

VU medisch centrum



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Teamwork in progress

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Vumc - SLAZ



EURO-PERISTAT



www.europeristat.com

A comprehensive health information and knowledge system for evaluating and monitoring perinatal health in Europe

Abstract

Promoting healthy pregnancy and safe childbirth is a priority in Europe. Major concerns are preterm birth, fetal growth restriction, congenital anomalies, mortality and severe maternal morbidity associated with childbirth.

EURO-PERISTAT aims to develop and compile valid and reliable indicators for the surveillance of perinatal health in the EU. A multidisciplinary and geographically representative expert network developed a consensus on a list of indicators and tested its feasibility. In 2008, this network produced the first report, which included data from 2007 with data from 2006 and 2005.

The next phase will establish reporting in Europe.

Objective

Provide high-quality information for policy makers, and for clinical practice.

Specifically, we will create new indicators, compile comparable data and develop European analysis and reporting in order to:

- Assess maternal and infant mortality and morbidity
- Describe the evolution of demographic, social and behavioural risk factors for adverse outcomes
- Monitor the use and consequences of medical intervention.

Management

The project is managed by a multidisciplinary panel of population and clinical scientists with expertise in perinatal health. A Steering Committee takes strategic decisions with guidance and endorsement from the Scientific Committee, in which all participating countries are represented. Their names are listed in our report: <http://www.europeristat.com/Network/index.shtml>

Methods

Review of best evidence and DELPHI process with our experts to develop a consensus on indicators and methods.

Indicator development for essential dimensions of perinatal health, including severe maternal morbidity, positive outcomes of pregnancy and socioeconomic inequalities.

Results I

The **European Perinatal Health Report**, a 280-page publication, is the most comprehensive report to date on fetal, infant and maternal health in Europe.

Outcomes differed widely between the countries of Europe (Figure 1). No country topped every list. Understanding the reasons behind these differences can provide insights for prevention.

Results II

Obstetric practice varied widely (Figure 2) raising questions about what level of obstetric intervention is the most appropriate.

There were serious gaps in reporting capacity. Few reliable data were available on severe maternal morbidity. Maternal smoking and use of subfertility procedures were recorded in about half of the countries.

Benchmark: NL ↓

Figure 2. Mode of delivery in 2004

The EURO-PERISTAT indicators

FEET, NEONATAL AND CHILD HEALTH	Care
1. Fetal mortality rate by gestational age, in 15 weeks, stillbirth	
2. Neonatal mortality rate by gestational age, stillbirth, stillbirth	
3. Infant mortality rate by gestational age, stillbirth, stillbirth	
4. Stillbirth rate by gestational age, stillbirth, stillbirth	
5. Gestational age distribution by stillbirth status, stillbirth	
6. Prevalence of congenital anomalies	
7. Causes of perinatal deaths (see to separate associated)	
8. Prevalence of stillbirths	
9. Prevalence of stillbirths (see to separate associated)	
10. Severe maternal morbidity among babies at high risk	
MATERNAL HEALTH	Further development
1. Maternal mortality rate by age, mode of delivery	
2. Maternal mortality rate by cause of death	
3. Prevalence of severe maternal morbidity	
4. Prevalence of severe maternal morbidity	
5. Prevalence of severe maternal morbidity	
6. Prevalence of severe maternal morbidity	
7. Prevalence of severe maternal morbidity	
POPULATION CHARACTERISTICS AND FACTORS	In studies, recently added to the list
1. Maternal age at delivery	
2. Maternal age at delivery	
3. Maternal age at delivery	
4. Maternal age at delivery	
5. Maternal age at delivery	
6. Maternal age at delivery	
7. Maternal age at delivery	
8. Maternal age at delivery	
9. Maternal age at delivery	
10. Maternal age at delivery	

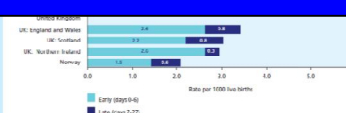


Figure 1 Neonatal Mortality in 2004



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EURO-PERISTAT II (2004-2008)
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EURO-PERISTAT III (2008-2009)
Total cost: 259 090 € Commission subsidy: 149 987 €

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Data collection: TNO Quality of Life, the Netherlands
Website: www.europeristat.com

Next Steps

The full value of having EU level indicators will only be realised when these data are compiled routinely and we can assess trends in health and care over time.

