## Linkage of birth data in Europe

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BETTER STATISTICS FOR BETTER HEALTH for pregnant women and their babies

#### Perinatal health data sources

- Perinatal care is multidisciplinary : Involves midwives, obstetricians, paediatricians, and other sub-specialists.
- Data are often held in separate registers e.g. UK: 17 data sources for EPHR2010
- Variations in coverage, inclusion criteria and data quality

Gissler M, Mohangoo A, Blondel B, Chalmers J, Macfarlane A, Gaizauskiene A, Gatt M, Lack N, Sakkeus L, Zeitlin J for the EURO-PERISTAT group: Perinatal health monitoring in Europe: results from the EURO-PERISTAT project. Informatics for Social and Health Care 35 (2): 64-79, 2010.

#### Data linkage

- Has been shown to improve the validity and quality of data held in national registries.<sup>1</sup>
- To improve the ascertainment of short and long term maternal and infant outcomes<sup>1-3</sup>.

# To what extent routine data sources are linked for perinatal health research and reporting in Europe? What impact on data availability of Euro-Peristat indicators?

- Gissler M, Mohangoo A, Blondel B, Chalmers J, Macfarlane A, Gaizauskiene A, Gatt M, Lack N, Sakkeus L, Zeitlin J for the EURO-PERISTAT group: Perinatal health monitoring in Europe: results from the EURO-PERISTAT project. Informatics for Social and Health Care 35 (2): 64-79, 2010. 3
- 2. Bouvier-Colle MH, Mohangoo AD, Gissler M, Novak-Antolic Z, Vutuc C, Szamotulska K, et al. What about the mothers? An analysis of maternal mortality and morbidity in perinatal health surveillance systems in Europe. BJOG : an international journal of obstetrics and gynaecology. 2012;119(7):880-9; discussion 90.
- 3. Henningsen AK, Romundstad LB, Gissler M, Nygren KG, Lidegaard O, Skjaerven R, et al. Infant and maternal health monitoring using a combined Nordic database on ART and safety. Acta obstetricia et gynecologica Scandinavica. 2011;90(7):683-91.

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### Linking databases on perinatal health: a review of the literature and current practices in Europe a content of the sector of the

M. Delnord, K. Szamotulska, A.D. Hindori-Mohangoo, B. Blondel, A.J. Macfarlane, N. Dattani, C. Barona, S. Berrut, I. Zile, R. Wood, L. Sakkeus, M. Gissler, J. Zeitlin,

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#### Exhaustive review of the literature on the use of data linkage in perinatal health research, 2001-2011

- N=516 studies
- Types of routine data sources used, maternal and child health outcomes studied, linkage techniques
- Identified countries where linkages are done routinely

Characteristics of studies	N	%
Year of publication		
2001–2002	48	9.3
2003–2004	58	11.2
2005–2006	90	17.4
2007–2008	112	21.5
2009–2011	208	40.5
Country		
Nordic countries <sup>a</sup>	223	43.2
US	99	19.2
UK	63	12.2
Australia	43	8.3
Canada	18	3.5
Taiwan	14	2.7
Brazil	14	2.7
Netherlands	12	2.3
Other countries with 1–11 studies <sup>b</sup>	30	5.8
No. of data sources		
1 <sup>c</sup>	9	1.7
2	293	56.8
3	134	26.0
4 or more	80	15.5
Linkage types		
Vital statistics: birth and death certificates	101	19.6
Vital statistics and hospital discharge data <sup>d</sup>	90	17.4
Medical birth register (MBR) and hospital discharge data	89	17.2
Vital statistics and MBR	45	8.7
Other <sup>e</sup>	191	37.0
Longitudinal study		50.0

**Table 1** Description of perinatal health record linkage studies included in review, N = 516

a: Nordic countries include Denmark, Finland, Norway and Sweden.

b: Countries include 21 EU member states, Switzerland, Singapore, China, Cuba, Ghana, Malawi, Mexico and New Zealand.

c: Linkage of mother and baby records within the same registry, or

#### Routine linkages and data availability EPHR2010

Countries who use linkage	Countries who do not use	
	linkage	
Austria	Belgium	
Cyprus	Denmark	
Czech Republic	Greece	
Estonia	Hungary	
Finland	Ireland	
France	Italy	
Germany	Lithuania	
Iceland	Portugal	
Latvia	Romania	
Luxembourg	Slovakia	
Malta	Spain	
Netherlands	UK : Northern Ireland	
Norway	United Kingdom	
Poland		
Slovenia		
Sweden		
Switzerland		
UK: England and Wales		
UK :Scotland		

Countries with routinely linked data systems produced: **9 core and 16 recommended** indicators, on average

Countries without routinely linked data systems produced: 8 core and 10 recommended indicators.

