

COLLABORATION WITH OECD: HOW TO IMPROVE DATA ON MORTALITY?

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EURO-PERISTAT Project

Aim: to develop a system for monitoring perinatal health in the EU

Collaboration with EUROSTAT

- Improved data in the future, when population statistics and cause-of-death statistics start to collect more detailed data on stillbirth (on voluntarily based, though).
- Vision: Micro data collection through EUROSTAT?
- Collaboration with OECD



PILOT DATA COLLECTION ON INFANT MORTALITY:

RESULTS AND PROPOSED NEXT STEPS

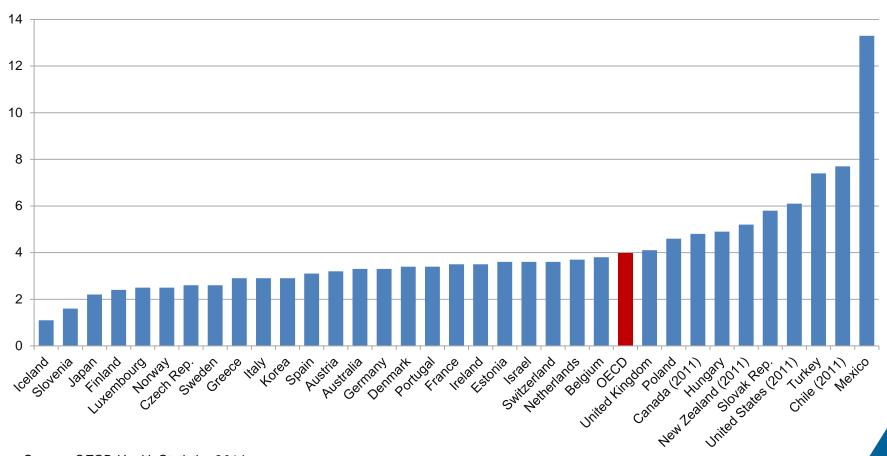
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Current data collection

Infant mortality rates, per 1 000 live births (2012 or nearest year)



Source: OECD Health Statistics 2014.



Issue on data comparability

- No minimum threshold used in current OECD definition.
- Variations across countries in registering births/deaths of extremely preterm babies at the borderline of viability.
- May affect both the rates and the country ranking.

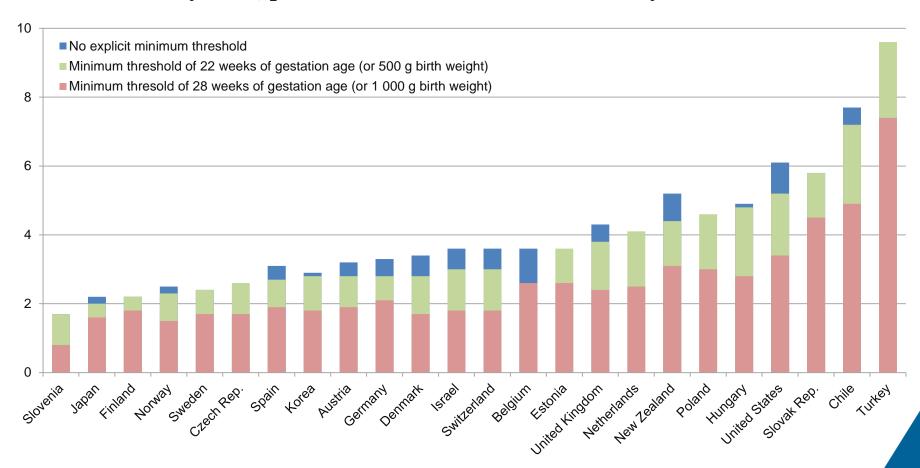


- Pilot data collection based on different minimum thresholds:
 - No explicit minimum threshold
 - Minimum threshold of 22 weeks of gestation age (or 500 grams birth weight)
 - Minimum threshold of 24 weeks of gestation age
 - Minimum threshold of 28 weeks of gestation age (or 1 000 grams birth weight)



Results from the pilot data collection

Infant mortality rates, per 1 000 live births (2012 or nearest year)



Note: Countries are ranked according to a minimum threshold of 22 weeks of gestation age (or 500g birth weight).



