

Euro-Peristat: Past, present and future



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Outline of session

- * **Background and description of project**
 - **Mission statement and road map (2014)**
- * **Achievements with country examples**
- * **The future (in and out of Europe)**

The EURO-PERISTAT Project

- Project aim:

to establish a high quality, innovative, internationally recognized and sustainable European perinatal health information system.

This system's goal is to produce data and analysis on a regular basis for use by national, European and international stakeholders who make decisions about the health and health care of pregnant women and newborns.



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the Health Programme
of the European Union

- Funded by the EU Public Health Programme



Scope

- Maternal, fetal and infant health during pregnancy, delivery and the postpartum period as well as the long term consequences of perinatal events.
- Demographic, medical, social and health system factors that impact perinatal health.
- National population-based data from routine systems

A priority for surveillance

- \approx 40,000 stillbirths and infant deaths yearly in Europe
- 40,000 (\approx 8 per 1,000 births) with severe impairments, many of perinatal origin
- Health inequalities between and within countries
- Adult health affected by pregnancy and infancy
- Medical advances carry risks and ethical questions
 - Increased survival of extremely preterm infants, sub-fertility treatments, prenatal screening
- A key challenge is to benefit from new technology without over-medicalizing pregnancy and childbirth

But how

Some simple questions without answers for Europe

- What is the stillbirth rate?
- What is the multiple birth rate?
- What is the percent of babies born preterm?
- What is the mortality of these babies?
- What percent of women smoke during pregnancy
- Do women receive sufficient antenatal care?
- Are obstetrical interventions increasing for low risk women?

Why Europe?

- European countries face common challenges and benefit from pooling their experiences.
- European diversity in cultural, social, and organisational approaches to childbirth and infant care raises important questions about the best use of healthcare interventions and the quality of care
- European countries face similar economic and demographic pressures and share an interest in monitoring their impact on women and babies.



EURO-PERISTAT – 3 primary components

- Consensus on an indicator set and capacity to update this set with new indicators (**WHAT**)
- Collection of data on indicators (**HOW**)
- Reporting on indicators (**WHY**)

The EURO-PERISTAT Network

- Phase I: 15 Member states (2000-04)
- Phase II & III 15 + 10 new MS + Norway (2005-10)
- Phase IV: 26 MS + Norway, Switzerland, Iceland (2011-14)
- Scientific Committee
 - One representative per country
 - Data providers

EURO-PERISTAT Indicators

- Based on existing national and international recommendations
- A DELPHI consensus process to select indicators
 - PANEL: European clinicians (obstetrics, midwifery and neonatology), epidemiologists and statisticians
 - Updates: with new MS in 2004, and in 2011

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

Data Collection

○ For the year 2000

- *the European Journal of Obstetrics and Gynecology*,
Vol 111, Supp 1, 28 November 2003

○ For the year 2004

- European Perinatal Health Report (2008)

○ For the year 2010

- European Perinatal Health Report (2013)



EUROPEAN PERINATAL HEALTH REPORT

by the EURO-PERISTAT project
in collaboration with
SCPE, EUROCAT & EURONEOSTAT

Data from 2004

EURO-PERISTAT Project, with SCPE, EUROCAT, EURONEOSTAT. European
Perinatal Health Report, 2008. Available: www.europeristat.com



EUROPEAN PERINATAL HEALTH REPORT

Health and care of pregnant women and babies
in Europe in 2010

Ad Hoc studies on specific themes

ex: Study on trends in preterm birth

All countries invited to participate

Aggregate data on live births by gestational age and birthweight by plurality

Time periods: 1996, 2000, 2004, 2008

19 countries participated in the study

3 Länder in Germany (Bavaria, Lower Saxony, Hesse)

Specificity of EURO-PERISTAT project

- Use a common data collection protocol with careful attention to comparability
- Collect data using sub-groups making it possible to analyze indicators in more depth
- Bring together a network of specialists to participate in interpretation
- Promote use of these data for research and policy



Core indicator #1: Fetal mortality (by gestational age and plurality)

Definition: The number of fetal deaths in a given year per 1000 live and stillbirths in the same year.
 Fetal deaths are differentiated by whether they are spontaneous fetal deaths or result from a termination of pregnancy (TOP).
 Attention: fetal deaths are presented for all stillborn babies including induced abortions at or after 22 completed weeks of gestation.

