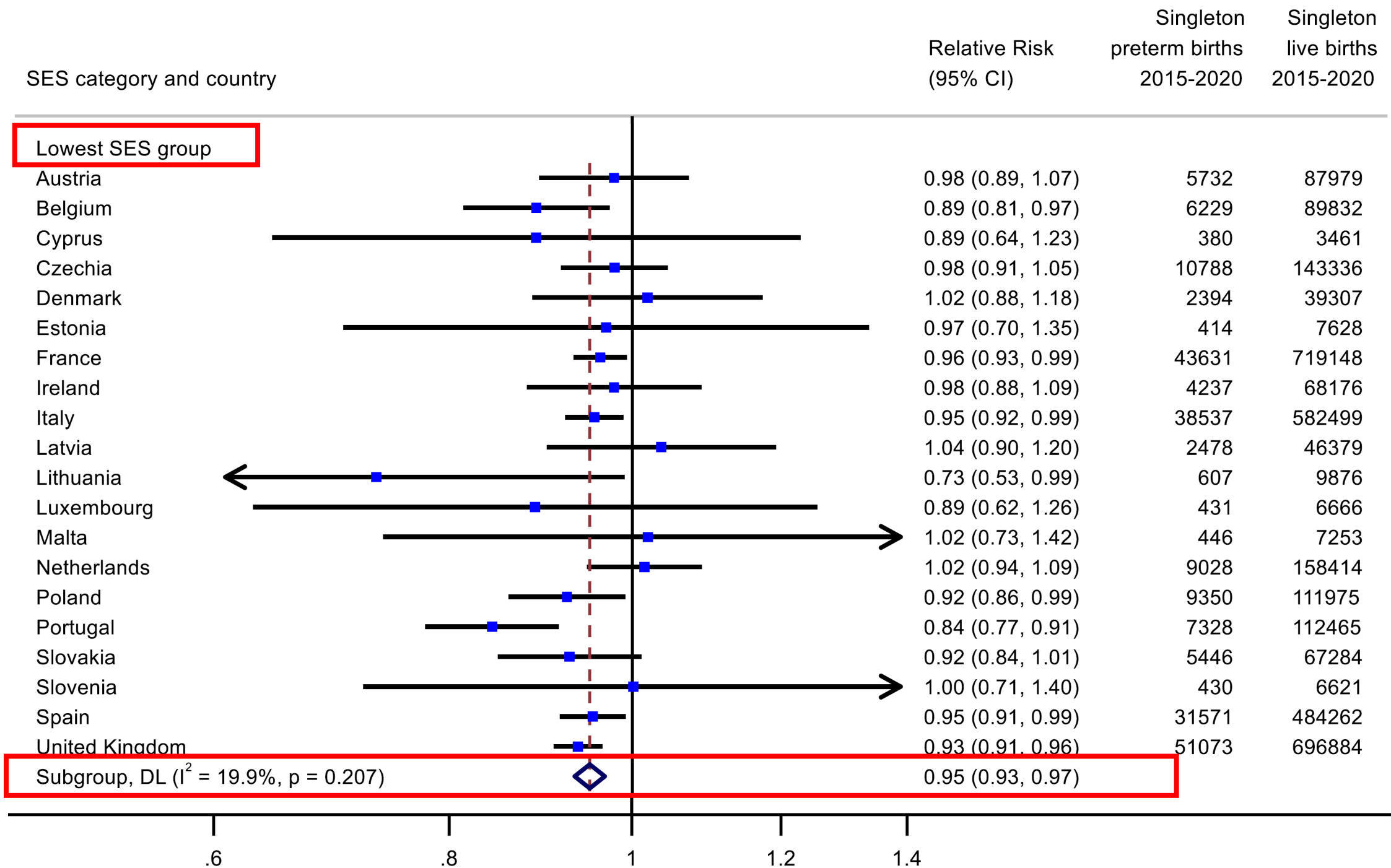
- Area level data – 6 countries

