



# **Euro-Peristat Meeting**

**April 9<sup>th</sup> and 10<sup>th</sup>**

**Abdij Rolduc Abbey, Kerkrade, the Netherlands**

April 10th

# Tuesday April 10th 8:30 to 13:00

11:00-13:00     ***Next steps***

Report – finalizing discussion from yesterday

Recommended indicators

Moving forward on indicators - ECHI and our indicators

Topics for further analysis and writing groups on core indicators

Communication and dissemination - EFCNI

Governance and structure

13:00-14:00     Lunch

**End of meeting**

**Transport organized back to Brussels and Dusseldorf airports**

# Discussion of plans for the report

- Report by indicator (look at report on 2010 data)
  - Follow structure of 2010 (but with 10 core and 2 recommended indicators)
  - Health services → MODE OF DELIVERY
  - Should we present more of the sub-groups (already published these data in BJOG 2010)
- 
- Executive board members agree to revise text from the report and provide a preliminary text and tables/figures
  - Set up reading groups for texts for each indicator (a surveymonkey survey will be sent out)

# Proposed calendar

- Now to end April
  - Make corrections of output tables
  - Receive remaining corrections and integrate new data files (Greek data)
  - Review issues on total births
- 1st to 8th of May – Final review & sign-offs from SC members
- 8 May – Executive board members provide preliminary drafts texts
- 8-25 May-
  - Review by reading groups
  - Verification of statistics in tables/figures – Inserm (2015/2010)
  - Writing executive summary – Inserm
  - Writing introduction/data source sections
- First draft available for type-setting between 25-31 May
- By May 20 decide on publication date

# Format and funding

- ON-line report only?
  - On-line report + possibility of ordering limiting number of copies?
- If decision to issue in September, see with BJOG about summary article?

# Recommended indicators

- Redo the instrument
- Decisions about changes (maternal morbidity – should we change more?)
- Collection – send in July for completion beginning of October?
- Report for end of year? (on-line...)

# Indicators

- 10 Core
- 20 Recommended
- Four categories
  - Fetal/neonatal, child health
  - Maternal health
  - Population characteristics
  - Health services

## FETAL, NEONATAL, AND CHILD HEALTH

- C1: Fetal mortality rate by gestational age, birth weight, and plurality
- C2: Neonatal mortality rate by gestational age, birth weight, and plurality
- C3: Infant mortality rate by gestational age, birth weight, and plurality
- C4: Distribution of birth weight by vital status, gestational age, and plurality
- C5: Distribution of gestational age by vital status and plurality
- R1: Prevalence of selected congenital anomalies
- R2: Distribution of Apgar scores at 5 minutes
- R3: Fetal and neonatal deaths due to congenital anomalies
- R4: Prevalence of cerebral palsy

## MATERNAL HEALTH

- C6: Maternal mortality ratio
- R5: Maternal mortality by cause of death
- R6: Incidence of severe maternal morbidity
- F7: Incidence of tears to the perineum

## POPULATION CHARACTERISTICS/RISK FACTORS

- C7: Multiple birth rate by number of fetuses
- C8: Distribution of maternal age
- C9: Distribution of parity
- R8: Percentage of women who smoked during pregnancy
- R9: Distribution of mothers' educational level
- R10: Distribution of parents' occupational classification
- R11: Distribution of mothers' country of birth
- R12: Distribution of mothers' prepregnancy body mass index (BMI)

## HEALTHCARE SERVICES

- C10: Mode of delivery by parity, plurality, presentation, previous caesarean section, and gestational age
- R13: Percentage of all pregnancies following treatment for subfertility
- R14: Distribution of timing of first antenatal visit
- R15: Distribution of births by mode of onset of labour
- R16: Distribution of place of birth by volume of deliveries
- R17: Percentage of very preterm babies delivered in units without a neonatal intensive care unit (NICU)
- R18: Episiotomy rate
- R19: Births without obstetric intervention
- R20: Percentage of infants breast fed at birth

# **Changes to the recommended indicators**

## **Maternal morbidity**



## R6: Severe maternal morbidity

- Eclampsia
- ICU admission
- Blood transfusion
- Hysterectomy
- Embolization

Country/coverage	Source	Number of women	Rates per 1000 women							
			Blood transfusion							
			Eclampsia	ICU admission	3 units or more	5 units or more	Other amount	No units specified	Hysterectomy	Embolisation
Belgium										
Czech Republic	1	114 407	0.2						0.3	
Denmark	1	62 203	0.5							
Germany	1	625 615	0.6	4.9	NA	NA	14.3	NA	1.0	0.0
Estonia	1	15 646	0.3		NA	NA	NA	3.9	1.3	

