

Sustaining resilient and healthy communities

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How is European maternal and newborn health information translated into action?

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BETTER STATISTICS FOR BETTER HEALTH
for pregnant women and their babies

AIM: Since 1999, EU-funded project to monitor and evaluate mothers and newborns health status based on 30 indicators

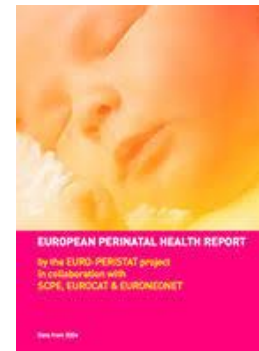
What type of data?

Population-based data on all pregnant women, live births and stillbirths by clinically relevant subgroups (i.e. gestational age, plurality)

How many countries? 31 European countries

Datasources: Vital statistics, Medical birth registries, Discharge data

Years available: 2000, 2004, 2008, 2010



10 Core and 20 Recommended indicators

CORE INDICATORS



- **Newborn health**
 - C1-3: Fetal, neonatal, infant mortality rate
 - C4: Birth weight distribution
 - C5: Distribution of gestational age
- **Maternal health**
 - C6: Maternal mortality
- **Populations and risk factors**
 - C7: Multiple birth rate
 - C8: Distribution of maternal age
 - C9: Distribution of parity
- **Health services and use**
 - C10: Mode of delivery

Figure 5.3

Caesareans as a percentage of all births in 2010

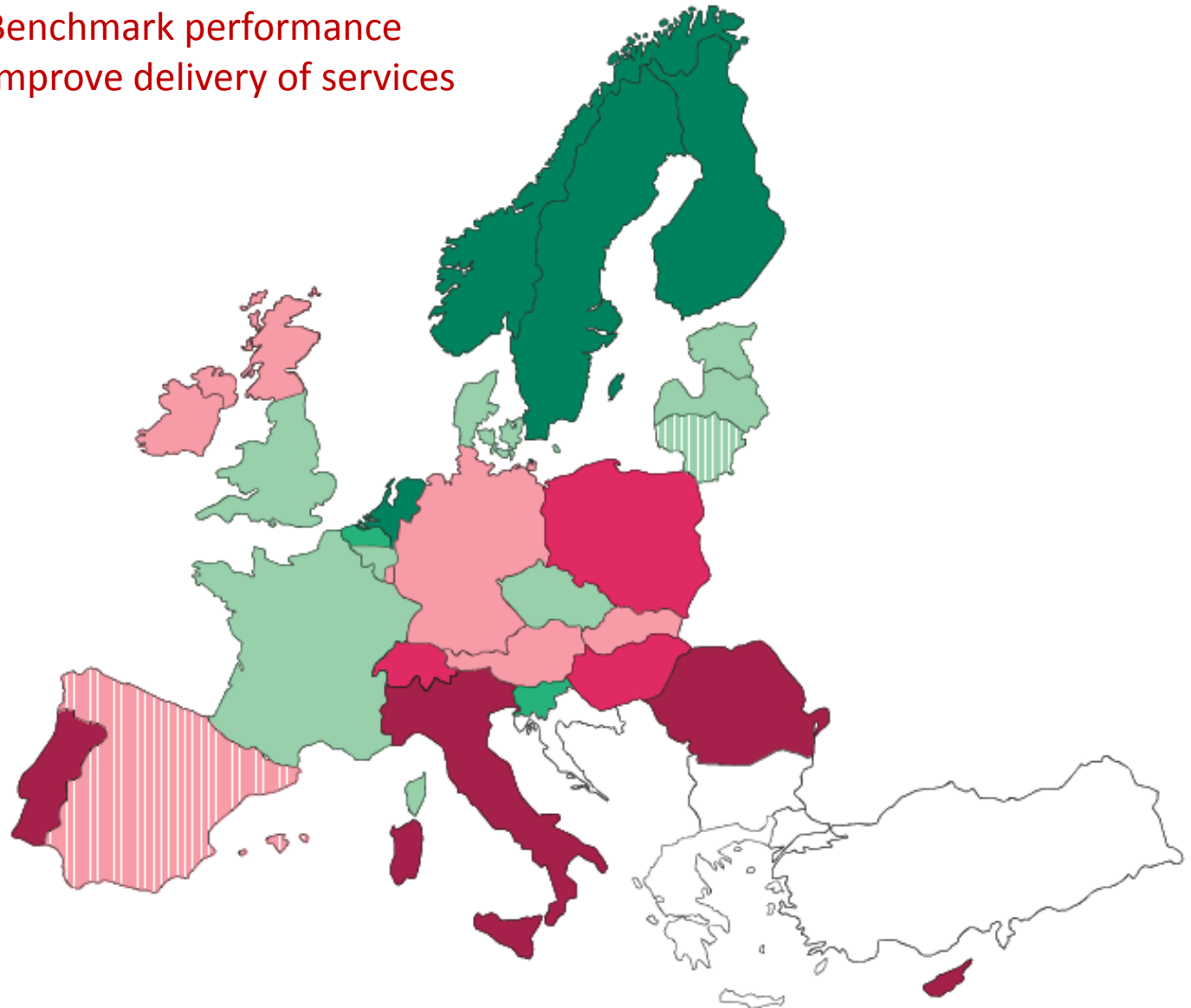
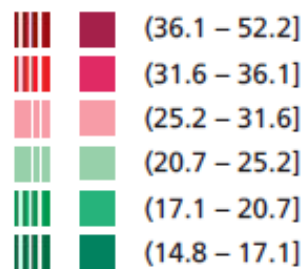
➤ International comparisons are a learning opportunity:

