

CURRENT SITUATION IN PERINATAL HEALTH IN LATIN AMERICA

- **No major improvements in figures of health condition in the last decade**
- **Poor assignment of funds (more pronounced in funds assigned to research)**
- **No detection of regional priorities**
- **Poor evaluation of health programmes**
- **Great influence of developed countries in relation to priorities of action and research focus**

From the point of view of developing countries, health research is a critical means of empowerment, enabling nations and communities to:

- Understand their problems.**
- Decide on feasible actions.**
- Execute the actions efficiently and effectively.**
- Search for solutions to unresolved problems.**

Without health research, countries will often be flying blind in the attempts to improve health.

(Commission on Health Research for Development)

Perinatal Clinical Record (1974-76)

JUSTIFICATION

**Lack of relationship between maternal
and neonatal information**

Lack of standardized format collection

Perinatal Clinical Record

PURPOSE

Integrate maternal and neonatal information

Use of a standardized system of data collection

Support the accomplishment of guidelines

Tool for health care

Tool for legal purpose

Epidemiological surveillance for the hospital

CATEGORIZATION OF ITEMS

- 1) The item should be unequivocally defined
- 2) The data should be readily available for all cases
- 3) Analysis of the items should provide useful information




A: Item which fulfilled all the criteria

B: Item which is not uniformly defined but could with clarification provide useful information

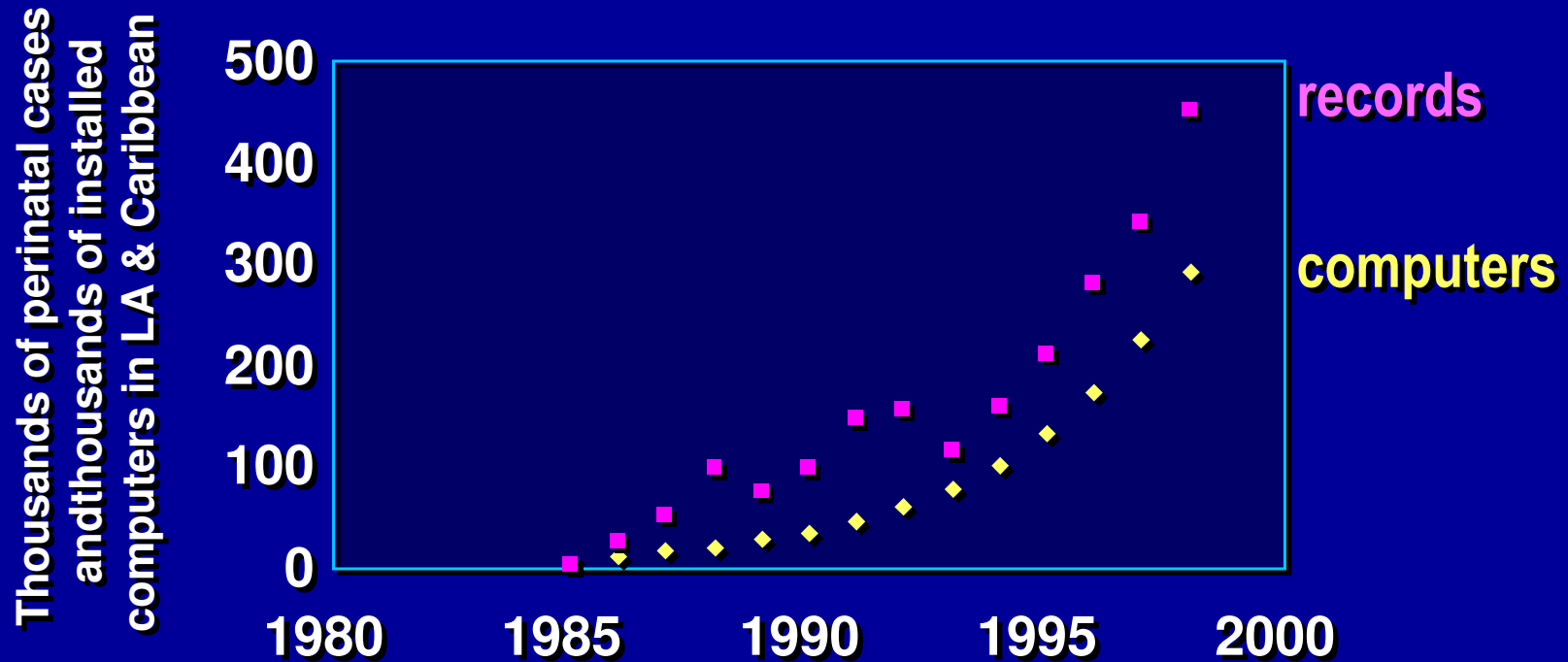
C: Potentially important item with definitional difficulties which could not easily be resolved