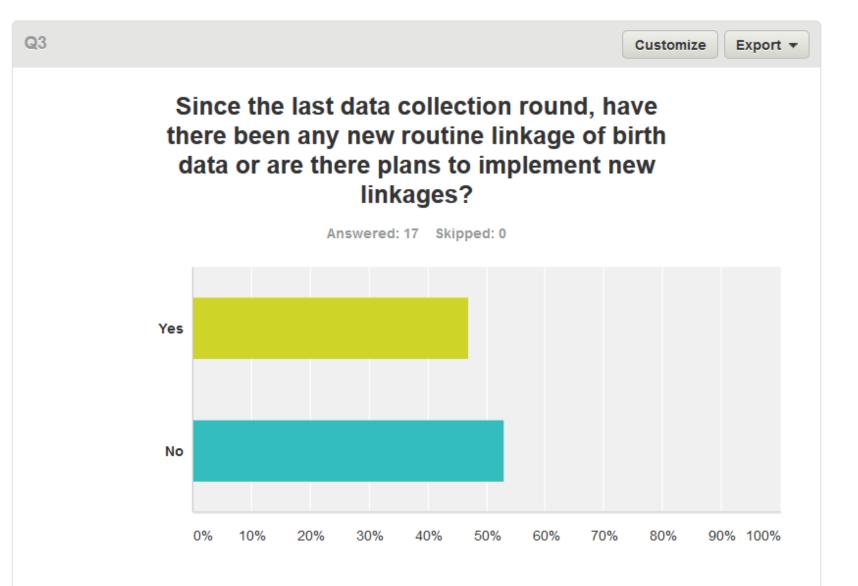
### Conclusion

- Linkage of routine data systems is a readily available option to develop capacity for high quality perinatal health monitoring.
- This is done in only a limited number of countries.
- Promotion of linkage is a priority for Euro-Peristat's future work.
- Broader adoption of linkage techniques can yield substantial gains for research and surveillance of perinatal health both nationally and internationally.

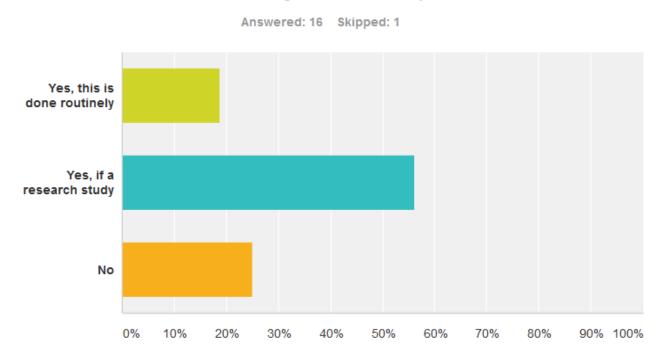
## Data linkage survey 2016, N=17

- Czech Republic
- Lithuania
- Belgium wiv-isp
- Ireland
- Cyprus
- Iceland
- Sweden\*
- Wales
- Switzerland \*
- Spain