- Evaluate policy initiatives
- Benchmark performance
- Improve delivery of services



EU-MEDIAN: 25.2%

n.s sig. %



LATEST PUBLICATIONS from Euro-Peristat

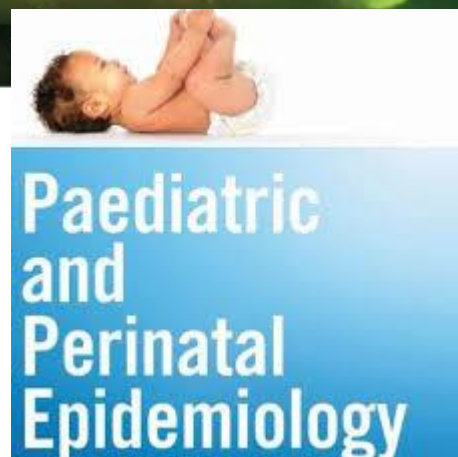


There are large differences in the multiple birth rate across Europe and these have an impact on preterm birth and neonatal mortality rates.

See article

Wide variations across countries in rates of severe perineal tears and episiotomy suggest that rates of tears may not be used as an indicator of obstetrical quality of care. The impact of very low episiotomy rates in some countries still requires further assessment.

See article here, full text available on request



Siddiqui A, Cuttini M, Wood R et al. Euro-Peristat Scientific Committee. [Can the Apgar Score be Used for International Comparisons of Newborn Health?](#) Paediatr Perinat Epidemiol. 2017 Jul;31(4):338-345. doi: 10.1111/ppe.12368. Epub 2017 Jun 16.

Dissemination

- SCIENTIFIC PUBLICATIONS: 56 scientific articles
- EPHRI in 2008 (+7000); EPHRII in 2013 (+ 4,000) downloads from our website
- MEDIA: generated multiple public debates + 200 news articles



Around one in four births in the UK are by C-section, new figures show (March 2014)

Wide variations in the rate of caesarean sections carried out raised concerns about whether women are benefiting from the researchers' latest work.