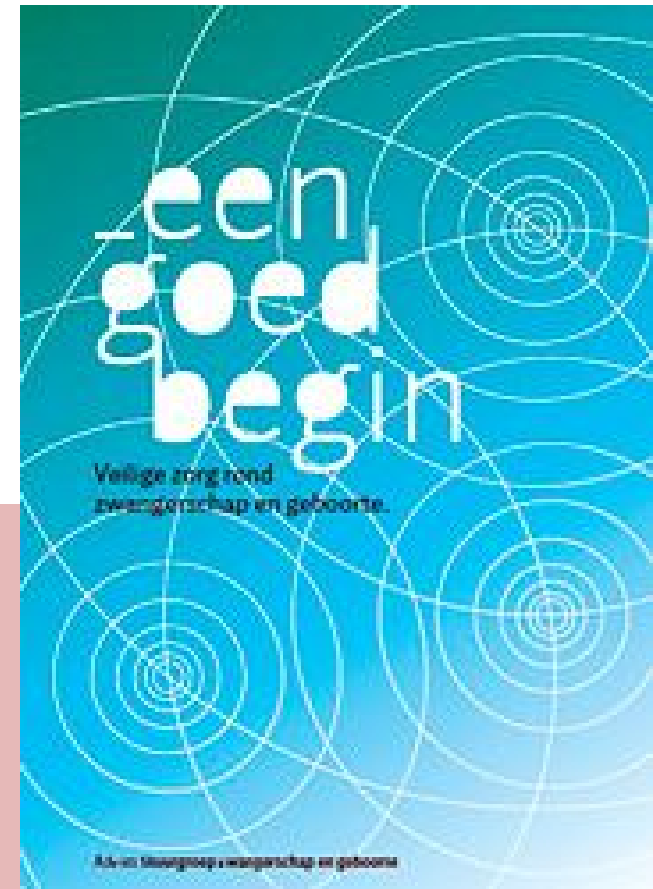
Routine reporting of EURO-PERISTAT indicators is the goal of our next phase, scheduled to begin in April 2011.

stuurgroep zwangerschap en geboorte

4.

**Shared
responsability**

netwerk
bindende afspraken
actieve participatie in verloskundige samenwerkingsverbanden (VSV's)
case manager



