

EUROPEAN STANDARDS OF CARE

The European Board and College of Obstetrics and Gynaecology, a representative body of 36 countries in Europe

Over the past 50 years there has been a steady improvement in the provision of care during and after pregnancy.

Maternal mortality and morbidity rates have declined significantly across member states of the European Union (EU). However, each year in Europe between 335-1000 women die in childbirth and more than half of these deaths are avoidable. For every woman dying during pregnancy, 50-60 women suffer serious life threatening morbidity.

Huge variations exist among member states regarding access to equitable, high quality care including access to ultrasound scanning, screening for fetal abnormalities, and access to trained healthcare providers during pregnancy and labour.

Each year more than 5 million women give birth in the EU, and although there has been a large reduction in perinatal and neonatal mortality, infant morbidity remains a serious problem and a significant burden on scarce resources.

- Around 25,000 babies are stillborn every year
- Another 25,000 die before their first birthday
- More than 40,000 of the survivors have sensory or motor impairment
- A further 90,000 have major congenital anomalies

CALL FOR ACTION

1. Public Health strategies to improve outcomes during pregnancy

It is essential that member states recognise the importance of women's health and newborn care to the overall public health of nations. National strategies for public health and chronic conditions should reflect this. All providers of maternity services should work in collaboration with local health authorities to provide pre-pregnancy advice, including nutrition and exercise, benefits of breast-feeding, sexual health and avoidance of alcohol, drugs and smoking. There should be particular emphasis on obesity and healthy lifestyles.

2. Agree on European-wide focused strategies to minimise risks during pregnancy

Each member state should offer antenatal care, which meets the individual needs of every pregnant woman.

Pre-pregnancy counselling and support should be provided for women of childbearing age with existing serious medical or mental health conditions which may be aggravated by pregnancy. Services should be flexible enough to meet the needs of all women, particularly vulnerable groups including pregnant teenagers, those with learning or physical disabilities, women from ethnic minorities, immigrants, asylum seekers and refugees.

3. Ensure that all healthcare providers offer antenatal screening tests to all women

All women should be offered comprehensive antenatal screening and ultrasound diagnostic services to detect fetal problems at an early stage. These should be offered as informed options, which recognise women's choices and beliefs.

4. Ensure that there is an agreed national strategy which is reflected in the information given to pregnant women and their families

Accessible information should be provided to all pregnant women about available services. There should be a full clinical governance system in place to monitor the quality of care provided to women and their families.

Safety should remain the top priority in clinical practice, but women's choice should be recognised as an integral part of care.

5. Maternity units should develop the capacity for every woman to have a designated midwife/obstetric nurse to provide care in established labour. A specialist obstetrician and paediatrician should be available

The aim should be that every woman is supported in childbirth by a trained midwife/nurse and has a satisfying experience. However a specialist obstetrician and a paediatrician should be immediately available to deal with obstetric and neonatal emergencies and also to provide support to doctors in training.

6. Promote strategies to reduce the risk of preterm births across Europe

Preterm birth is a major cause of neonatal morbidity. Multiple births are a significant cause of preterm birth and assisted reproduction is the major contributor to multiple births. There should be effective regulatory mechanisms throughout Europe that minimise the risk of preterm birth following assisted reproduction, including ovulation induction. As far as possible embryo replacement should be limited to one, and only occasionally, two embryos.

7. Promote the concept of regional perinatal networks

We urge Ministers of Health to ensure that regional perinatal works be developed to ensure that women with complex pregnancies and very preterm babies be delivered and looked after in specialist maternity/neonatal units by a dedicated team of experts.

8. Facilitate the collection of maternal mortality and morbidity data across EU member states

Healthcare planners and providers in the EU need to agree a common methodology for collecting and classifying deaths, in order to understand trends and compare performance. EU planners and clinicians should agree common definitions for the collection of a minimum dataset for pregnancy and birth. All member states should implement confidential enquiries into all pregnancy related deaths in order to implement policies to improve healthcare. There is an urgent need to support research

which addresses these and related objectives.

9. Effective family planning is crucial to the health of women and their children

In order to plan their families and prevent unintended pregnancy, women need access to effective fertility control. Recent evidence supports the use of long acting, reversible methods of contraception, as well as the availability of safe abortion. National policies and local strategies should reflect this.

10. Promote high quality training for future specialists in obstetrics and gynaecology across the European Union

We urge European Health Commissioners to ensure that the training programmes for specialists in obstetrics and gynaecology across member states meet the standards developed by the European Board and College of Obstetrics and Gynaecology. This will not only move to harmonise training programmes but will ensure standards of training which will facilitate the free movement of professionals across member states.

Download the document here: [Standards of Care for womens health in Europe](#)

PLEASE HAVE A LOOK ALSO AT: [EBCOG master class](#), EVIDENCE BASED CLINICAL GUIDELINES DEVELOPMENT AND ADAPTATION

For further information regarding EBCOG Standards of Care or the EBCOG MASTER CLASS, please contact

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