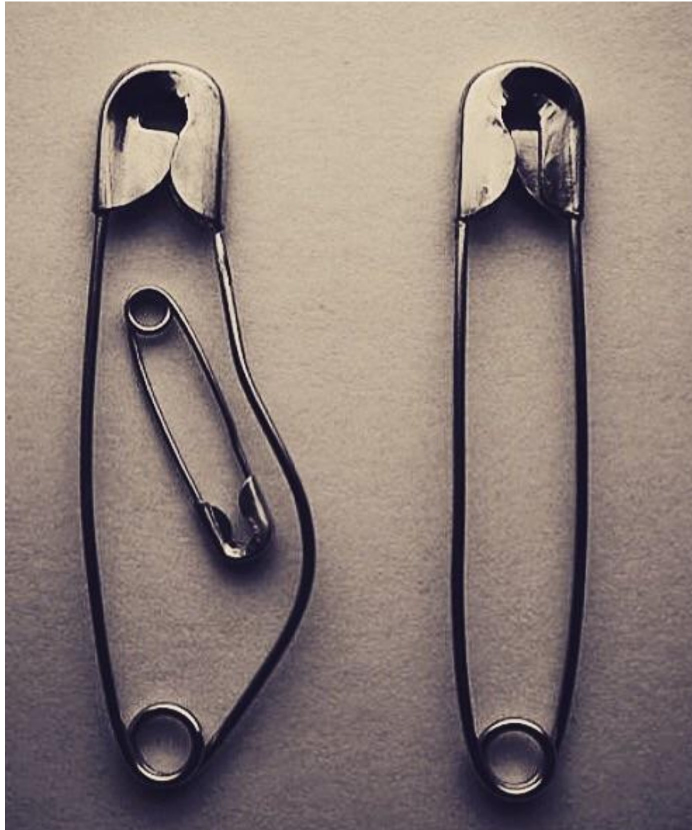
La nascita in Emilia-Romagna nel 2015

Bologna, 01.12.2016



La gravidanza

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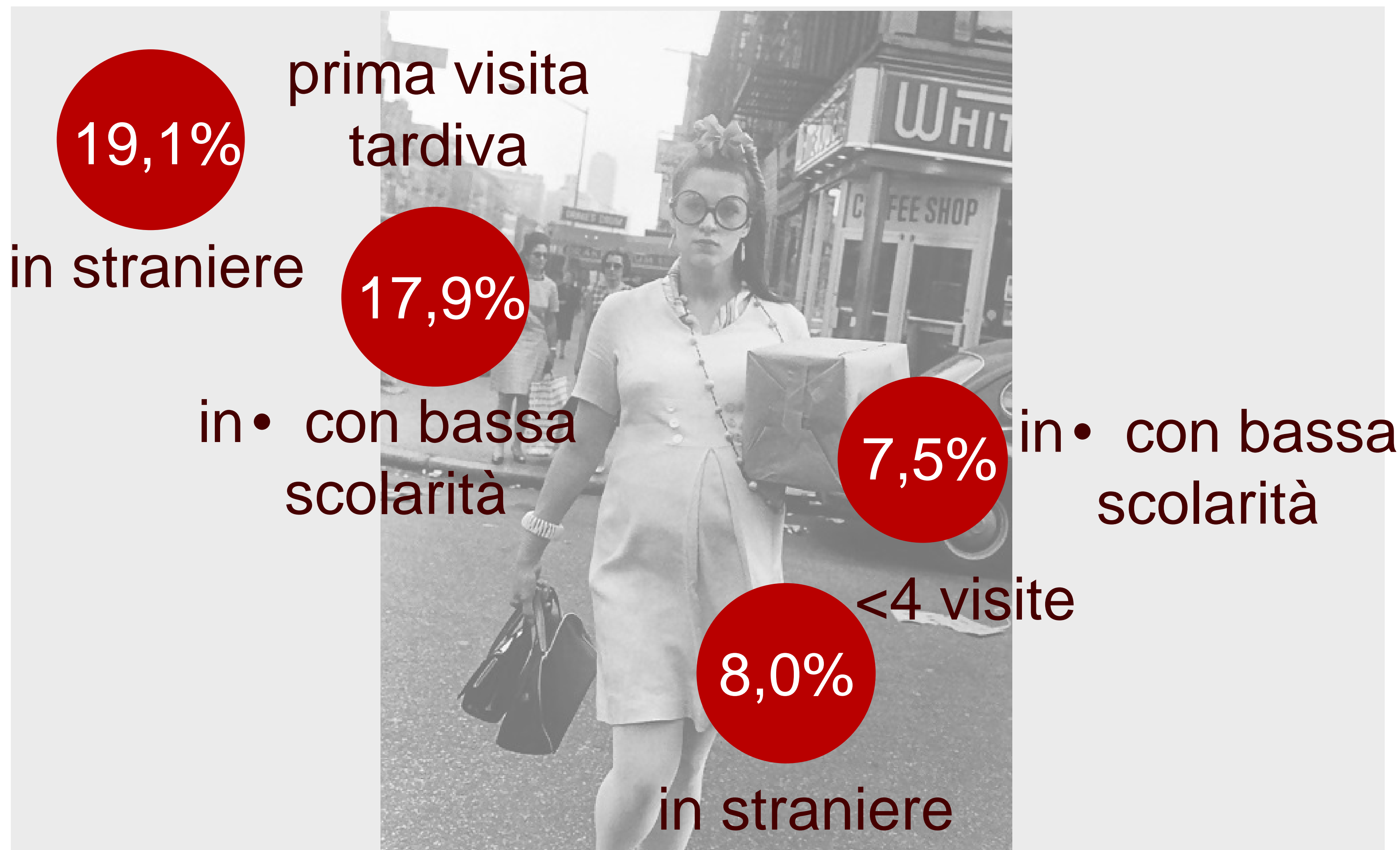
di cosa parliamo