D: Item which, even if well defined, is of doubtful relevance in a minimum data set

Characteristics of the P.I.S.

-  **Data is filled during the process.**
-  **Data is carried by the woman.**
-  **Factors implying risk are highlighted during the process**

Perinatal clinical data and available computers in LA & C

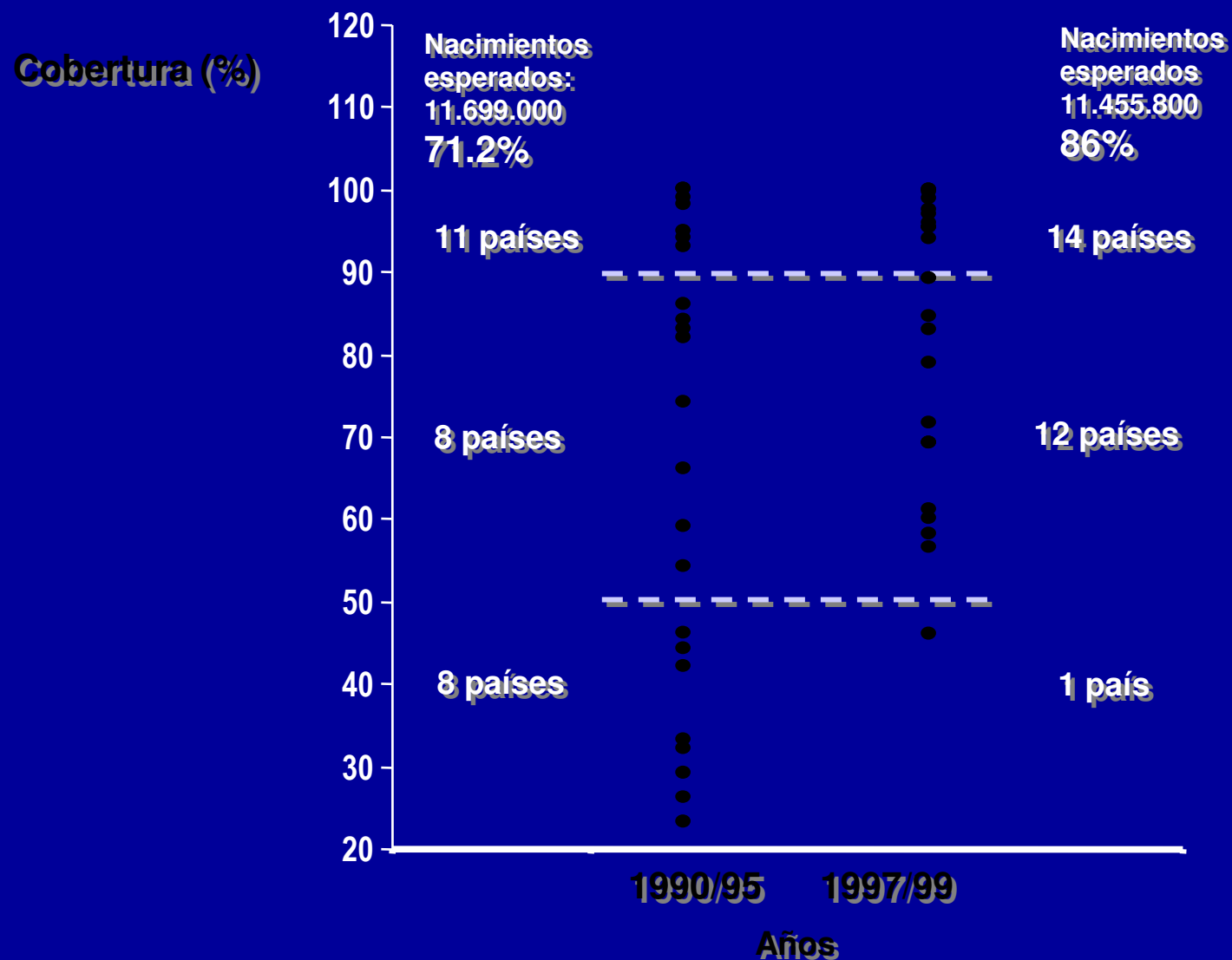


Constrains