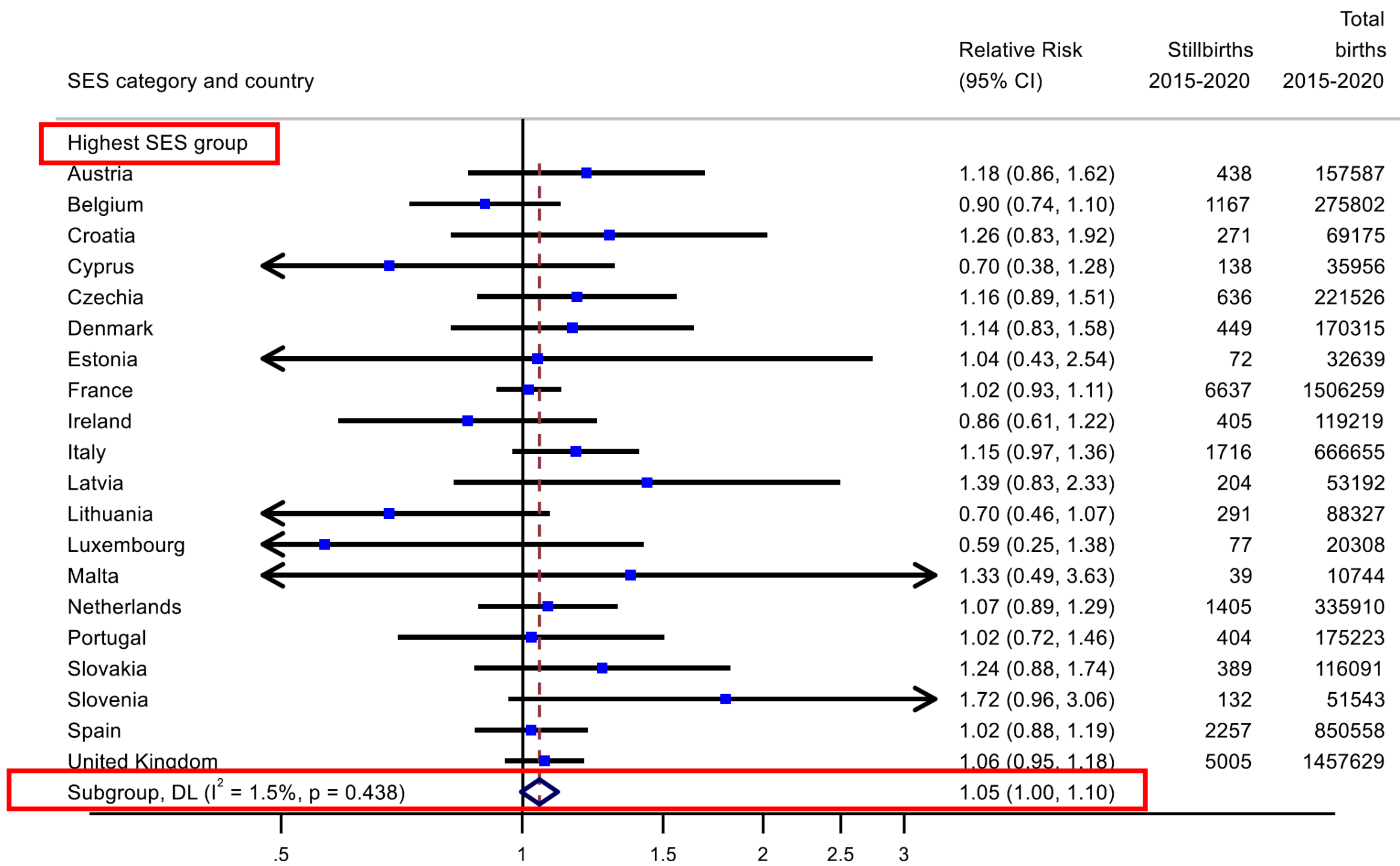
Socioeconomic deprivation index of mother's
residence