ALSO IN THIS SECTION

admission: F5 fight sleep explosion

By: Michael... (The Independent journalist)

A new study published 8,000 that found only 30% in the UK are compared to a low of around one in 10 in Norway and a high of 20% in Sweden.



C-section rates 'vary widely' across Europe

By: Michael... (The Independent journalist)



22 I tagli cesarei in Europa

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Il cesareo, in Italia uno su quattro. In Svezia e in Francia anche le percentuali europee più alte di sempre, il 38,8 e il 35 per cento delle nascite, elevano in Norvegia e Finlandia. In Europa il 1 per cento.

Un'indagine condotta in 29 paesi europei. Differenze sostanziali a rischio per le quali il cesareo è la prima causa di morte per le donne. Per esempio, in Norvegia il 39 per cento mentre a fronte del 100 per cento in Svezia.

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Evaluating impact

Mixed Methods approach

I. QUANTITATIVE:

Semi-structured web-questionnaire with 104 stakeholders

II. QUALITATIVE:

Semi-structured interviews with 10 external experts

The interviews focused on 3 topics:

- 1. The choice of indicators*
- 2. The usefulness of the report*
- 3. The reach, impact and sustainability of the EURO-Peristat project*

➤ Content analysis based on the emergence of new ideas with the goal of reaching saturation.