 **Hospital deliveries**

 **Poor accuracy of neonatal death information**

Modificación de la cobertura de la atención del parto por personal capacitado entre 1990-95 y 1997-99 en 27 países de la Región



RIESGOS ATRIBUIBLES DE MUERTE FETAL (SIGNIFICATIVOS)

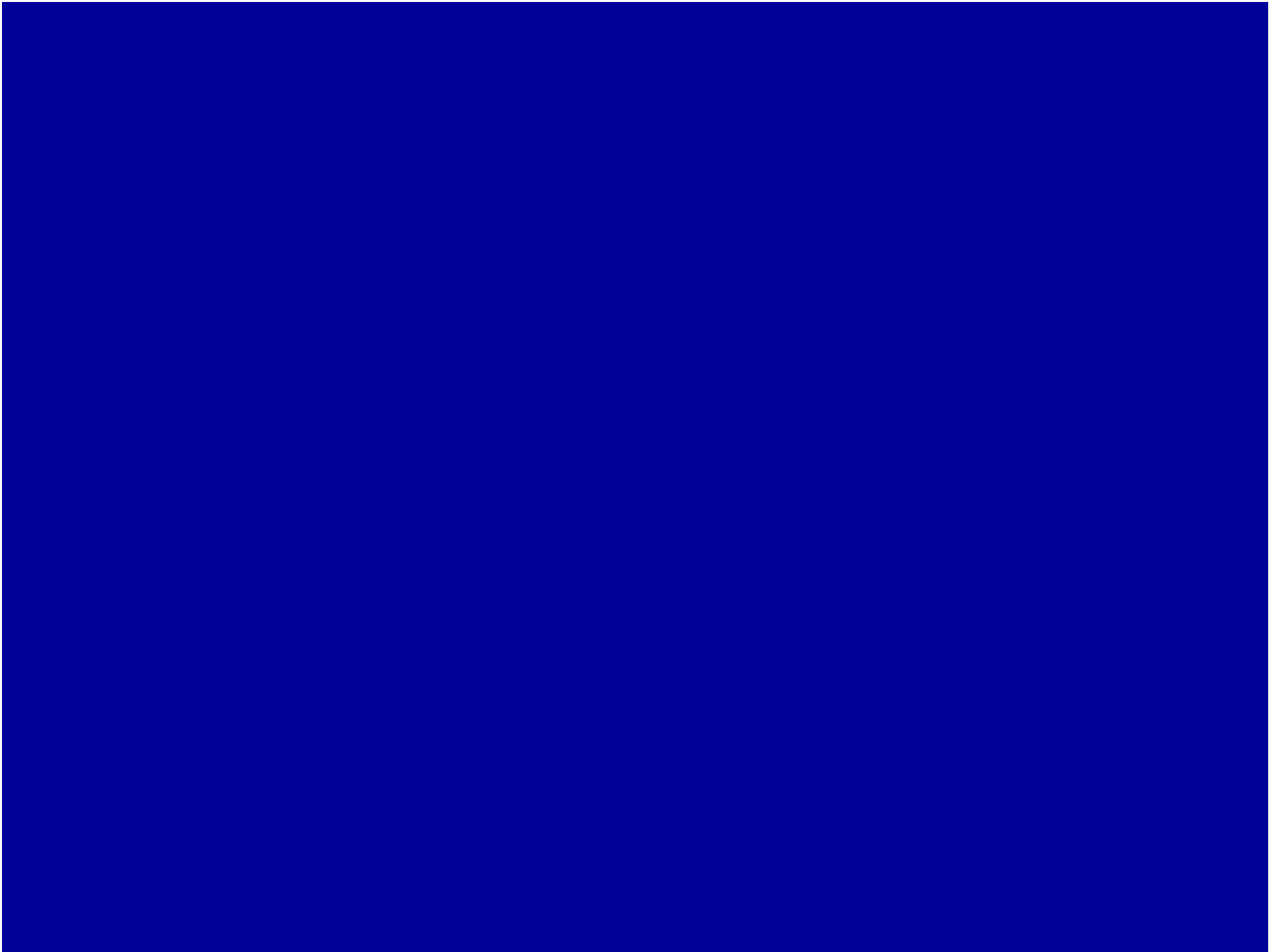
(840.000 embarazos de 18 países de América Latina y el Caribe)