- Over 50% of missing data
- Only 5 countries were able to provide the complete indicator
- Unrealistically large variability between countries
  - 1 to 9 ratio for eclampsia / 1 to 14 for embolizations / 1 to 227 for transfusions

Iceland	1+4	4834	0.6	0.4					0.2	0.0
Norway	1	61 539	0.5	18.4	NA	NA	NA	18.0	0.3	0.1
Switzerland	3	78 784	0.6	2.3	NA	NA	NA	10.1	0.7	0.4

# EURONET-SAMM project:

EUROpean NETwork on Severe Acute Maternal Morbidity

- 13 countries



- to develop a valid, reliable, comparable and feasible indicator of SAMM in Europe
- All countries have permanent databases that could be used (hospital discharge databases or perinatal registers, etc...)

# Indicator of SAMM

- Coding of diagnoses
    - ICD-10 international version (8 countries), ICD-10 with German modifications (2 countries), ICD-10 with Danish modifications (1 country) ICD-9 international version (3 countries)
  - Coding of procedures
    - ICD-9-CM (3 countries), ICD-10-PCS (used by 2 countries), NOMESCO (2 countries), OPCS-IV (2 countries), CHOP (1 country), CCAM (1 country)
  - Only 5/13 countries can identify ICU admissions
- **10 different algorithms for the morbidity indicator were developed and analyses are on-going**

## **Eclampsia**

Nothing to modify, propose codes in the 2 principal diagnostic classifications used in Europe

Codes for selecting abstracts related to pregnancy or delivery stay

in ICD 10: codes beginning by O in chapter Oxx.x or equal to Z32.1 – Z33.x – Z34.x – Z35.x – Z37.X – Z39.x/In ICD 9: codes in chapters 63.x, 64.x, 65.x, 66.x, 67.x or equal to V72.42 – V22.x – V23.x – V24.x – V27.x

AND codes for eclampsia :

ICD10 codes: O15.x (meaning all codes beginning with O15; i.e O15.0, O15.1, O15.2, O15.9...)

ICD9 codes: 642.6x

## **Fiche Blood-Transfusion**

Modify the title to: Blood-Transfusion in the context of obstetric haemorrhage:

« ~~Blood Transfusion: all acts or processes of transferring blood into the vein, including transfusion of red blood cells, platelets, and fresh frozen plasma~~ » « Blood Transfusion : only red blood cell transfusions (RBC transfusions) in a context of obstetric haemorrhage »

Codes for selecting abstracts related to pregnancy or delivery stay

in ICD 10: codes beginning by O in chapter Oxx.x or equal to Z32.1 – Z33.x – Z34.x – Z35.x – Z37.X – Z39.x/In ICD 9: codes in chapters 63.x, 64.x, 65.x, 66.x, 67.x or equal to V72.42 – V22.x – V23.x – V24.x – V27.x

AND codes for identifying the context of obstetric haemorrhage:

ICD 10: O44.1 - O45.0 - O46.0 - O67.x - O72.x AND RBC transfusion codes

ICD 9: 666.xx – 641.1x – 641.3x – 641.8x – 641.9x AND RBC transfusion codes

## **Hysterectomy 2 distinct sheets**

### **Fiche 1: Hysterectomy in the context of pregnancy or delivery stay**

Hysterectomy : « Surgical remove of the uterus (partial or total, body and/or cervix) for stopping the untreatable post-partum haemorrhage »

Hysterectomy : « Surgical remove of the uterus (partial or total, body and/or cervix) during pregnancy or the delivery stay »

Add codes for selecting abstracts related to pregnancy or delivery stay:

### **Fiche 2: Hysterectomy for obstetric haemorrhage**

Hysterectomy : « Surgical remove of the uterus (partial or total, body and/or cervix) for stopping the untreatable post-partum haemorrhage »

Hysterectomy for obstetric haemorrhage: « Surgical remove of the uterus (partial or total, body and/or cervix) in the context of an obstetric haemorrhage»

Add codes for selecting abstracts related to pregnancy or delivery stay:

AND codes for identifying the context of obstetric haemorrhage:

ICD 10: 044.1 - 045.0 - 046.0 - 067.x - 072.x AND RBC transfusion codes

ICD 9: 666.xx – 641.1x – 641.3x – 641.8x – 641.9x AND RBC transfusion codes

**Embolisation: remove**

**Septicemia : Add**

Codes for selecting abstracts related to pregnancy or delivery stay:

in ICD 10: codes beginning by O in chapter Oxx.x or equal to Z32.1 – Z33.x – Z34.x – Z35.x – Z37.X – Z39.x