Are you able to provide data using this definition? ☐ yes ☐ no

Can you provide data using another definition? ☐ yes ☐ no

Data source: 0

Please rate the quality of this indicator: ☒ good ☐ some concerns ☐ bad

Comments:

Select one of these options:

☒ option 1 (preferred) ☐ option 2 ☐ option 3 ☐ option 4 ☐ option 5 ☐ None

Gestational age	Singletons		Multiples		Plurality Unknown		Calc. totals
	Without TOP	TOP	Without TOP	TOP	Without TOP	TOP	
22+0 - 22+6 wks							0
23+0 - 23+6 wks							0
24+0 - 24+6 wks							0
25+0 - 25+6 wks							0
26+0 - 26+6 wks							0
27+0 - 27+6 wks							0
28+0 - 28+6 wks							0
29+0 - 29+6 wks							0
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34+0 - 34+6 wks							0
35+0 - 35+6 wks							0
36+0 - 36+6 wks							0
37+0 - 37+6 wks							0
38+0 - 38+6 wks							0
39+0 - 39+6 wks							0
40+0 - 40+6 wks							0
41+0 - 41+6 wks							0

Outputs

- A European perinatal health report (every 5 years)
- Web-based customised tables on perinatal health indicators
- Methodological criteria for the collection and production of high quality, comparable indicators
- Description of the data sources used to produce the indicators
- Scientific articles based on analysis of the Euro-Peristat indicators

Deliverables

- Better health for mothers and babies.
- Improved reporting on maternal and child health
- High performing health information systems in EU member states
- European networks of excellence and research
- Evidence-based health care and policy
- Tools to strengthen user groups and user involvement

Achievements and country examples

Euro-Peristat Network

- Meeting between 1 and 3 times per year since 2000
 - Expansion of number of countries and of number of experts within countries
 - Common understanding of data systems and methodological challenges
- **a demand and interest in a European-level system**

Publications

- > 25 publications from our group using the Euro-Peristat data. Most recent:
 - Delnord et al. BMC Pregnancy and Childbirth (2014)
 - Macfarlane et al. BJOG (in press)
- Data used for 7 articles by other groups (2004..)
- **data can be used to evaluate practices and policy**

Impact on health and policy

- Used by international groups
 - European Foundation for Care for Newborn Infants produced a white paper
 - recommendations have been integrated into practice guidelines of European professional societies such as the European Board and College of Obstetrics and Gynaecology (EBCOG)
- Documented impact on health and health reporting in some countries
- **Having European data can promote better data systems and better health for mothers and babies**

Next steps

What
How

Improving reporting

- Linkage of routine data (vital statistics, birth registers, hospital discharge and administrative data) to improve quality and breadth of data
- Use of validated hospital discharge data for the surveillance of maternal and child morbidity
- Establishment of a microdata repository to facilitate reporting and enriching research capabilities
- Development of new indicators (Maternal morbidity, Social inequalities in perinatal health outcomes, Positive outcomes of pregnancy, Health of high-risk infants)

Promoting use of existing data

- Analysis of Euro-Peristat data
 - Social inequalities in health outcomes
 - Preterm birth
- Collaboration with other projects
 - COST project
 - PREBIC
- Development ad-hoc projects on specific themes
 - Impact of the economic recession

Future and sustainability

- Integration of Euro-Peristat into existing EU health monitoring systems
 - Eurostat
 - ECDC
- Continued funding of projects by Europe
 - Bridgehealth
- Development on new structures
 - ERIC-HI (European Research Infrastructure Consortium)
 - Network for perinatal health reporting

New structures – funding and scope

- Funding from member states (ERIC) or participating institutions
 - Data, reporting, training services?
- Funding from research projects (DG-RESEARCH)
- Global collaborations (WHO and funders interested in global health)

International collaborations

- Interest from WHO
 - Reproductive health research (Geneva)
 - UNFPA Central and Eastern Europe
- PREBIC project on preterm birth (US, Canada and Japan)
- Other international collaborators
 - Caribbean countries

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Next steps: improving data quality

- Linkage of routine data sources (vital statistics, birth registers, hospital discharge and administrative data) to improve quality and breadth of data available for monitoring and evaluating perinatal health.
- Use of validated hospital discharge data for the surveillance of maternal and child morbidity
- Establishment of a microdata repository to facilitate reporting and enriching research capabilities
- Continued development of indicators on
 - Maternal morbidity
 - Social inequalities in perinatal health outcomes
 - Positive outcomes of pregnancy
 - Health of high-risk infants

Executive Board



Project coordination:

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BETTER STATISTICS FOR BETTER HEALTH
for pregnant women and their babies

WELCOME

PROJECT

INDICATORS

NETWORK

PUBLICATIONS

MEMBERS
CONNEXION

[Welcome](#) > [Network](#) > **Country Teams**

EURO-PERISTAT COUNTRY TEAMS

Austria



Belgium



Cyprus



Czech Rep.



Denmark



Estonia



Finland



France



Germany



Greece



Hungary



Iceland



Ireland



Italy



Latvia



Lithuania



Luxembourg



Malta



Netherlands



Norway



Poland



Portugal



Romania



Slovakia



Slovenia



Spain



Sweden



Switzerland



UK



NEWS

EURO-PERISTAT REPORT IN THE PRESS

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SHARING AND REPORTING: NATIONAL PERINATAL HEALTH REPORTS

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Finland, France
Luxembourg, Scotland

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