Soz Präventivmed 1994; 39: 2

0303-8408/94/010002-01 $ 1.50 + 0.20/0

Introduction

The objective of this symposium was to put the following question to various health professionals (epidemiologists, obstetricians, pathologists and pediatricians): *"Do we need more or different information to evaluate perinatal care in Switzerland?"*

We started the meeting with two expert reviews to highlight the valuable inputs of perinatal epidemiology and pathology in any such evaluation. We then reviewed the universal sources of information currently available in our country, and identified some easily correctable short-comings in our present vital statistics system. We then heard the opinions of experts on the main theme of the day in a first Round Table. It became clear that the meaning of "to evaluate perinatal care" needed to be precised in order to progress constructively in the discussion. We arrived at the consensus that our first objective should be to identify numerically and geographically our high risk perinatal population (mostly premature infants) and to evaluate whether this patient population had access to the proper health care system. Several proposals were made to improve the contents of our (universal) data collection system so that we could know more about this patient population and about common perinatal care practices in our country.

We then heard presentations summarising completed, ongoing or planned studies on topics of perinatal epidemiology. These are presented here in extended abstract form only. There is a real interest, and a fair amount of already available data in this field in our country.

A second Round Table of experts followed, with a focus on the future, where the participants were asked to make realistic and concrete proposals to improve the data base upon which we could evaluate our perinatal health care system. Fundamental questions that cannot be answered to-day need to be considered urgently:

- How many premature infants are born every year in Switzerland?
- Are they born in the right places?
- What happens to them after birth; if they die, what do they die of?

In order to answer these basic Public Health questions, we need to register universally gestational age, place of birth (name of hospital), to link birth and death certificates, and to standardise our perinatal mortality categories. A task force was set up to try to implement these urgent modifications. Its top priority will be to add at least gestational age on the birth certificates. Without this simple information, we cannot evaluate prematurity and fetal growth retardation nationwide.

Many other important points were discussed, such as perinatal morbidity (in contrast to perinatal mortality), mandatory versus volontary registry for congenital malformations, etc. Working groups were set up in each perinatal specialty involved to further elaborate on the ideas developed during this symposium, and a major component of next year's meeting (April 1994) will be to report on the progresses of these working groups and to set up new priorities. The proceedings of the day were effectively summarised on the spot, and our hurried readers should not miss these concluding remarks. We hope however that many of you, and particularly our policy makers, will take the time to read the full report of this symposium. Thanks to all the participants, and our effective moderators, the symposium was a success.

Last, but not least, I wish to express our gratitude to Milupa-Switzerland for their generous financial support in the organisation of this meeting.

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