

European Board and College of Obstetrics and Gynaecology

Euro-Peristat Meeting

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Reid Hall, 4 Rue de Chevreuse, 75006 Paris
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- 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





Special Interest Societies

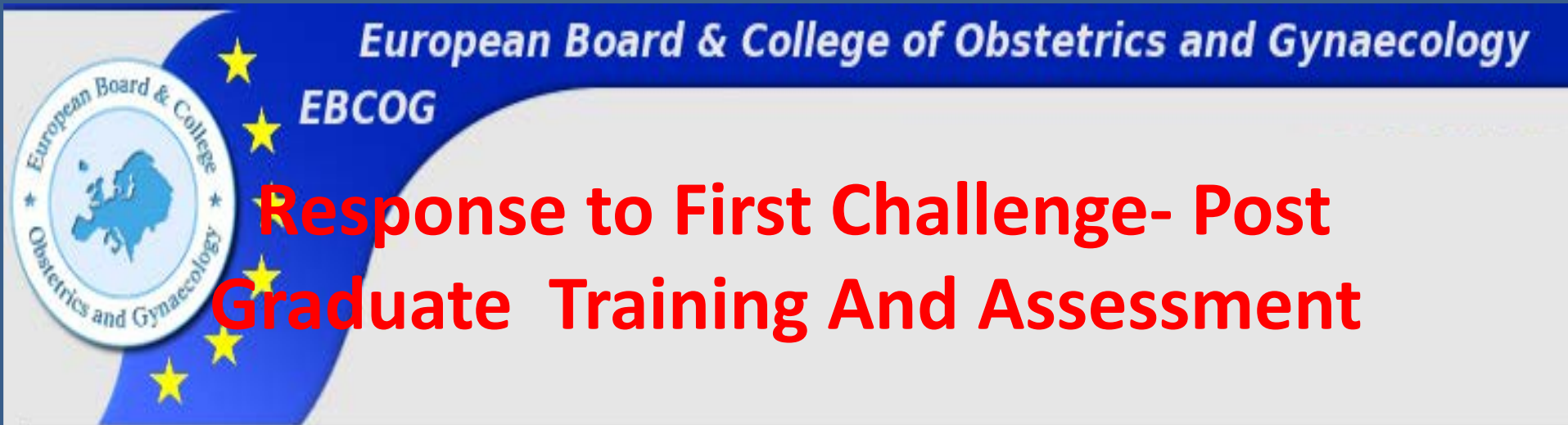
EBCOG also works closely with following special interest societies :

- 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?

- 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)**



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



- Evidence of inequality in the provision and access to high quality care in 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

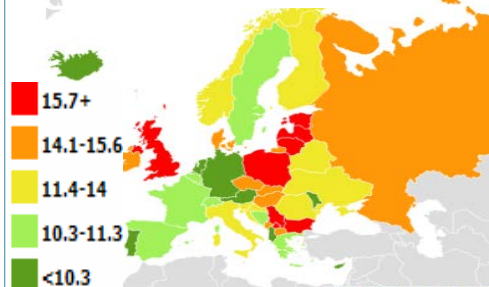
Standards of Care for Women's Health in Europe

