European Board and College of Obstetrics and Gynaecology

Euro-Peristat Meeting

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Reid Hall, 4 Rue de Chevreuse, 75006 Paris
April 4-5, 2016,
• What is EBCOG?
• Our contribution to improve Quality of Care in Europe?
• How EBCOG and Euro-Peristat can work together?
EBCOG is the Board of the Obstetrics and Gynaecology - Section of the Union Européenne des Médecins Spécialistes (UEMS)

The purpose of UEMS is to harmonise and improve the quality of medical specialist practice in the EU

Currently National Society representatives from 37 countries from both EU, EEA and non EU, are represented on the council
EBCOG Member Countries

Albania (observer member), Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, FYROM, Germany, Greece, Hungary, Iceland, Ireland, Italy, Kosovo (observer member), Latvia, Lithuania, Malta, The Netherlands, Norway, Poland, Portugal, Romania, Russia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine and the United Kingdom.
To improve the health of women and their babies by seeking to achieve the highest possible standards of care and training in the field of Obstetrics and Gynaecology in all member countries.
EBCOG also works closely with the four sub-specialist pillars of our Specialty
EBCOG also works closely with following special interest societies:

- European Association of Paediatric and Adolescent Gynaecology (EURAPAG)
- International Society of Psychosomatic Obstetrics & Gynaecology
- European Society of infectious diseases in Obstetrics & Gynaecology
- European Federation of Colposcopy (EFC)
- European Society of Contraception (ESC)
- European Society of Gynaecological Endoscopy (ESGE)
• What are the challenges of Quality care in Europe?
Two intertwined Challenges

• Issues around quality assurance of Post Graduate training –thus sustaining high quality care

• Evidence of inequality in the provision and access to high quality care in Europe
Response to First Challenge - Post Graduate Training And Assessment

- **Promote Accreditation of training centers** in General O & G and in the subspecialties (>260 centers accredited/re accredited)
- Support development of **National visitation and accreditation systems** (8 national Systems introduced)
- **A unified European wide Post –Graduate Curriculum both for Specialist and Sub specialist training**-Erasmus Funded
- Training the trainer’s courses
- Training Standards for the Hospitals and the Trainees
- **European Fellow in Obstetrics & Gynaecology** By EBCOG(EFOG-EBCOG)

13th Pan Hellenic Congess, May 2015
EBCOG Additional Educational Tools

- Ultra-Sound Scanning Hands on Training Courses
- Hands on Training Course in Hysteroscopic Surgery (ESGE)
- Laparoscopic Suturing hands on Training Courses (ESGE)
- Hands on Training Courses and Master Classes at the biannual Congress of EBCOG to be rolled out widely
- Pre-Examination Preparatory courses
- EBCOG CME/CPD Programme - Scientific and CPD Journals
Second Challenge

• Evidence of inequality in the provision and access to high quality care in Europe
Discrepancies Across Europe

Obstetric Indicators

- Maternal Mortality Rates: 2-100/100,000
- Maternal Morbidity Rates: 5-30/1000 births
- IOL: 15-40%
- CS rates: 15-42%
- Perinatal Mortality rates: 6-22/1000

Gynecological Indicators

- Hugely variable 5 yearly survival rates for Gynae Cancers
- Variable QA of ART leading to high multiple pregnancy rates
- Access to contraception choices
- Cancer Screening Policies
ESTIMATED INCIDENCE and MORTALITY RATES for OVARIAN, ENDOMETRIAL and CERVICAL CANCER in WOMEN

OVARIAN CANCER

Incidence
Age Standardised Rate/100,000

- 15.7+
- 14.1-15.6
- 11.4-14
- 10.3-11.3
- <10.3

Mortality
Age Standardised Rate/100,000

- 9.4+
- 8.2-9.3
- 7.6-8.1
- 6.3-7.5
- <6.3

ENDOMETRIAL CANCER

Incidence
Age Standardised Rate/100,000

- 23.5+
- 20.3-23.4
- 18.1-20.2
- 15.5-18
- <15.5

Mortality rate
Age Standardised Rate/100,000

- 4.9+
- 4-4.8
- 3.4-3.9
- 3-3.3
- <3

CERVICAL CANCER

Incidence
Age Standardised Rate/100,000

- 20.6+
- 15.4-20.5
- 9.9-15.3
- 7.2-9.8
- <7.2

Mortality rate
Age Standardised Rate/100,000

- 7.5+
- 4.4-7.4
- 2.8-4.3
- 2.5-2.7
- <2.5

TAM Euro-Peristat Paris 05042016

WHO, 2012
EBCOG’s Initiatives to improve quality of care

• Quality Of Care:

