

Perinatal mortality and severe morbidity in low and high risk term pregnancies

ABSTRACT

Objective To compare incidences of perinatal mortality and severe perinatal morbidity between low risk term pregnancies supervised in primary care by a midwife and high risk pregnancies supervised in secondary care by an obstetrician.

Main outcome measures Perinatal death (ante-partum, in-trapartum, and neonatal) or admission to a level 3 NICU.

Some additional notes:

The Dutch system is unique in Europe because it is characterized by a well defined distribution between primary and secondary care. A distinction is made between women with a low risk of pathology and those with a higher risk and independent midwives in primary care provide care only to women at low risk (~30% of babies in Netherlands are delivered at home by midwives).

Countries like Canada, in which most deliveries were traditionally performed in hospital under the supervision of a medical doctor, are currently exploring the possibility of switching to a system based on both midwife and medical care. For instance, the Québec government has adopted a new perinatal policy for 2008-2018 which makes provisions for midwives taking responsibility of 10% of all perinatal care and childbirth needs within the next 10 years. It also allows for the establishment of 13 new birthing centers and the promotion of midwifery service to women living in vulnerable conditions.

INTRODUCTION

Perinatal mortality is an important indicator of the quality of obstetric care. The Peristat I and II studies, based on data from 1999 and 2004, showed that the Netherlands has almost the highest perinatal mortality (11.4 and 10.0 per thousand) in Europe.¹⁻⁵ Several factors are mentioned as possible explanations for this high mortality, such as differences in registration and maternal characteristics of the Dutch childbearing population, restricted management of premature babies, and the absence of standard screening for congenital anomalies. The numbers of older mothers, multiple pregnancies, and mothers belonging to an ethnic minority are relatively high in the Netherlands.^{5,6} However, this can only partly explain the high perinatal mortality.⁷ Whether the Dutch obstetric care system contributes to this relatively high mortality remains unclear.⁸