



COMPARABLE DATA ON MATERNAL AND INFANT HEALTH IN EUROPE AVAILABLE FOR THE FIRST TIME

European Perinatal Health Report released by EURO-PERISTAT project

Promoting healthy pregnancy and safe childbirth is a goal of all European health care systems. Despite progress in recent decades, mothers and their babies are still very much at risk during the perinatal period, which covers pregnancy, delivery, and the postpartum.

The European Perinatal Health Report released by the EURO-PERISTAT project is the most comprehensive report on the subject to date and takes a new approach to health reporting. Instead of comparing countries on single indicators like infant mortality (the 'report card' or 'league table' approach), our report paints a fuller picture by presenting data about mortality, low birthweight and preterm birth alongside data about health care and other factors that can affect the outcome of pregnancy. It also illustrates differences in the ways that data are collected, and explains how these can affect comparisons between countries.

The 280-page report was a major feat of collaboration between researchers and official statisticians in Europe. It contains data on EURO-PERISTAT indicators for the year 2004 from 25 participating EU member states and Norway. It also contains data from three other European projects: Surveillance of Cerebral Palsy in Europe (SCPE), European Surveillance of Congenital Anomalies (EUROCAT), and the European Information System to Monitor Short and Long-Term Morbidity to Improve Quality of Care and Patient Safety for Very-Low-Birth-Weight Infants (EURONEOSTAT).

REPORT HIGHLIGHTS

Outcomes differ widely between the countries of Europe. No country tops every list. Understanding the reasons behind these differences can provide the insights needed for prevention and improvement.

- **Fetal mortality/ stillbirth rates:** The cutoff for these varies between countries. When a definition excluding all births before 28 completed weeks of gestation is used, the fetal mortality rate in 2004 ranged from around 2.0 per 1000 births in the Slovak Republic and Finland to 4.9 in Latvia and France. The Netherlands and Scotland also had rates of over 4.0 per 1000.
- **Neonatal mortality:** Deaths from 0 to 27 days among babies born alive. These ranged from around 2.0 per 1000 live births in Cyprus, Sweden and Norway to 4.6 in Lithuania and 5.7 in Latvia. Countries with neonatal mortality rates over 4.0 per 1000 included Estonia, Hungary, Malta, and Poland.
- **Low birthweight:** The percentage of live born babies who weighed less than 2500 g. This varied from 4.2 to 4.3% in Estonia, Finland, and Sweden to 8.5% in Greece, 8.3% in Hungary, and 7.4% in Spain. A geographical pattern characterised the incidence of low birthweight in Europe, with lower rates in the more northerly countries.
- **Preterm birth:** The percentage of live births occurring before 37 completed weeks of gestation. This rate ranged from 11.4% in Austria and 8.9% in Germany to 5.3% in Lithuania, 5.5% in Ireland 5.6% in Finland 5.7% in Latvia.

- **Maternal mortality ratios:** These vary widely, partly because they are based on very small numbers of deaths and partly reflecting differences in health care, which need fuller investigation.
- **Cerebral palsy:** which can be associated with adverse perinatal events, affects an estimated one child out of 500. Even when a common definition is used, cerebral palsy rates in Europe vary from 1.04 to 2.50 children with cerebral palsy per 1,000 children born alive.

Obstetric practice varies widely in Europe. This raises questions about what level of obstetric intervention is the most appropriate.

- **Rates of caesarean section** ranged from 14% in the Netherlands and 15% in Slovenia to 33% in Portugal and 38% in Italy.
- **Instrumental delivery rates** ranged from fewer than 3% of all deliveries in Ireland, the Slovak Republic, and Slovenia to more than 12% in Portugal and in the Valencia region of Spain.
- **Labour was induced** fewer than 9% of all deliveries in Lithuania and Estonia, but more than 30% in Northern Ireland (UK) and Malta.
- **Episiotomy** rates ranged from less than 10% of vaginal deliveries in Denmark, 14% in Wales (UK), and 16% in England (UK) to 82% in Valencia (Spain), 63% in Flanders (Belgium), and 52% in Italy.

FUTURE CONCERNS: the need for better data and a system for continuous reporting.

To improve perinatal health, we need the right tools to assess problems and their causes. We also need to monitor the impact of policy initiatives over time. This report is a first step towards providing Europe with such a tool.

Data to construct the EURO-PERISTAT core indicators are available in almost all countries, but there are still many gaps. Many countries need to improve the range and quality of the data they collect. Many countries have little or no data on maternal morbidity, care during pregnancy, and the associations between social factors and health outcomes.

This report is a snapshot for the year 2004. It needs to be repeated to build up a picture of changes over time. EURO-PERISTAT aims to develop sustainable perinatal health reporting. The full value of having common and comparable indicators in Europe will be realised when this exercise becomes continuous and assessment of progress is possible.

NOTES TO EDITORS:

- On December 11th 2008, the EURO-PERISTAT project released the European Perinatal Health Report "better statistics for better health for pregnant women and their babies" -. It can be downloaded for free in PDF version at <http://www.europeristat.com>.
- Funding support by the European Commission has been provided by the Directorate General for Health and Consumers and the Executive Agency for Health and Consumers
- The EURO-PERISTAT project is coordinated by Assistance Publique-Hôpitaux de Paris (AP-HP) and the Institut de la santé et de la recherche médicale (INSERM) in Paris.

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