- dati su utilizzo servizi
- visite o contatti (WHO)
- decorso e assistenza in gravidanza
- PMA e esiti

utilizzo dei servizi

utilizzo dei servizi, inappropriatezza



n di visite minime: da dove partiamo

WHO systematic review of randomised controlled trials of routine antenatal care

- **P**:7 RCT; n=57,418
- **I/C**: ridotto numero di visite vs standard
- **O**: nessuna differenza su esiti materni e neonatali

‘un modello con ridotto numero di visite prenatali […] potrebbe essere introdotto nella pratica clinica senza rischio per la madre o il bambino […].’

Carroli G et al. Lancet 2001;357:1565-70

n di visite minime: dove siamo

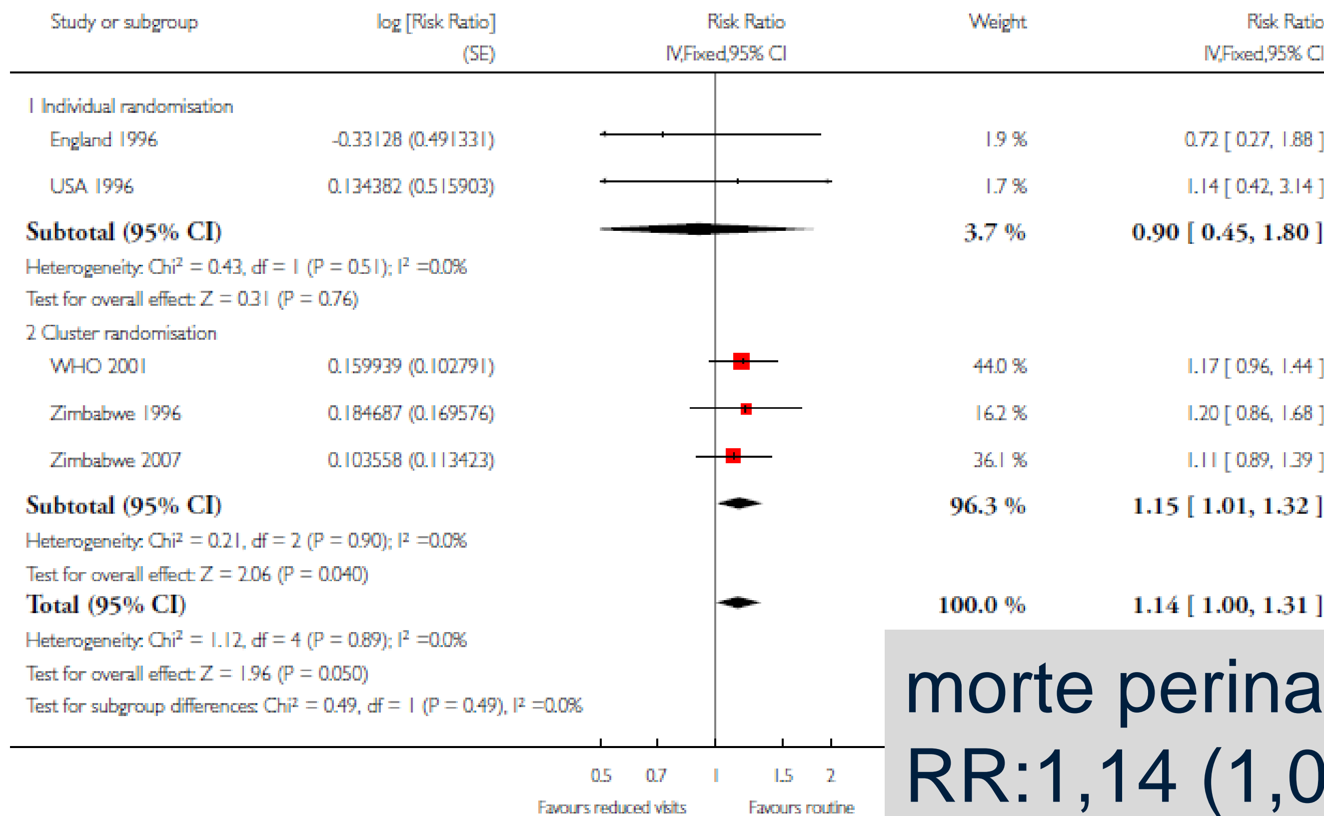
Analysis 1.6. Comparison 1 Reduced number of antenatal care visits/goal-oriented versus standard antenatal care visits, Outcome 6 Perinatal death with ICC 0.0003.