ESTIMATED INCIDENCE and MORTALITY RATES for OVARIAN, ENDOMETRIAL and CERVICAL CANCER in WOMEN

OVARIAN CANCER

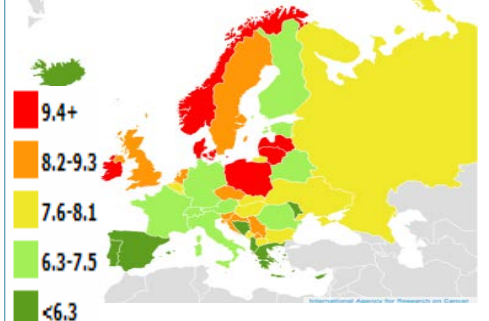
Incidence

Age Standardised Rate/100,000



Mortality

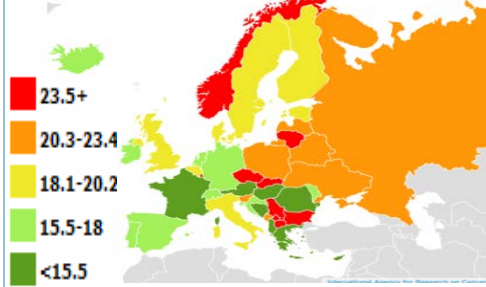
Age Standardised Rate/100,000



ENDOMETRIAL CANCER

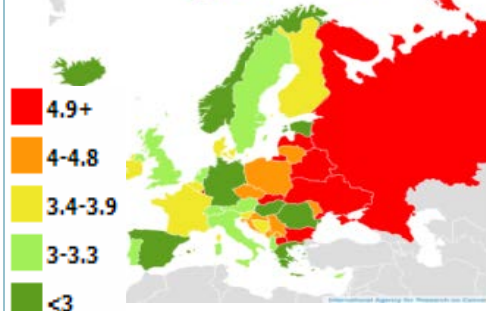
Incidence

Age Standardised Rate/100,000



Mortality rate

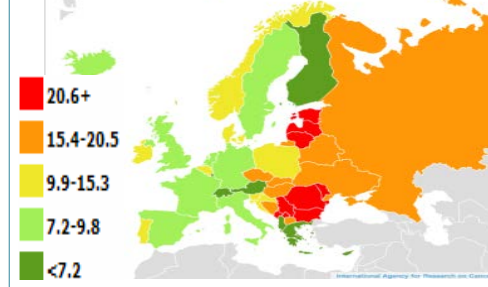
Age Standardised Rate/100,000



CERVICAL CANCER

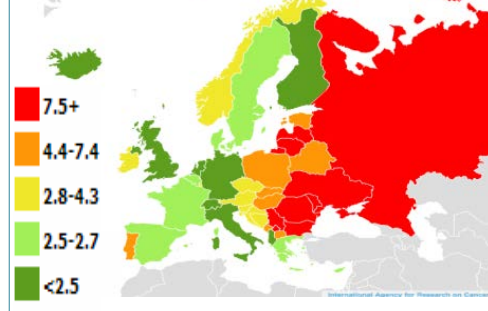
Incidence

Age Standardised Rate/100,000



Mortality rate

Age Standardised Rate/100,000



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

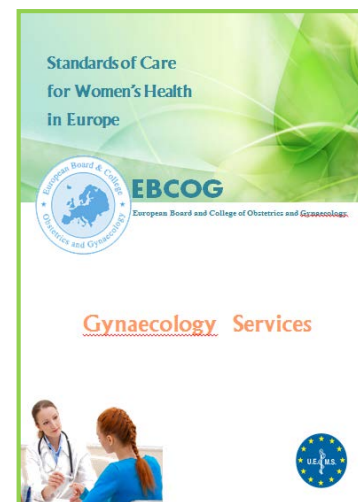
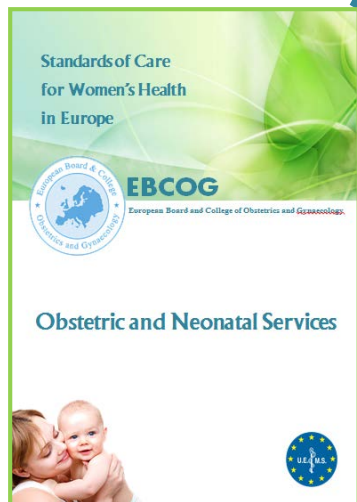


Standards of Care for Women's Health in Europe

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



EBCOG/UNFPA Initiative

Стандарты оказания
медицинской помощи в
сфере охраны женского
здоровья в Европе



ЕСКАГ

Европейский совет и колледж акушерства и гинекологии

Услуги по родовспоможению и уходу за новорожденными 2014

IAM Euro-Peristat Paris 05042016

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.

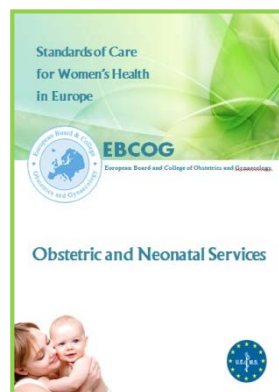




Standards of Care for Women's Health in Europe

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





Standards of Care for Women's Health in Europe

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 pregnancy²⁵⁻²⁶.