| Factor de riesgo | Prevalencia (%) | RR ajustado | Riesgo atribuible (%) | 95% (CI) |
|---|-----------------|-------------|-----------------------|-------------|
| Sin atención antenatal | 19.6 | 4.26 | 30.3 | (29.4-31.3) |
| Pequeño para la edad gestacional | 12.1 | 3.26 | 23.0 | (22.1-23.9) |
| Paridad ≥ 4 | 13.4 | 1.52 | 10.1 | (9.4-10.9) |
| Edad materna ≥ 35 años | 10.4 | 1.53 | 8.7 | (8.0-9.4) |
| Aborto previo | 18.9 | 1.18 | 8.2 | (7.3-9.1) |
| Genitorragia en el tercer trimestre | 1.0 | 5.82 | 6.7 | (6.3-7.1) |
| Muerte fetal previa | 2.7 | 2.53 | 4.7 | (4.2-5.1) |
| Intervalo intergenésico < 6 meses | 2.5 | 2.09 | 4.2 | (3.7-4.7) |
| Rotura prematura de membranas | 7.6 | 1.49 | 4.2 | (3.7-4.8) |
| Analfabetismo | 4.4 | 1.36 | 3.2 | (2.7-3.7) |
| Índice de masa corporal ≥ 29.0 kg/m ² | 9.3 | 1.19 | 2.8 | (2.1-3.6) |
| Preeclampsia | 5.0 | 1.62 | 2.8 | (2.4-3.3) |
| Bajo peso al nacer previo | 4.8 | 1.32 | 2.4 | (2.0-2.8) |
| Sífilis | 1.7 | 2.41 | 2.4 | (2.0-2.8) |
| Hipertensión crónica | 1.4 | 2.25 | 2.2 | (1.9-2.5) |
| Muerte neonatal previa temprana | 2.3 | 1.48 | 1.6 | (1.3-1.9) |
| Diabetes gestacional | 1.3 | 1.88 | 1.1 | (0.9-1.4) |
| Anemia materna | 4.2 | 1.18 | 1.1 | (0.7-1.5) |
| Eclampsia | 0.2 | 3.80 | 0.7 | (0.5-0.8) |
| Isoinmunización Rh | 0.3 | 2.56 | 0.4 | (0.3-0.5) |