In ICD 9: codes in chapters 63.x, 64.x, 65.x, 66.x, 67.x or equal to V72.42 – V22.x – V23.x – V24.x – V27.x

AND codes for septicemia:

ICD 10 codes: O85 - O75.3

ICD 9 codes: 670.2x - 659.3x

**ICU admission : Remove**

Procedure codes harmonized for

- NOMESCO for Nordic countries (Iceland, Finland, Norway, Sweden, Denmark.
- OPCS-IV for the UK
- ICD-9-CM for ICD-9-Clinical modifications for Italy and Portugal
- CHOP for Switzerland
- CCAM for France

Euro-Peristat report	EURONET-SAMM	Proposal future Euro-Peristat
<b>Eclampsia</b>	Eclampsia	Eclampsia
<b>Hysterectomy</b>	Hysterectomy in the context of pregnancy or delivery stay	Hysterectomy in the context of pregnancy or delivery stay
	Hysterectomy for obstetric haemorrhage	Hysterectomy for obstetric haemorrhage
<b>Embolisation</b>		<del>Embolisation</del>
<b>Transfusion</b>	Transfusion dans le contexte d'une hémorragie obstétricale	Transfusion dans le contexte d'une hémorragie obstétricale
<b>Admission to ICU</b>		<del>Admission to ICU</del>
	Septicemia	Septicemia

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	<b>Title of paper</b>	
1	Trends in fetal and neonatal mortality between 2004 and 2010 in Europe	Published
2	Variation in stillbirths and neonatal deaths in Europe in 2010 by gestational age	
3	The association between preterm birth rates and the gestational age distribution at term	Published
4	Percent of deaths due to congenital anomalies: Euro-Peristat and Eurocat comparison	
5	Patterns in CS by gestational age: an international comparison	Published
6	Analysis of obstetric interventions for different sub-groups of women in Europe	Published
7	Socio-economic inequalities in mortality: situation in 2010 and comparison with 2004	Published
8	Analysis of country of birth – description of migrant flows in Europe and their evolution	
9	Contribution of multiple pregnancies to fetal and neonatal mortality & morbidity	Published
10	Low birth weight and mean birth weight in EU countries as assessed in 2010: diversity and its possible explanations	
12	Terminations of pregnancy and reporting of stillbirths	Published
13	Trends in episiotomy and obstetric anal sphincter injuries	Published
14	Record Linkage	Published
15	Comparison of EUROSTAT and Euro-Peristat data	
16	Periviable births	
17	Variation and evolution of very preterm birth rates in Europe	Published
18	Births without obstetric interventions in Europe	
19	Trends in early stillbirth rates	On-going

# Other themes and ideas

- Perinatal mortality rates – investigation of the tradeoffs in the trends of stillbirth and neonatal mortality rates
- Maternal age, parity and perinatal outcomes in Europe: preterm birth, mortality & low birthweight
- Developing Robson classifications in Europe using routine data
- Comparison of gestation specific mortality for multiples and singletons in Europe
- Birthweight curves and growth restriction
- Changes in the survival of extremely or very preterm live born infants in Europe
- Health monitoring using a multi-dimensional indicator of perinatal health

# Writing groups

- Set up an initial list of themes for publications. Themes can be added (consultation with group and opportunity to participate)
- Process is to set up a list and identify the leaders of the group (will do analysis and write first draft)
- Create a broader group of interested participants – participate in interpreting data, reading and critiquing the article (maximum number?)
- Length of time?

# Writing groups

- Define priority themes and set up groups
- Identify coordinators for each group (responsible for analysing data, circulating to the group, writing first draft)
- Attribute all people interested in participating to groups (maximum number?)
- Work by email – telephone conferences
- Deadline: manuscript for end of year

# Authorship guidelines

## Authorship and Team Science

Phil Fontanarosa, MD, MBA; Howard Bauchner, MD; Annette Flanagin, MA, RN

- In accordance with BMJ guidelines for authorship and contributorship (<http://www.bmj.com/about-bmj/resources-authors/article-submission/authorship-contributorship>)
- authorship credit should be based only on substantial contribution to: conception and design, OR analysis and interpretation of data, drafting the article OR revising it critically for important intellectual content AND final approval of the version to be published.
- All these conditions must all be met.
- Participation solely in the acquisition of funding or the collection of data does not justify authorship.

# Authorship guidelines

- Always list the group author
- Euro-Peristat scientific committee
  - Larger Euro-Peristat group?
- Approval of manuscript
  - Sent to group (as above) 2 weeks before submission
  - Implicit approval if no response
- Signature of agreement form for all members in the « group » and all authors on papers