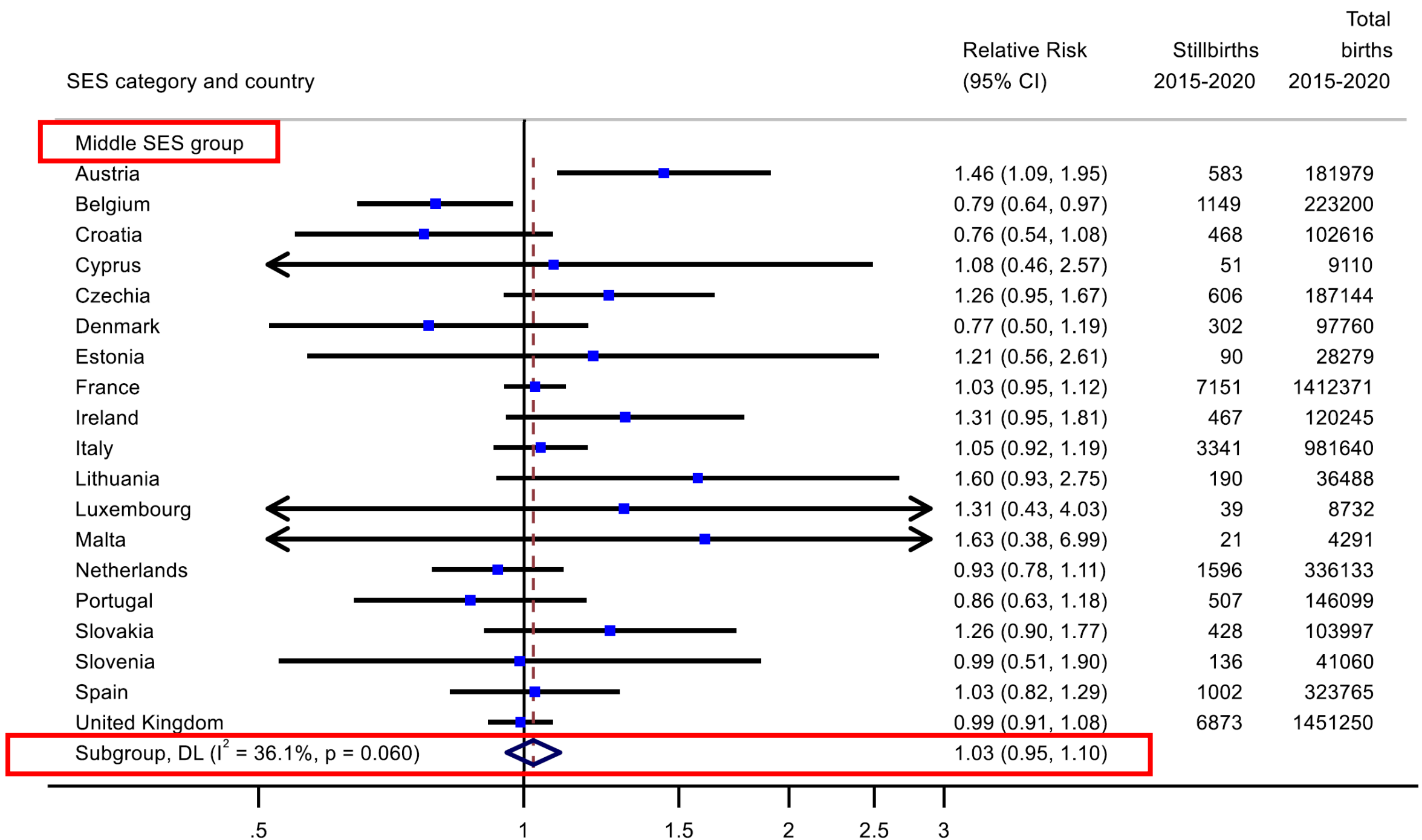
20% (lowest SES); 40% (Medium SES); 40% (Highest SES)

