



Euro-Peristat
Scientific Committee Meeting

London

January 12th 2011

Welcome & Updates

- Introductions
- Euro-Peristat: a brief overview
- Euro-Peristat Action – objectives and tasks
- Meeting objectives and organisation

Perinatal health in Europe

- Between 1975 and the present, neonatal mortality declined from between 7 to 23 per 1000 live births to between 2 and 6 per 1000 live births in the countries that now make up the European Union
- Maternal deaths from childbirth have become increasingly rare.
- Declines reflect improved standards of living, the development of maternal and child health services, and technological advances in obstetrical and neonatal care.

A public health priority

- Over 5 300 000 pregnant women and newborns.
- $\approx 25,000$ babies are stillborn and $\approx 23,000$ die in their first year
- Over 40,000 (~ 8 per 1,000 survivors) experience severe impairments, many of perinatal origin.
- Maternal deaths constitute between 5 and 15 cases per 100,000 live births, but many are associated with poor care.
- Large perinatal health inequalities exist between and within the countries of Europe.

A public health priority

- Perinatal health problems affect young people and impairments due to perinatal events are a long-term burden.
- Poverty and low social status are associated with poor pregnancy outcomes.
- Social disparities in infant and maternal outcomes have lifelong consequences.
- A healthy pregnancy and infancy reduces the risk of adult illnesses, such as hypertension and diabetes.

A public health priority

- Medical advances carry risks and raise 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
- Pregnancy and childbirth are key periods where women and families are receptive to change (smoking cessation, diet, other preventive services).

Perinatal Indicators –

Why monitor across Europe ?

- European countries face common challenges in perinatal health
- Approaches to perinatal health differ greatly throughout Europe
 - Comparing policies and outcomes
 - Monitoring trends
 - Developing European health policies
- Strength in numbers: attaining critical mass

Cross-national comparisons

- Comparing between countries in an enriching and a powerful tool for eliciting interest
 - intrigued by cultural differences,
 - vested interest in own system being best
- Generating research questions & hypotheses and challenging ideas about what is normative

Surveillance is necessary, but...

- What is the multiple birth rate ?
- What is the percent of babies born preterm?
- What is the mortality of these babies ?
- How many women have babies after treatments for subfertility?
- Do women receive sufficient antenatal care ?
- Are obstetrical interventions increasing for low risk women ?

EURO-PERISTAT Scope

3 primary components

- Selection of an indicator set and indicator development
- Collection of data on indicators
- Reporting on indicators

EURO-PERISTAT Network

- Phase I: 15 Member states (2000)
- Phase II & III 15 + 10 new MS + Norway
- Phase IV: 27 MS + Norway, Switzerland
- Scientific Committee
 - Phase I: One clinician (neonatologists, obstetrician, midwife) and epidemiologist from each country
 - Phase II: one representative per country + a Scientific Advisory Group

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7000
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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

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The European Perinatal Health Report


Download a copy of the most
comprehensive report on
perinatal health to date.

EURO-PERISTAT NEWS

New articles published!

Mohangoo AD , Buitendijk SE , Szamotulska K , Chalmers J , Irgens LM, Bolumar F, Nijhuis JG, Zeitlin J, the Euro-Peristat Scientific Committee. [Gestational Age Patterns of Fetal and Neonatal Mortality in Europe: Results from the Euro-Peristat Project](#). 2011. PLoS ONE 6(11): e24727

The first European Perinatal Health Report showed wide variations in fetal and neonatal mortality rates among European countries in 2004. Based on data provided by 29 participating countries/regions, the Euro-

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Sharing and
reporting: National
perinatal health
reports

[Cyprus](#)[Ireland](#)

National Perinatal Health Reports

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Sharing national data and reporting

Many European countries routinely publish reports based on data from their perinatal health information systems. They include recent data on maternal and child health outcomes as well as useful commentary about trends over time and risk factors for poor health. Some recent reports are highlighted below (click on title to access report).

Cyprus

[CYPRUS PUBLIC MATERNITY UNITS:
PERINATAL HEALTH INDICATORS FOR YEARS
2007-2009](#)

Health Monitoring Unit. Republic of Cyprus,
Ministry of Health

Finland

The National Institute for Health and Welfare issues [perinatal health reports](#) on births and newborns, assisted fertility treatments, induced abortions and sterilizations and congenital malformations.

A report on [perinatal statistics in the Nordic countries](#) is also available.

Ireland

[Perinatal Statistics Report 2008](#)
Health Research and Information Division, The
Economic & Social Research Institute

France

[Report of the National Expert Committee on
Maternal Mortality \(CNEMM\)](#), France, 2001-2006.
French Institute for Public Health Surveillance.

The purpose of the French [National Perinatal
Surveys](#) is to monitor the main indicators of
health, medical practice and risk factors during
the perinatal period. The last two surveys were

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Euro-Peristat Action: objectives

- Develop sustainable health reporting
 - Integrate Euro-peristat indicators into routine databases (EUROSTAT, ECHIM)
 - Create a network for reporting on health indicators
- Improve surveillance quality and capacity
 - Update indicators
 - Improve indicators (4 principal themes)
 - Expand geographical scope
- Report on perinatal health - data from 2010

Objectives of meeting

- Present and discuss strategy for integrating our indicators into European routine systems
- Assess proposals for modifications to the indicator list
- Data workshops to improve quality and scope of reporting
 - linkage, severe maternal morbidity, harmonizing inclusion criteria, social inequalities
- Prepare for data collection in April

Thursday afternoon

- 14:00-18:00** **Euro-Peristat's indicators and future reporting system**
- 14:00-14:30 Welcome, A Macfarlane
Dinos Arcoumanis, City University Deputy Vice-Chancellor
Review of project and updates, J Zeitlin
- 14:30-15:45 Updating Euro-Peristat indicators, J Zeitlin
- 15:45-16:15 Coffee Break
- 16:00-18:00 Integrating Euro-Peristat indicators into Routine European reporting, M Gissler
- 18:00** **Reception**

Friday morning

| | |
|-------------------|--|
| 9:00-12:00 | Data workshops I |
| 9:00-10:30 | Improving European perinatal health reporting: Data linkage |
| 10:30-11:00 | Coffee break |
| 11:00-12:30 | Improving European perinatal health reporting: “Maternal morbidity indicators using hospital discharge data”, Discussion |
| 12:30-13:30 | Lunch (Room AG01) |

Friday afternoon

13:30-16:00 **Data Workshops II**

13:30-14:30 Registration of perinatal births and deaths, Moderator

14:30-16:00 Monitoring socioeconomic inequalities in perinatal health and care

16:00-16:30 Coffee break

16:30-18:00 **Collaborations and research projects**

G-peristat, S. Rahman,

The PREBIC collaboration, Sioban Dolan

20:00 **Group dinner**

Saturday morning

9:00-12:30: The Next European Perinatal Health Report

9:00-11:00 Data collection on Euro-Peristat indicators, Ashna Mohangoo & Karin van der Pal

Data collection procedures

Data verification

Calendar

11:00-11:30 Coffee break

11:30-12:30 Reporting and dissemination and next meeting

12:30-13:30 Lunch