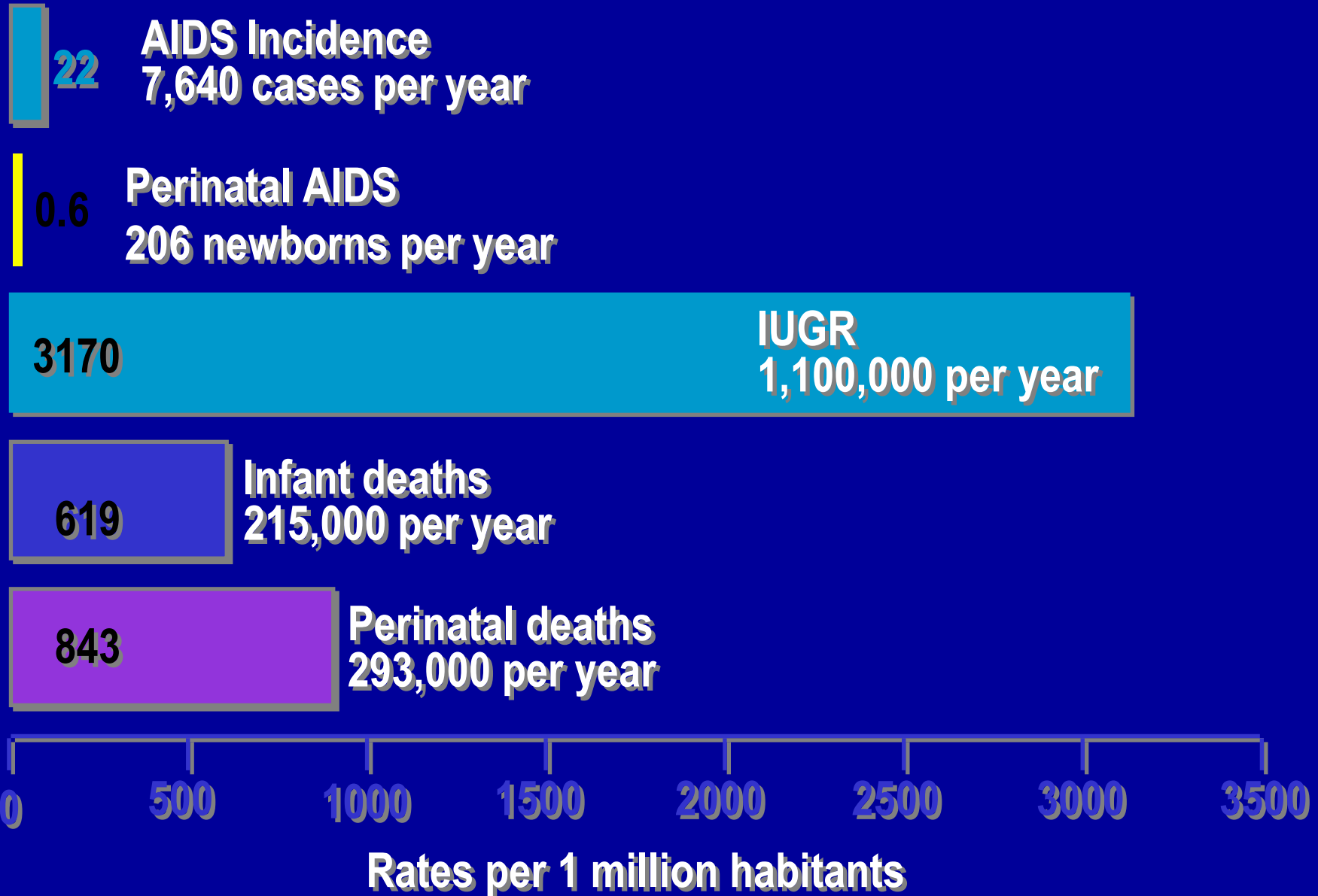
(Conde-Agudelo et al. Acta OG Scand, 2000)

Conclusions

- Countries with poor health statistics are blinded in their attempt to improve health
- Latin America needs to improve their system to assess health priorities and to evaluate health interventions
- Birth registries is an excellent option but unfortunately the system is still not well organized in LA countries and its information is not linked to pregnancy and child registries.
- Hospital information is an option in LA since around 90% of deliveries are institutional given the opportunity to collect valuable information.



South America



Other international initiatives

 **OBSQID** Euro/WHO initiative in
Eastern European countries

 **Minimal perinatal data set (FIGO)**

Perinatal Information System

| Country | National standard | Substantial use | Occasional use |
|--------------------------|----------------------|--------------------|-------------------|
| ARGENTINA | X | | |
| BOLIVIA | X | | |
| BRASIL | | | X |
| CARIBBEAN (19 COUNTRIES) | X | | |
| CHILE | X | | |
| COLOMBIA | | X | |
| COSTA RICA | X | | |
| CUBA | | | X |
| ECUADOR | X | | |
| EL SALVADOR | X | | |
| HONDURAS | X | | |
| MEXICO | | | X |
| NICARAGUA | X | | |
| PANAMÁ | X | | |
| PARAGUAY | X | | |
| PERÚ | X | | |
| REP. DOMINICANA | X | | |
| URUGUAY | X | | |
| VENEZUELA | | X | |