1. Standards of Care Docs (www.ebcog.eu)
2. Position statements
3. Master class in EBM implementation methodology
4. Engagement with EU commission- Clinical Networks for rare conditions
5. Working with other stakeholders- FIGO, UNFPA, WHO
6. Translation into Main European languages-Russian
EBCOG has developed two sets of Standards of Care

- Obstetrics and Neonatal Services
- Gynaecology Services
Launch at the EU Parliament on 12th November, 2014
Engagement meeting with EU Commissioner of Health
Услуги по родовспоможению и уходу за новорожденными 2014

ЕСКАГ

Европейский совет и колледж акушерства и гинекологии

EBCOG/UNFPA Initiative

Стандарты оказания медицинской помощи в сфере охраны женского здоровья в Европе
The Standards of Care focus on the safety, care, dignity and treatment of patients. They reflect the Care that a Health Service and prudent Healthcare Professional should provide in order to be effective and safe for the patient.
Standards of Care for Women’s Health in Europe

Each set of Standards is supported by a list of AUDITABLE INDICATORS which should act as a benchmark for improvement.
Standards of Care for Women’s Health in Europe

The following is the complete list of the STANDARDS for OBSTETRIC and NEONATAL SERVICES:

- **STANDARD 1**: Generic Standards of Care for Maternity Services
- **STANDARD 2**: Pre-Conception Services
- **STANDARD 3**: Early Pregnancy Emergency Services
- **STANDARD 4**: Antenatal Care
- **STANDARD 5**: Antenatal Screening
- **STANDARD 6**: Care of Pregnant Women with Pre-existing Medical Conditions and/or Special Needs
- **STANDARD 7**: Care of Pregnant Women with Mental Health Conditions
- **STANDARD 8**: Care of Women Developing Medical Conditions during Pregnancy
- **STANDARD 9**: Care of Obese Pregnant Women
- **STANDARD 10**: Prevention of Preterm Birth
- **STANDARD 11**: Intrapartum Care
- **STANDARD 12**: Infection Prevention and Control
- **STANDARD 13**: Maternal Mortality and Morbidity associated with Childbearing
- **STANDARD 14**: Post-natal Care of the Mother
- **STANDARD 15**: Neonatal Care
- **STANDARD 16**: Rationalising Care of Babies Born Prematurely
- **STANDARD 17**: Supporting Families who Experience Pregnancy Loss
- **STANDARD 18**: Routine Data Collection for Pregnancy and Childbirth
The following is the complete list of the STANDARDS for GYNAECOLOGY SERVICES:

**STANDARD 1**  
Generic Standards for the Provision of Gynaecology Services

**STANDARD 2**  
Emergency Gynaecology, Acute Abdominal Pain in Women

**STANDARD 3**  
Early Pregnancy Loss

**STANDARD 4**  
Recurrent Miscarriage

**STANDARD 5**  
Pelvic Inflammatory Disease (PID)

**STANDARD 6**  
Vulvovaginitis

**STANDARD 7**  
Contraception and Sexual Health

**STANDARD 8**  
Male Contraception

**STANDARD 9**  
Safe Termination of Pregnancy

**STANDARD 10**  
Paediatric and Adolescent Gynaecology (PAG)

**STANDARD 11**  
Heavy Menstrual Bleeding

**STANDARD 12**  
Chronic Pelvic Pain

**STANDARD 13**  
Benign Vulval Diseases

**STANDARD 14**  
Menopause and Hormonal Therapy

**STANDARD 15**  
Benign Breast Pathology

**STANDARD 16**  
Breast Cancer Screening

**STANDARD 17**  
Cervical Cancer Screening

**STANDARD 18**  
Gynae-Oncology Services, including Breast Cancer

**STANDARD 19**  
Infertility and Assisted Conception

**STANDARD 20**  
Urogynaecology

**STANDARD 21**  
Ultrasound Scanning in Gynaecological Practice

**STANDARD 22**  
Colposcopy

**STANDARD 23**  
Diagnostic and Operative Hysteroscopy

**STANDARD 24**  
Laparoscopic Surgery

**STANDARD 25**  
Robotic Surgery
STANDARD 9

Care of Obese Pregnant Women

Rationale

Obesity not only affects mental, physical and emotional health but also increases the prevalence of hypertension, diabetes, sexual dysfunction, infertility and cardiovascular disease leading to impaired health and a lower quality of life.