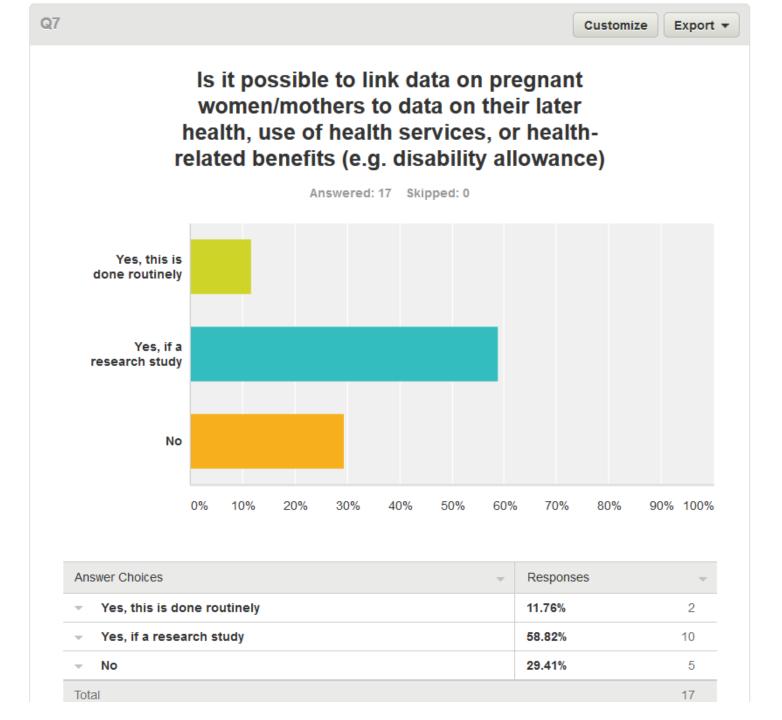
- Finland\*
- Norway
- Slovenia\*
- Germany\*
- Italy
- UK: England and Wales\*
- UK:Scotland\*



Is it possible to link birth data to routine sources of data on the person's health, use of health services in childhood or adulthood, or health-related benefits (e.g. disability allowances)?

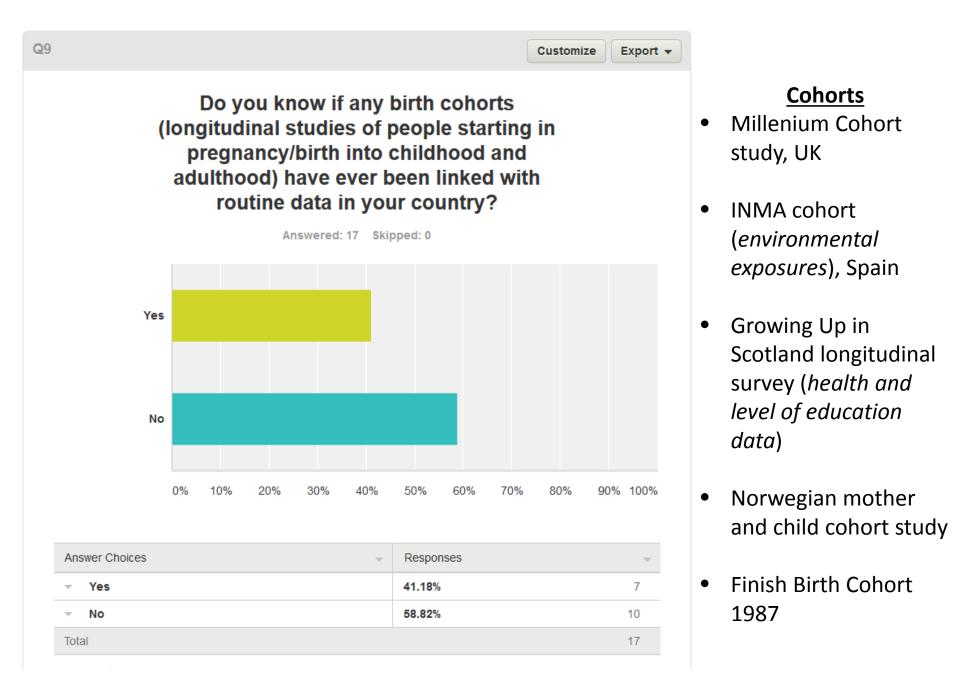


Answer Choices		Responses	~
-	Yes, this is done routinely	18.75%	3
-	Yes, if a research study	56.25%	9
-	No	25.00%	4