Review: Alternative versus standard packages of antenatal care for low-risk pregnancy

Comparison: 1 Reduced number of antenatal care visits/goal-oriented versus standard antenatal care visits

Outcome: 6 Perinatal death with ICC 0.0003

7RCT; n=60,724



Study or subgroup	log [Risk Ratio] (SE)	Risk Ratio IV,Fixed,95% CI	Weight	Risk Ratio IV,Fixed,95% CI
1 Individual randomisation				
England 1996	-0.33128 (0.491331)		1.9 %	0.72 [0.27, 1.88]
USA 1996	0.134382 (0.515903)		1.7 %	1.14 [0.42, 3.14]
Subtotal (95% CI)			**3.7 %**	**0.90 [0.45, 1.80]**
Heterogeneity: Chi² = 0.43, df = 1 (P = 0.51); I² =0.0%				
Test for overall effect: Z = 0.31 (P = 0.76)				
2 Cluster randomisation				
WHO 2001	0.159939 (0.102791)		44.0 %	1.17 [0.96, 1.44]
Zimbabwe 1996	0.184687 (0.169576)		16.2 %	1.20 [0.86, 1.68]
Zimbabwe 2007	0.103558 (0.113423)		36.1 %	1.11 [0.89, 1.39]
Subtotal (95% CI)			**96.3 %**	**1.15 [1.01, 1.32]**
Heterogeneity: Chi² = 0.21, df = 2 (P = 0.90); I² =0.0%				
Test for overall effect: Z = 2.06 (P = 0.040)				
Total (95% CI)			**100.0 %**	**1.14 [1.00, 1.31]**
Heterogeneity: Chi² = 1.12, df = 4 (P = 0.89); I² =0.0%				
Test for overall effect: Z = 1.96 (P = 0.050)				
Test for subgroup differences: Chi² = 0.49, df = 1 (P = 0.49), I² =0.0%				

morte perinatale
RR:1,14 (1,00-1,31)