Change in international ranking based on different minimum thresholds

No explicit minimum threshold

Minimum threshold of 22 weeks (or 500g)

Slovenia Slovenia Japan Japan **Finland** Finland Sweden Norway Sweden Norway Czech Rep. Czech Rep. Korea Spain Spain Korea Austria Austria Germany Germany Denmark Denmark Israel Israel Switzerland Switzerland Belgium Belgium Estonia Estonia Netherlands United Kingdom United Kingdom Netherlands Poland New Zealand Hungary Poland New Zealand Hungary Slovak Rep. United States **United States** Slovak Rep. Chile Chile Turkey Turkey No explicit minimum threshold

Minimum threshold of 28 weeks (or 1000g)

Slovenia

Slovenia Japan Finland Sweden Norway Czech Rep. Korea Spain Austria Germany Denmark Israel Switzerland Belgium Estonia Netherlands United Kingdom Poland Hungary New Zealand Slovak Rep. **United States** Chile Turkey

Norway Japan Sweden Czech Rep. Denmark **Finland** Korea Israel Switzerland Spain Austria Germany United Kingdom Netherlands Belgium Estonia Hungary Poland New Zealand United States Slovak Rep. Chile

Turkey

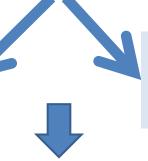


Recommendations and practical issues

• Introduce a minimum threshold of 22 weeks of gestation age (or birth weight of 500 g) in OECD definition.



By excluding extremely small babies who are registered in different ways



While continuing to capture most preterm babies whose life may be saved nowadays

Practical issues

- May have to start collecting data directly from European countries (rather than extracting them from Eurostat Database)
- If no data available: « No minimum threshold » used as a proxy + footnote.



DISCUSSION

- National correspondents are invited to comment on:
 - the desirability to introduce a minimum threshold of 22 weeks of gestation age (or 500 g birth weight) in the definition.
 - the practical issues related to this change of definition.

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Indicators of fetal, neonatal and infant mortality

- Differences between countries in recording of births and deaths at borderline viability
- These births are a small proportion of total births
- The majority of these births are either fetal deaths or live births followed by a neonatal death
- ▶ They have a significant impact on mortality statistics
- Valid comparisons of fetal and neonatal mortality rates across countries thus require common inclusion limits



Recording of live births

- WHO definition of a live birth is based on signs of life irrespective of gestational age or birthweight
- But practical difficulties in interpreting true signs of life
- Recording of live births affected by:
 - Criteria for recording of fetal deaths
 - Rules governing maternity and other pregnancy benefits
 - Rules governing burial
 - Medical practices related to intervention at the limits of survival



Euro-Peristat recommendations

- Collect data on all births starting at 22 weeks of gestational age (or if gestational age is missing, 500 g)
 - terminations of pregnancy
 - stillbirths
 - live births

Collect data by individual weeks of gestational and birth weight categories (in 500 g intervals) and for multiples and singleton births



Euro-Peristat recommendations

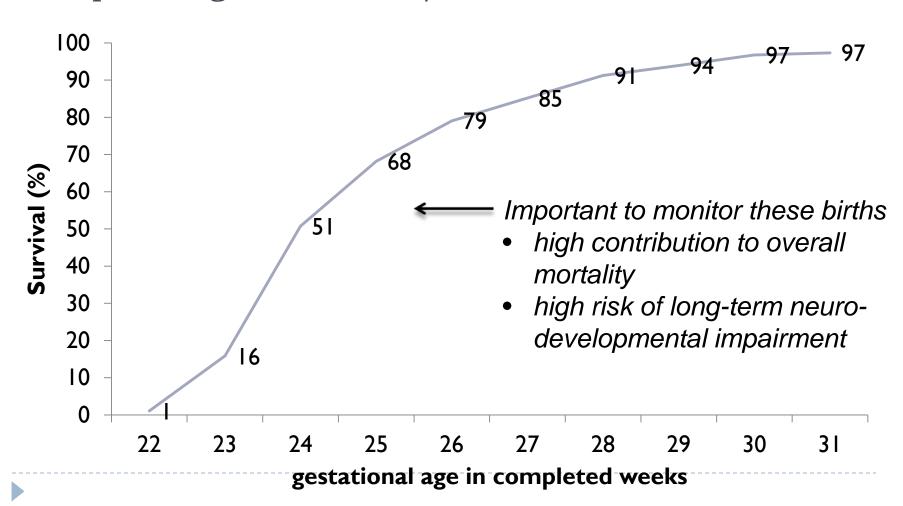
Justification:

- No survival below 22 weeks (at 22 weeks, extremely rare)
- Having common guidelines for stillbirths and live births improves data quality and interpretation
- ▶ 22 weeks is most common cutoff for stillbirth registration in Europe
- Monitor highest risk births
- Provide high quality, targeted perinatal health indicators on high risk sub-groups



Survival to discharge home after live birth

EPICE cohort of 7900 very preterm births from 19 European regions in 2011/12



Perinatal mortality and stillbirth

More comprehensive measure of pregnancy outcomes

 More comparable measure of deaths during or immediately after delivery

Better assessment of obstetric care

High burden of disease



Feasibility and next steps

- High-income countries collect data on births and deaths by gestational age and birthweight and can follow these guidelines (for fetal, neonatal and infant mortality)
- Euro-Peristat collects data on mortality by gestational age and birthweight in order to produce rates using a number of thresholds
- Too complex for an international database covering a wide range of health topics
- Collaboration Euro-Peristat OECD for next Euro-Peristat report