THE RISE & FALL OF MODERN MEDICINE

Winner of the *Los Angeles Times* book prize

'Excellent' *Financial Times*

'Brilliant' *Daily Mail*

'Fascinating' *Sunday Telegraph*



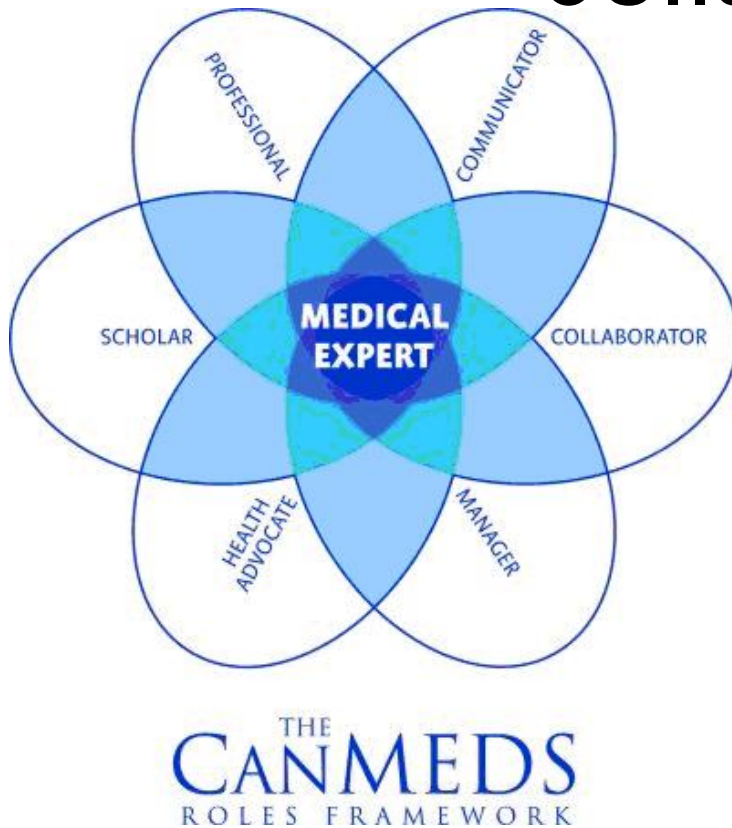
JAMES LE FANU

Transitions in Health Systems

1900 - 2000
biomedical revolution

2000 - 2100
revolution of logistics

Collaboration



Professional competencies:
deliver study shows confidence

Improving logistics
50% mortality reduction
50% complications reduction

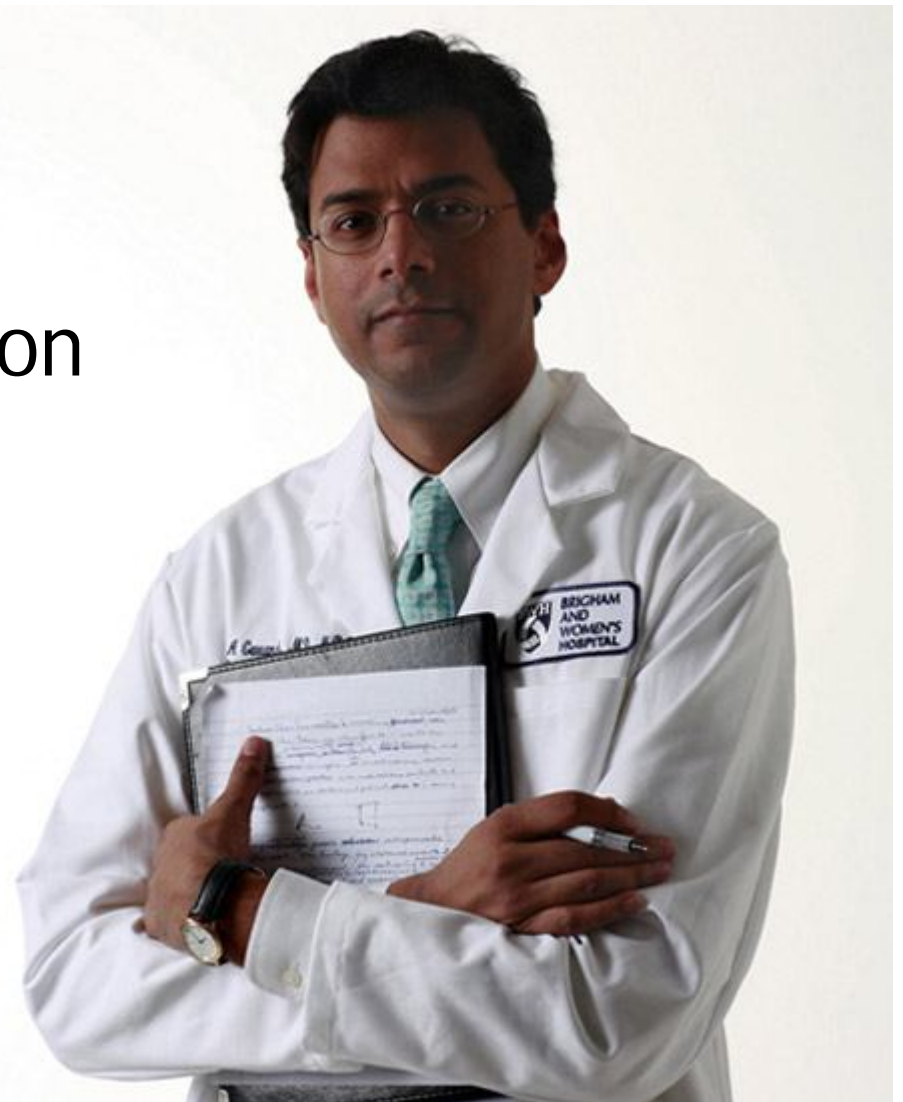
The **CHECKLIST** Manifesto

HOW TO
GET THINGS
RIGHT



ATUL
GAWANDE

Best-selling author of
Complications and *Better*



Teamwork a choice?

Person level

CanMEDS, discipline

Group level

Consensus, checklists, DC

Ward level

Organisation, checklists, DC

Regional level

Organisation
(+ public health)
benchmark, DC

supraregional level

Deliver study: perception is good collaboration

Developments

- Obstetric drills and teamtraining
- Midwives and gynaecologists share policy
- Design of checklists by consortia

**Transdisciplinary
research**



VU medisch centrum



Logistical revolution taking place in NL !

AVAG 150 y

