

# Euro-Peristat within Bridgehealth: using microdata for Euro-Peristat indicators

## Our contribution

- Maintaining and expanding the Euro-Peristat network to **support sustainable perinatal health reporting**
- Reducing inequalities in perinatal health data production, transfer & use from routine data systems to **reinforce perinatal health research capacity**
- Harmonizing data collection methods and tools to **integrate Euro-Peristat indicators within an EU-HI system**

**To achieve this, Euro-Peristat proposes testing new methods for transmitting and producing its indicators.**





## New methods

1. Moving from aggregate to individual-level data

2. Promoting linkage of routine maternal and newborn data

terms: Microdata (Eurostat) = individual patient data (IPD)



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50 tables required for all the Euro-Peristat indicators

Export one file including available variables in minimum dataset

# Core indicators

C	Data item
1	Gestational age
2	Birthweight at delivery
3	Sex (to be included in microdata repository, not in tables)
4	Type of pregnancy
5	Presentation
6	Woman identifier
7	Vital status at birth
8	Neonatal death
9	Infant death
10	Age at death, if death < 1 year
11	Maternal death
12	Maternal age at delivery
13	Parity
14	Previous caesarean delivery
15	Mode of delivery
16	Mode of onset of labour

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R	Name
1	If death, cause of death
2	If maternal death, cause of death
3	Smoking before or at beginning of pregnancy
4	Smoking in the third trimester of pregnancy
5	Mother's education
6	Mother's occupation
7	Father's occupation
8	Mother's country of origin
9	Mother' pre-pregnancy body mass index (BMI)
10	Sub fertility treatment
11	Timing of first antenatal visit
12	Anaesthetic during labour
13	Episiotomy (yes/no)
14	Presence of selected congenital anomalies
15	APGAR score at 5 minutes
16-20	Severe maternal morbidity (several variables)
21	Perineal tears
22	Place of birth by number of annual births
23	Place of birth by level of care
24	Infants breastfed in first 48 hours

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# Microdata pilot study: mapping priorities

Aim: to test if using microdata is feasible and effective in improving the transmission and quality of perinatal health indicators.

1. Is it possible for countries to provide IPD
2. What procedures for transfer, storage and analysis
3. Develop programmes to generate the Euro-Peristat output tables from individual-level data items
4. How can this approach enrich the research possibilities of the network



# Microdata pilot study: objectives

1. **Test** list/definitions of the Euro-Peristat minimum data set
2. **Develop** a protocol for transmission, cleaning and analysis
  - Authorisations for data transmission, storage and sharing
  - Costs
3. **Collect** the indicators for countries willing to participate
4. **Assess** the advantages and disadvantages of a microdata approach from logistic, data quality and cost perspectives
5. **Update** 2014 Euro-Peristat indicators for participating countries





## Microdata pilot study: Option 1

1. Eurostat obtains agreement from MS to implement a pilot study on this topic
2. Data are provided directly to Eurostat by the MS
3. We follow procedures to request access to Eurostat microdata; all analyses are done in Luxembourg at Eurostat
4. Eurostat checks outputs for conformity with procedures

Difficulties: contacting Eurostat focal points, coordination with Eurostat hierarchy, travel costs for data checking and analyses



## Microdata pilot study: Option 2

1. Country teams transfer microdata directly to the Euro-Peristat coordination team after obtaining necessary authorisations
2. Data analysis would be done by the coordination team in line with authorisations granted to the team.
3. The products and restrictions on data use would be defined in the protocol of the study and monitored by the coordination team.

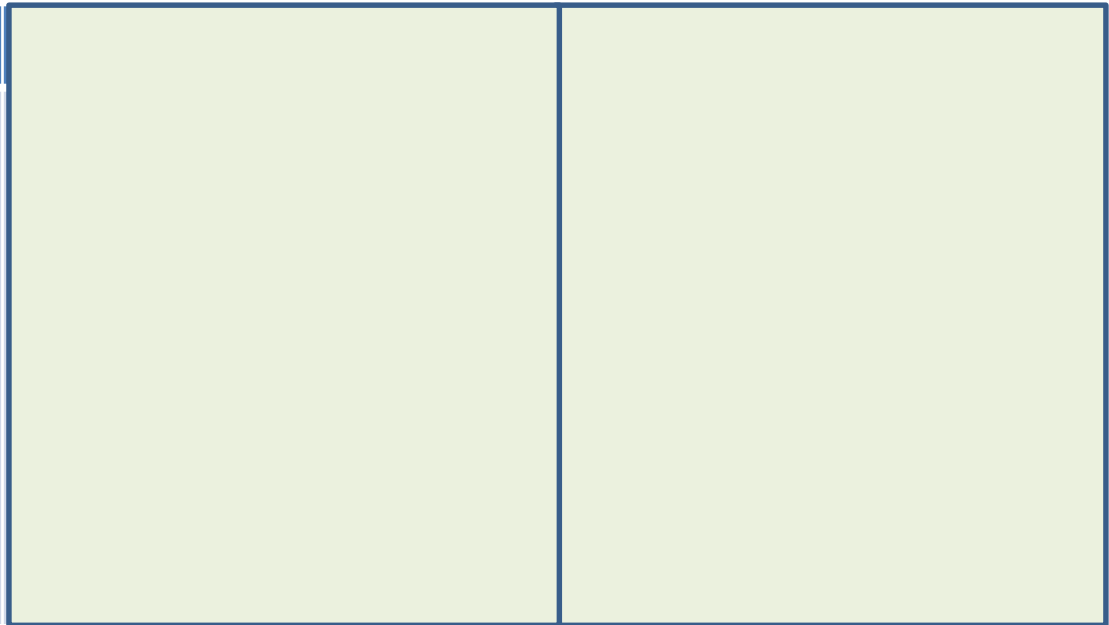
Difficulties: time required to get data transfer authorisations, need for newer health information technologies to coordinate data collection and storage



# Microdata pilot study: organisation

## Main OBSTACLE

**Obtaining legal  
authorisation for  
transferring individual-  
level data to a team  
outside the country**



Please note: In both cases, data protection regulations may impact access and transfer of individual-level data at the EU level. It is expected that an agreement on the Regulation can be expected earliest end of 2015.



## SGA study

- Requested 5 variables: gestational age, birthweight, sex, vital status (TOP, stillbirth, live birth), neonatal death
- 12 countries/regions have been able to provide IPD or aggregated profiles (authorization completed for Scotland)
- 3 countries have said they are unable to provide these data, but can implement data programme in their country

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