

Editorial

Perinatal epidemiology is the study of the frequency of perinatal events, and of their spatial and temporal distribution in a given population. The aims of perinatal epidemiology are to identify determinants of disease, to assess the impact of medical interventions, and to evaluate the organisation of care in the community.

We need to be more active in the field of perinatal epidemiology in Switzerland. To further develop this field of medicine, we need more pointed universal data in our vital statistics, and more resources to train and motivate perinatal epidemiologists to design studies and perform data analyses. This effort should be conducted in close collaboration with clinicians at the local and regional levels, and with the Health Section of the Federal Office of Statistics. Since there is no official Ministry of Health in Switzerland, it is up to providers (and consumers) of perinatal medicine to develop objectives, define targets and set up appropriate tools to collect and analyse data.

Most neonatal intensive care units are located within university hospitals, thus allowing a strong collaboration between neonatologists, obstetricians, pathologists and epidemiologists. This provides opportunities for excellent etiologic research. Assessment of the organization of perinatal services, as well as of the effect of specific medical interventions is needed, both for the progress of care and for its social and economic effectiveness.

Duration of gestation and place of birth could easily be added to the present birth certificates thus providing for the first time reliable figures of the prevalence of prematurity and of growth retardation for our country, along with a geographic representation of where perinatal intensive care is provided. Linkage between birth and death certificates should be provided regularly and timely.

This combined information should allow us to better define our needs and define strategies for optimal and cost-effective perinatal care. Modern perinatal care is an effective modality to reduce mortality and morbidity, but it is expensive both in manpower and equipment and cannot be made available in all cantons of Switzerland. The intercantonal planification of perinatal medicine is urgent. The shortage of neonatal intensive care cots in Switzerland makes optimal care for our sick newborn infants impossible. This shortage often presents prenatal referral of high risk pregnancies in the appropriate perinatal centers. We need more data on the distribution of our perinatal pathology across the country to correct this deficit by either enlarging the capacity of the existing perinatal centers or, less likely, by creating new ones.

The next step should be to develop a minimal agreed upon data set provided by all obstetrical and neonatal units for a systematic and continuous appraisal of perinatal morbidity and outcome. There is a long way before achieving these goals. This issue of the Journal presents several initiatives taken in Switzerland which are preparing for this perspective.

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