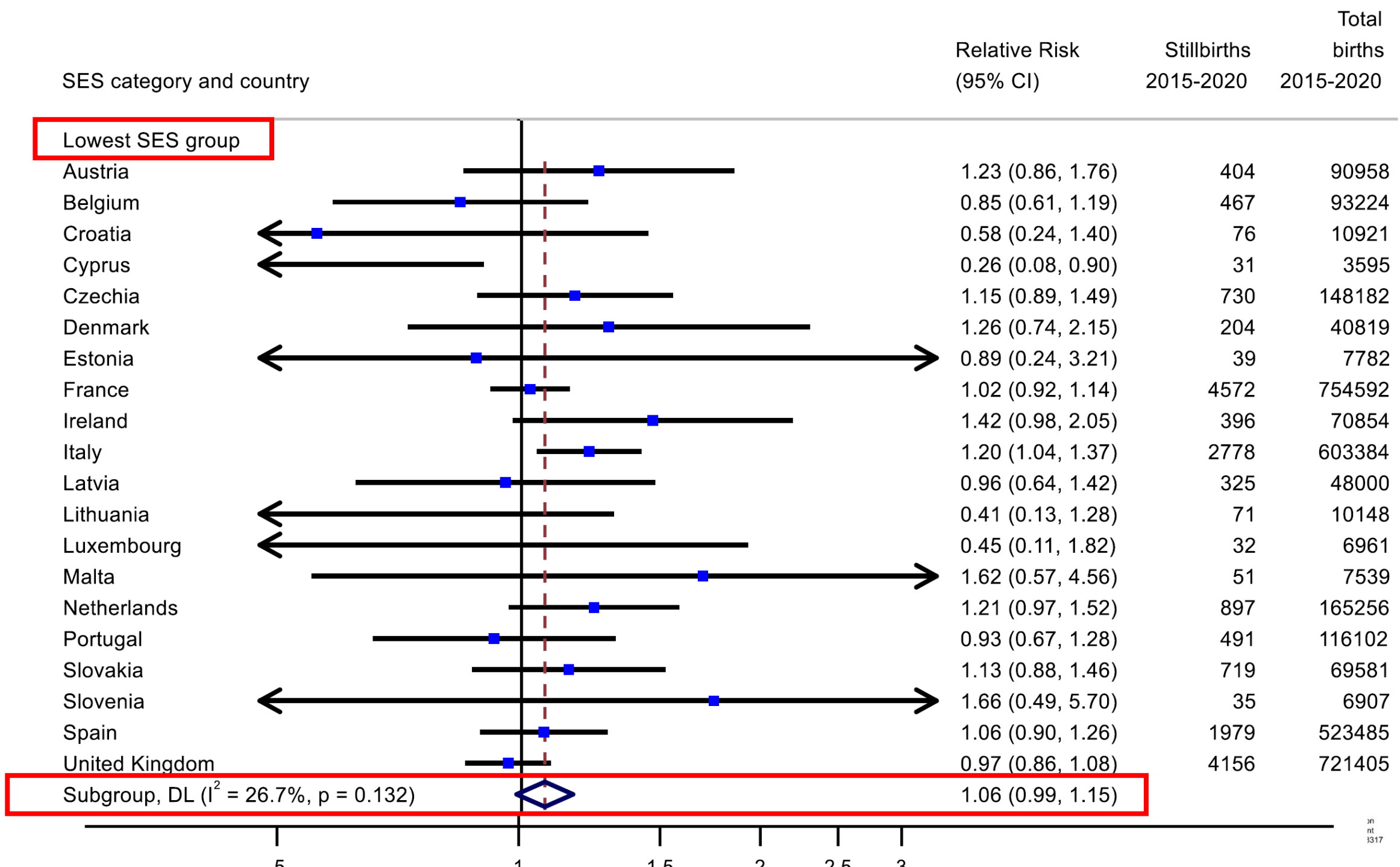




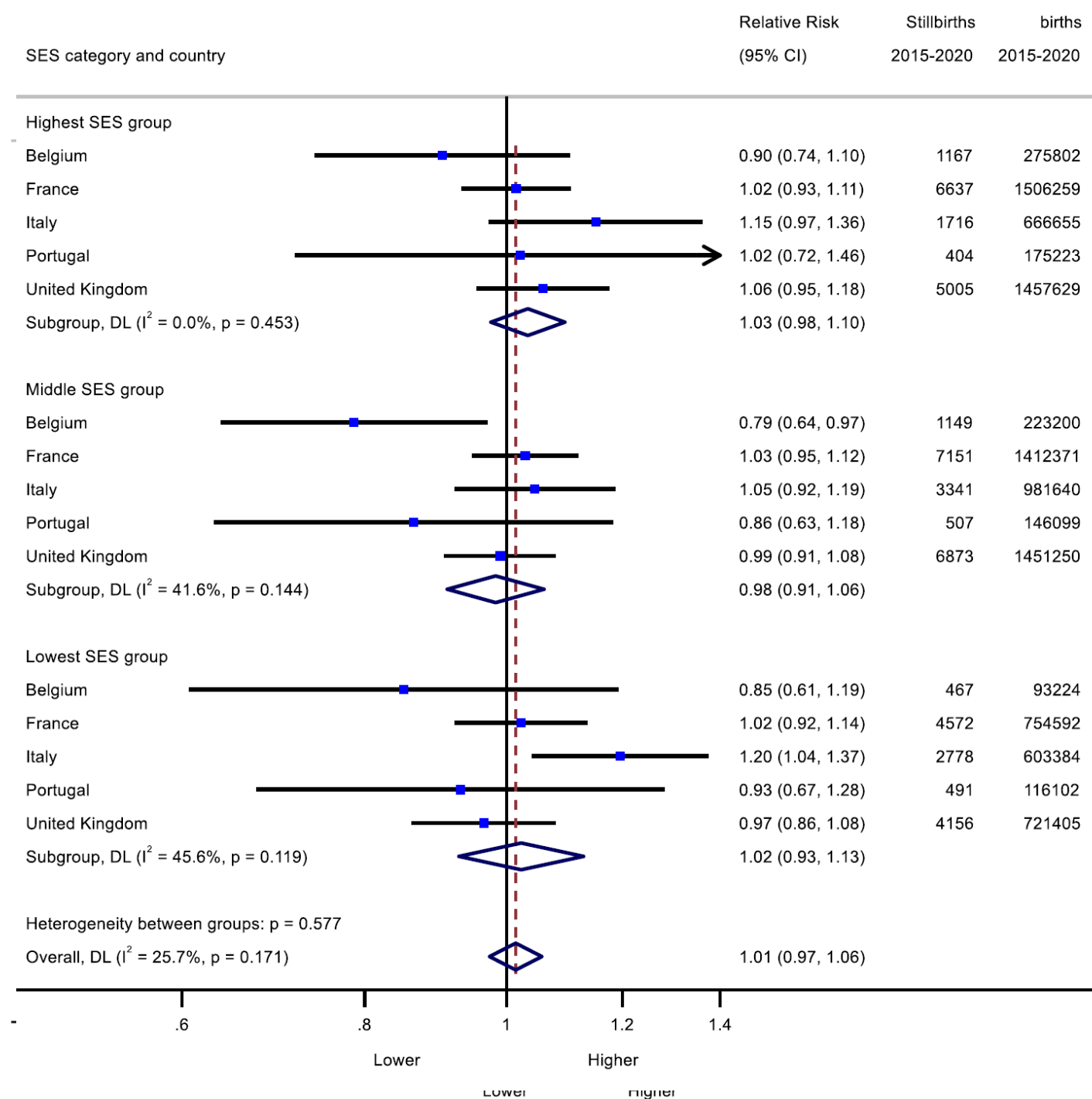








Five large countries with pronounced preterm birth decreases during the lockdown





Summary and discussion

- Preterm birth rates were 4% lower than expected, on average, in all SES groups
- Stillbirth rates were 5% higher than expected, with no clear SES gradient.
- High heterogeneity overall and within SES groups
- Similar results for preterm birth in subgroup analysis in the five largest population countries, but stillbirth rates did not increase.

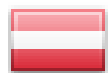


Summary and discussion

- Small effects, but mechanism affecting all SES groups similarly
- Stillbirths were not higher in countries where preterm birth declines were greatest
- This effect remains unexplained, but our results raise questions about impact of acute stressors on preterm birth
- Next steps to explore substantial heterogeneity – what explains the differences across Europe? Could this elucidate the cause?

EURO-PERISTAT COUNTRY TEAMS

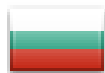
Austria



Belgium



Bulgaria



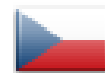
Croatia



Cyprus



Czech Rep.



Denmark



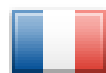
Estonia



Finland



France



Germany



Greece



Hungary



Iceland



Ireland



Italy



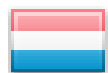
Latvia



Lithuania



Luxembourg



Malta



Netherlands



Norway



Poland



Portugal



Romania



Slovakia



Slovenia



Spain



Sweden



Switzerland



UK



<https://www.europeristat.com/index.php/our-network/country-teams.html>

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Distribution of socioeconomic status by countries

% of births by SES

