

Date last modification documentation sheet: 16-04-2012

Compared to previous version documentation sheet (28-11-2011) the following issues were adapted:

- New section on relevant policy areas added to the documentation sheet

Compared to previous version documentation sheet (12-07-2010) the following issue was adapted:

- Clarification in calculation: “it is recommended by the WHO that elements in both the nominator (fetal deaths and early neonatal deaths) and denominator (fetal deaths and live births) are restricted to fetuses and infants weighting 1000 grams or more” (in stead of “the inclusion of newborns weighing 1000 grams or more is recommended by the WHO”).

<i>ECHIM Indicator name</i>	<b>B) Health status</b>  12. Perinatal mortality
<i>Relevant policy areas</i>	- Health inequalities (including accessibility of care) - Health system performance, quality of care, efficiency of care, patient safety - Maternal and perinatal health - Child health (including young adults)
<i>Definition</i>	The number of early neonatal deaths after live birth plus fetal deaths in a given year, per 1000 live and stillbirths.
<i>Calculation</i>	The number of fetal deaths and deaths in the early neonatal period (up to 6 completed days after birth) after live birth, expressed per 1000 live and stillbirths in the same year. For international comparisons, it is recommended by the WHO that elements in both the nominator (fetal deaths and early neonatal deaths) and denominator (fetal deaths and live births) are restricted to fetuses and infants weighting 1000 grams or more.
<i>Relevant dimensions and subgroups</i>	- Calendar year - Country - Region (according to ISARE recommendations)
<i>Preferred data type and data source</i>	Preferred data type: (In preference order) 1) National population statistics 2) Birth registries and perinatal databases 3) Perinatal surveys  Preferred source: WHO-HfA
<i>Data availability</i>	WHO-HfA: data available for the EU-27, from year 1970 onwards. No data by region available in HfA. The ISARE project on regional data has collected data on perinatal mortality (indicators: Number of perinatal deaths, and: Perinatal death rate per 1000 (live births and stillbirths)).
<i>Data periodicity</i>	Data are updated annually.
<i>Rationale</i>	A sensitive measure of health in the perinatal period. Also important indicator for quality of perinatal health care, and preventive care.
<i>Remarks</i>	- The WHO recommendation for international comparisons is to include live births and stillbirths with a weight of 1000 grams or more. This is only to minimize the variation in registration criteria (the registration of live births with very short gestation may vary between countries), but this is not very relevant for the EU any more due to improved survival of children weighing less than 1000 grams. - PERISTAT is an EU-funded project on evaluating and monitoring perinatal health in Europe. PERISTAT recommendation, which is scientifically preferable, is: The number of fetal deaths and deaths in the early neonatal period (up to 6 completed days after birth) after live birth (weighting 500 grams or more) at or after 22 complete weeks of gestation in a given year, expressed per 1000 live and stillbirths in the same year. PERISTAT has data only for years 2000 (15 countries) and 2004 (26 countries). Next data round is planned to be for 2010 data. - PERISTAT plans in the next phase to explicitly work on integrating their recommendations

	<p>into the regular Eurostat data collections.</p> <ul style="list-style-type: none"> <li>- Currently, Eurostat has no common definition. If Eurostat implements PERISTAT recommendation to collect perinatal mortality data (stillbirths) from 22 weeks (stillbirth data is available from 24/28 weeks in some countries), Eurostat data can be presented. The implementation of causes-of-death statistics (draft in April 2010) suggests that the collection of stillbirth data is obligatory from 28 weeks onwards, and stillbirth between 22 and 27 weeks are collected voluntarily only. There is no recommendation, if induced abortions fulfilling the definition of birth are to be included or not.</li> </ul>
<i>References</i>	<ul style="list-style-type: none"> <li>- WHO, European Health for All database (WHO-HfA): <a href="http://www.euro.who.int/hfad">http://www.euro.who.int/hfad</a></li> <li>- Health Indicators in the European Regions (ISARE) project: <a href="http://www.isare.org">http://www.isare.org</a></li> <li>- PERISTAT: <a href="http://www.euoperistat.com">www.euoperistat.com</a></li> <li>- For PERISTAT project 2000 data please see: the Special Issue of the European Journal for Obstetrics &amp; Gynecology and Reproductive Biology, Volume 111 (2003), Supplement 1, S1–S87.</li> <li>- For PERISTAT project 2004 data please see: “European Perinatal Health Report”, <a href="http://www.euoperistat.com/publications/european-perinatal-health-report.shtml">http://www.euoperistat.com/publications/european-perinatal-health-report.shtml</a></li> </ul>
<i>Work to do</i>	<ul style="list-style-type: none"> <li>- Monitor Eurostat and PERISTAT developments regarding indicator definition and data collection</li> <li>- Check with ISARE project the precise definition they applied for perinatal deaths.</li> </ul>