Obese women are at significantly increased risk of recurrent early pregnancy loss, fetal developmental abnormalities, gestational diabetes mellitus, pre-eclampsia and deep venous thrombosis. There is also an increased risk of dysfunctional labour, operative delivery, unexplained stillbirths. Obesity is also a risk factor for maternal death during pregnancy\textsuperscript{25-26}.

Maternal obesity is recognised as being associated with adiposity in the offspring. This effect is independent of shared genetic and environmental factors.

The World Health Organisation (WHO) in 1997 formally recognised obesity as a global epidemic and a major health problem\textsuperscript{27}.
1. Clinical Standards

1.1 Maternity services should work with other local community services to put arrangements in place to ensure that all women of childbearing age have access to services offering advice on weight management and lifestyle changes to optimise their weight before pregnancy.

1.2 Support services should offer advice regarding smoking cessation and to take higher doses of folic acid supplementation daily before conception. Obese women also need additional vitamin D supplementation daily during pregnancy and while breast feeding.

1.3 There should be multidisciplinary input for development of clear policies and protocols in each maternity unit for the care of women with BMI >30. These protocols should include consideration of:

   a. Referral criteria
   b. Facilities and equipment within the unit
1.5 Each unit should have an agreed screening policy for gestational diabetes mellitus (GDM), preferably using the criteria defined by the WHO (Appendix 2).

1.6 Women with a BMI $>30$ should be risk assessed (against agreed list of risks) at each antenatal visit, at term and when admitted in labour to develop focused care strategies.

1.7 The obstetrician on call/in charge and consultant anaesthetist on call/in charge should be informed when a women with a high BMI ($>40$) has been admitted in labour. The obstetric unit should have appropriate neonatal services.

1.8 Each maternity unit should have protocols in place for monitoring during labour, pain relief, labour augmentation, operative delivery, wound management, and sepsis prophylaxis.

1.9 All professionals involved in the care of women with high BMI should be up to date about hospital policies and protocols, risk assessment tools and proposed plans of action.

1.10 All health professionals involved in the care of women with high BMI should receive training in manual handling techniques.
Auditable Indicators

3.1 Percentage of women with booking BMI >30 who were commenced on higher dose folic acid supplementation daily prior to conception.

3.2 Percentage of women who required more than one mid trimester ultrasound scan for fetal anomaly and the baby was born with an abnormality.

3.3 Percentage of women with a booking BMI >30 with other risk factors for venous thromboembolism, who had pharmacological thromboprophylaxis prescribed ante-natally and continued postnatally.

3.4 Percentage of women with a booking BMI >30 who had a glucose tolerance test during pregnancy.

3.5 Percentage of women with booking BMI >30 who did not have a glucose tolerance test during pregnancy but had babies born weighing >4000 gm at term.

3.6 Percentage of women with a booking BMI >40 who had antenatal anaesthetic review.

3.7 Percentage of women with a booking BMI >40 who had pharmaceutical thromboprophylaxis prescribed postnatally.

3.8 Percentage of operative vaginal deliveries or caesarean sections in women with booking BMI > 40 who were attended by a senior obstetrician and anaesthetist at the time of birth.

3.9 Percentage of healthcare professionals who have attended training in manual handling techniques.

3.10 An audit of unexplained still births in the unit where mother’s BMI at booking was >30 and had a GDM screening done.
Second Initiative: EBCOG Position Papers
Published

Single Embryo Transfer
Obesity in Women
The Public Health Importance of Antenatal Care
Alcohol in Pregnancy
In Pipeline

Travelling while Pregnant
Improving Access to Fertility Control
Vaccination in Pregnancy
Domestic violence against women
Female Genital Mutilation
Sex Education in Schools
Medical Methods of Abortion
Caesarean Section Rates
• How EBCOG and Euro-Peristat can work together?
Two Organisations

**Euro-Peristat**
- Very impressive comparative Data set collection
- High quality reports
- Needs more visibility both professionally and for health care planners- Awareness Campaign
- Should also develop theme as, “Women’s Champion”

**EBCOG**
- Standards of Care documents needs wider penetration in clinical Practice
- Standards of Care will support delivery of high quality care and collection of data
- Professional Exposure- by Hospital Accreditation
- Needs more exposure for the Health Care planners
Initial Suggestions

• Increasing visibility of both organisation's work on each other’s web-sites (Hyperlinks)
• Promote each other’s publications
• Euro-Peristat organisation to attend EBCOG Council once a year to update the national societies about the future projects
• Euro-Peristat Board to see how EBCOG Standards of Care can be promoted to streamline care within Europe.
• Both organisations should discuss role of National Societies (EBCOG) to support the work of Euro-Peristat
• EBCOG Auditable indicators – future utility? Through EBCOG Hospital Visiting/Accreditation