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Closing remarks

It is very difficult to sum up such a day. To be objective, I would need some days of reflection after reading my notes. I will try to concentrate on the aspects which appear to me, at the end of this day, as “the essentials”.

First, it is “essential” to thank and congratulate Prof. Moessinger for organizing this meeting. Adrien took the initiative to bring together epidemiologists, pathologists, neonatologists and obstetricians and to invite two experts, Dr. Wigglesworth and Dr. Paneth to help us. It is the first time in the history of neonatology in Switzerland that a multidisciplinary panel on perinatal epidemiology has been organized. This was an important day for all of us!

I started this day saying that I felt uncomfortable about participating in the discussion because I didn't know what we were looking for. I was afraid that we were starting to search for an answer before having formulated a question. I feel now a bit more comfortable because during the day we have started to formulate questions. We are aware that important perinatal epidemiologic data already exist in Switzerland. We have heard today reports of national studies on mortality and morbidity in very low birthweight infants, respiratory distress syndro-

me, twins, Aids, incidence of retinopathy of prematurity and congenital malformations. All this information together with the data collected by the “Bundesamt für Statistik” should allow us to approach the first formulated question: how can we improve the organization of perinatal care in our country?

Perhaps, this question is too “general”. We should address a first a limited group of high risk infants, for example, the prematurely born who represent the majority of our patients. How can we improve the organization of the care of premature infants in Switzerland?

First priority

To know *the size of the problem* and to analyze *the trend* over the years one must register *gestational age on the birth certificate*.

Second

To improve centralization of delivery of these babies in clinics with integrated neonatology (*regionalization*) we have to know where these babies are born. Therefore, *the place of birth* must be noted *on the birth certificate*. Then, following

the example of the study of Prof. Moessinger and Dr. Spuhler for the Canton Berne presented last November here in Berne, we can create a map for the whole country describing the distribution of birthweight and gestational age in different “places of birth”. This information would allow us to describe the regional needs and to analyze the effect of our campaign for regionalization on these deliveries. To achieve the registration of gestational age and place of birth on the birth certificate, we need the contribution of three persons sitting here today: Prof. Ackermann, Prof. Paccaud and Dr. Spuhler. They are the ones who know the magic formula to change the Swiss birth certificate.

Third

In order to know the needs of the “sick”, particularly the necessity to introduce new technology (high frequency ventilation, ECMO, etc.), we have to collect information on the incidence of major pathology. The first important source of information are the autopsies. We have in our country superb pedopathologists and a very high incidence of autopsies. Adopting the classification proposed

today by Prof. Wigglesworth for all the Institutes of Pathology, and then linking this information with the death certificate, would allow a first step in the description of our needs. My hope is that Prof. Briner, Prof. Laurini and Dr. Cox, who have been very active today, will find the magic recipes to unify diagnosis and sample the data.

Concerning data on congenital malformation we have to continue to improve the collection through the Swiss Eurocat Center (Prof. Pexieder).

And last not least, we neonatologists have to create a central data bank on neonatal pathology as proposed today by Dr. Fawer.

Dear colleagues, for the first time in medicine in Switzerland we realize that our financial resources are limited and the care of our sick newborns is not any more optimal. Knowing more about their needs will allow us to reduce costs and improve the quality of our interventions. Centralization of high risk pregnancies in hospitals with integrated neonatology has been shown in other developed countries to be the most important factor in improving survival and decreasing long term infant morbidity. The realization of this concept is particularly difficult in a country of “free market medicine” such as ours. It is my hope that the decrease in financial resources will force us to realize this goal.

I wish that we meet again next year, and hope that we will then have a Swiss birth certificate that includes place of birth, gestational age, as well as a unified pathology report of autopsies. If at the same time we have a linkage between birth, death and autopsy certificates we have made a real contribution in decreasing cost and improving the quality of perinatal medicine in our country.