Results: Stakeholders

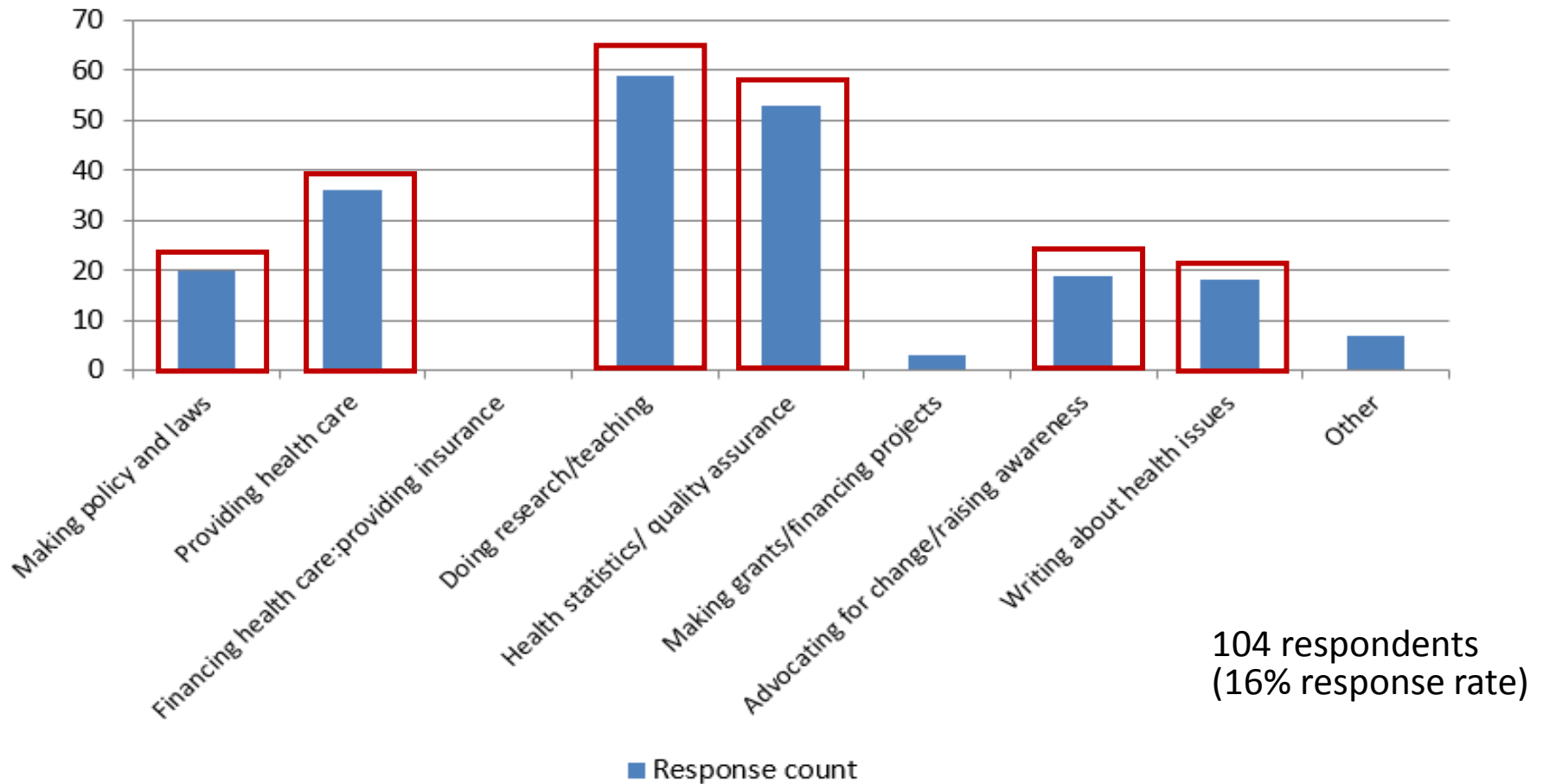


Figure 1: “How would you categorize your work in perinatal health?”

Results: Usefulness

- 80% stakeholders rated the report to be “*very useful*”
- 70% reported “*using data from the report in their work*”
- Stakeholders reported accessing our data to:
 - Inform parliamentary decisions and public health strategies
 - For medical teaching
 - When providing expertise for their local press

HOW IS IT USEFUL?

“When EUROSTAT or WHO present results for each country, it will be difficult to go over the results and draw your own conclusions, while EURO-Peristat provides a direct analysis, figures, interpretation and recommendations”.



1. Comparable data collected using a standardized protocol
2. Explained by national experts
3. Solution-driven health monitoring

Impact at EU-level

- Professional societies

To promote best practices among national professional societies within Europe and globally.
i.e. EBCOG standards of care based on Euro-Peristat data



- User groups

To raise the visibility of maternal and child health inequalities and advocate for better outcomes.
i.e. EFCNI standards of care for preterm births



- International organisations

Consultation to update reporting criteria for neonatal and infant mortality data.



Action at the national level

THE NETHERLANDS



QUALITY and OUTCOMES:

HIGH PERINATAL MORTALITY RATES 2004 ->

Perinatal Mortality Audit of causes of deaths at term (ie, 37+ weeks) was implemented.

Major improvements in fetal and neonatal mortality.

Mortality at term declined by 39% from 2004 to 2010.

GERMANY



QUALITY and OUTCOMES

HI Cesarean Section RATES ->

The Federal Office for Quality Assurance in Health Care (AQUA-Institut) proposed to extend their performance indicators to include CS rates

UNIT SIZE and neonatal OUTCOMES->

new legislation mandating a minimum number of 14 annual admissions of neonates under 1250 g in order to operate as a level III perinatal centre.

FRANCE



MONITORING

HIGH Fetal Mortality RATES in 2004 & 2010 ->

Debate on reporting criteria for fetal deaths in official statistics (Terminations of pregnancy vs. stillbirths)

SLOVENIA



MONITORING

GAPS in DATA AVAILABILITY->

new data collection exercise for trends

How is European maternal and newborn health information translated into action?

- **Euro-Peristat provides evidence and scientific recommendations for decision makers in perinatal health.**
- Collaborations provide critical leverage to advocate for the uptake of these data in practice and policy at EU and national level.

EURO-PERISTAT COUNTRY TEAMS

www.europeristat.com

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Norway 	Poland 	Portugal 	Romania 	Slovakia 	Slovenia 	Spain 
Sweden 	Switzerland 	UK 				



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