#### If data on births are linked to routine databases, what are the types of matching techniques used in your country?

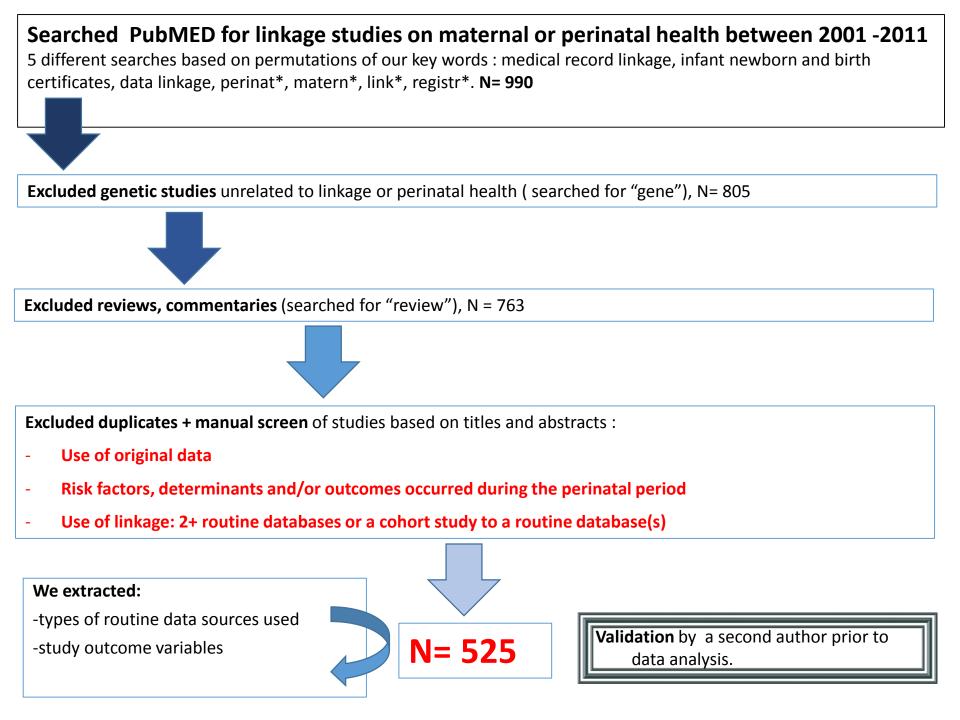
Answered: 13 Skipped: 4 Probabilistic : based on t... **Deterministic:** one-to-one... Answer Choices Responses Probabilistic : based on the likelihood of match vs. non match of identifying and 7.69% 1 Manual review . non-identifying variables Deterministic: one-to-one matching of identifying variables 76.92% 10 Other: 30.77% 4 Manual review distance-bas... Other: distance-based techniques, machine learning approaches, mixed 15.38% 2 methods ... 50% 80% 0% 10% 20% 30% 40% 60% 70% 90% 100%



## Supplementary slides

# Distance-based record linkage methods

- Simple to implement and to operate.
- Consists of computing distances between records in the two data files being considered
- In particular, distances for categorical variables (in ordinal and nominal scales) are required.
- Allows the inclusion of subjective information (about individuals or variables) in the reidentification process.



Theme	Main outcomes	Ν	%
Fetal, neonatal and child health	Perinatal period	152	
	Stillbirth, neonatal or infant mortality	61	11.8
	Congenital anomalies	20	3.9
	Preterm birth, SGA, LBW and other health outcomes with or without mortality	71	13.8
	Longer term outcomes	190	
	Child health and development	84	16.3
	Cancer	33	6.4
	Auto-immune diseases: diabetes, asthma, allergies during	23	4.5
	childhood or adulthood	50	0 7
and a second base but	Other adult health issues	50	9.7
Maternal health	Perinatal period Maternal mortality/severe morbidity	<b>40</b> 8	1.6
	Other maternal health outcomes	25	4.8
	Mode of delivery/obstetric management	7	1.4
	Longer term outcomes	61	
	Women's health pre-conception or more than 1 year post delivery	16	3.1
	Cancer	19	3.7
	Auto-immune diseases	3	0.6
	Other health issues	23	4.5
Methods studies <sup>a</sup>		73	14.1

**Table 3** Primary outcomes in perinatal health studies using recordlinkage, N = 516

a: Includes studies focused on validating data through record linkage use, or on usage of specific data linkage techniques. SGA: small for gestational age, LBW: low birth weight