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 problem²⁷.

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.

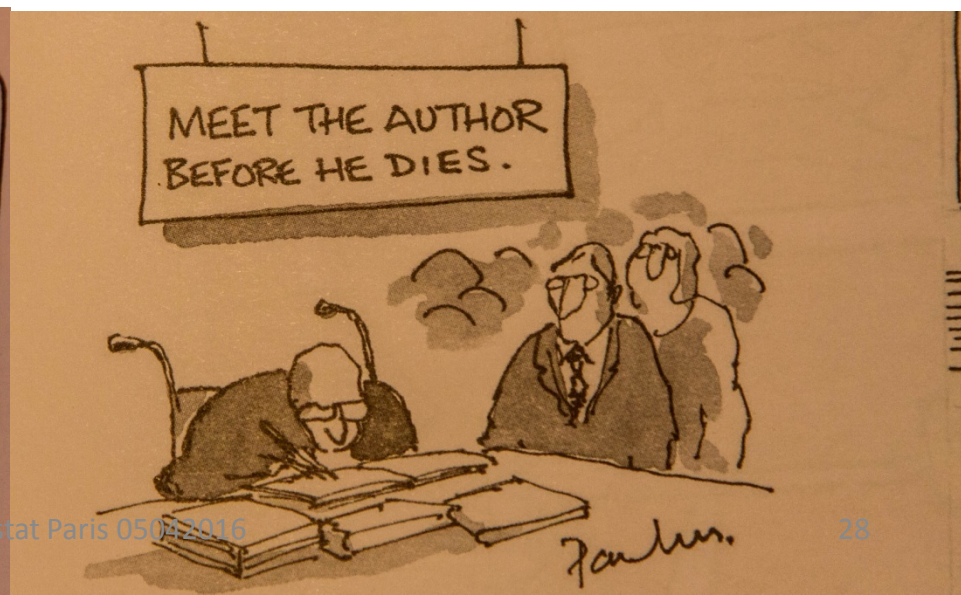
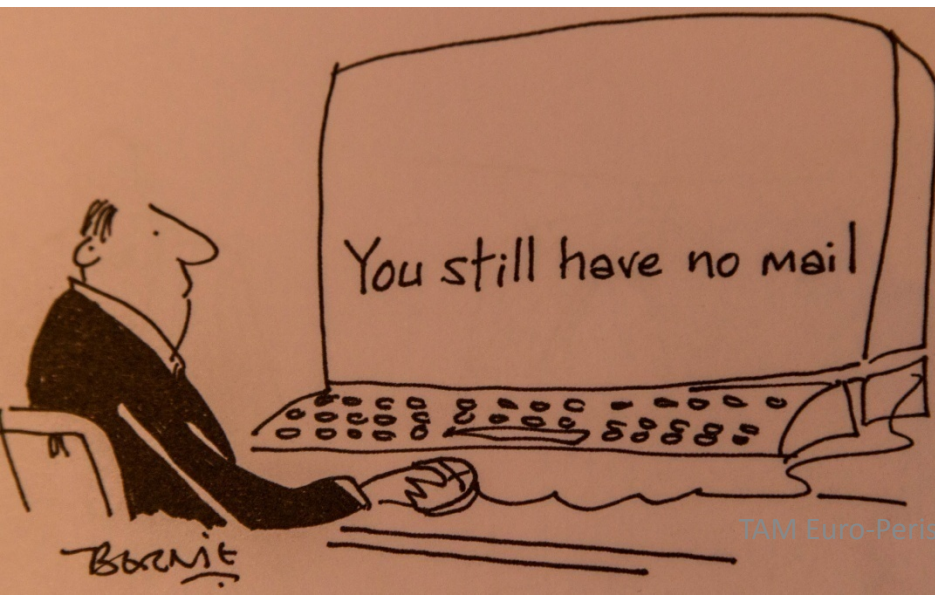
Second Initiative: EBCOG Position Papers Published

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