Dowswell T et al. Cochrane Database Syst Rev. 2015:CD000934

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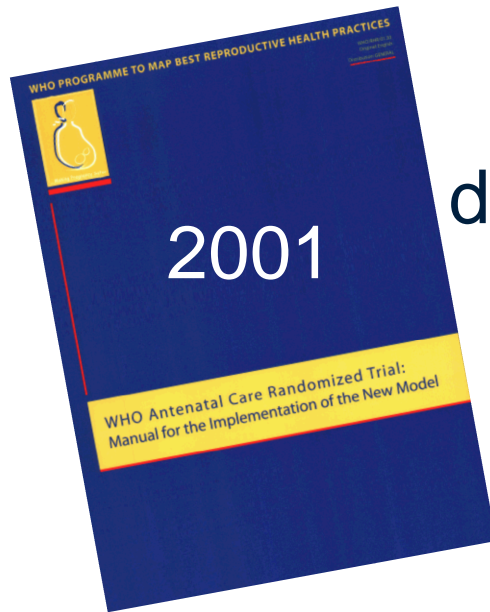
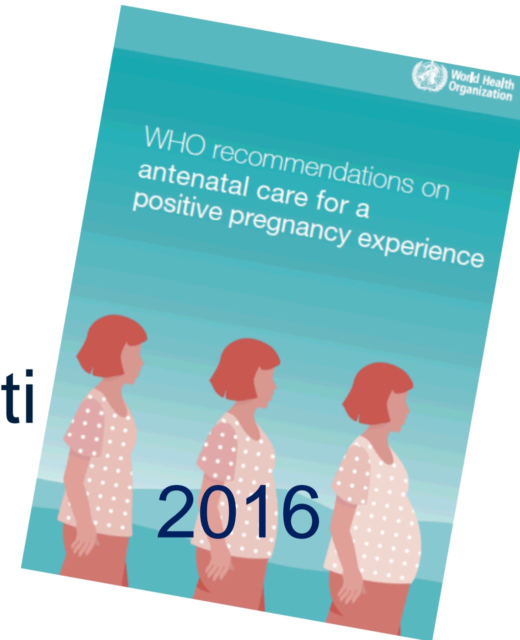
numero minimo di visite/contatti



da 4 visite

a 8 contatti



la parola '**contatto**' implica una connessione attiva tra la donna in gravidanza e il professionista che la assiste che non è implicita nella parola '**visita**'.

numero minimo di visite/contatti

WHO FANC model	2016 WHO ANC model
First trimester	
Visit 1: 8-12 weeks	Contact 1: up to 12 weeks
Second trimester	
Visit 2: 24-26 weeks	Contact 2: 20 weeks Contact 3: 26 weeks
Third trimester	
Visit 3: 32 weeks Visit 4: 36-38 weeks	Contact 4: 30 weeks Contact 5: 34 weeks Contact 6: 36 weeks Contact 7: 38 weeks Contact 8: 40 weeks
Return for delivery at 41 weeks if not given birth.	

www.who.int/reproductivehealth/publications/maternal_perinatal_health/anc-positive-pregnancy-experience/en/

cosa fare e quando, WHO

Type of intervention	Recommendation	Type of recommendation	Eight scheduled ANC contacts (weeks of gestation)							
			1	2	3	4	5	6	7	8
			(12 weeks)	(20 weeks)	(26 weeks)	(30 weeks)	(34 weeks)	(36 weeks)	(38 weeks)	(40 weeks)
Intimate partner violence (IPV)	**B.1.3:** Clinical enquiry about the possibility of intimate partner violence (IPV) should be strongly considered at antenatal care visits when assessing conditions that may be caused or complicated by IPV in order to improve clinical diagnosis and subsequent care, where there is the capacity to provide a supportive response (including referral where appropriate) and where the WHO minimum requirements are met.[m n]	Context-specific recommendation	X	X	X	X	X	X	X	X
Gestational diabetes mellitus (GDM)	**B.1.4:** Hyperglycaemia first detected at any time during pregnancy should be classified as either, gestational diabetes mellitus (GDM) or diabetes mellitus in pregnancy, according to WHO 2013 criteria.[o]	Recommended	X	X	X	X	X	X	X	X
Tobacco use	**B.1.5:** Health-care providers should ask all pregnant women about their tobacco use (past and present) and exposure to second-hand smoke as early as possible in the pregnancy and at every antenatal care visit.[p]	Recommended	X	X	X	X	X	X	X	X
Substance use	**B.1.6:** Health-care providers should ask all pregnant women about their use of alcohol and other substances (past and present) as early as possible in the pregnancy and at every antenatal care visit.[q]	Recommended	X	X	X	X	X	X	X	X

www.who.int/reproductivehealth/publications/maternal_perinatal_health/anc-positive-pregnancy-experience/en/

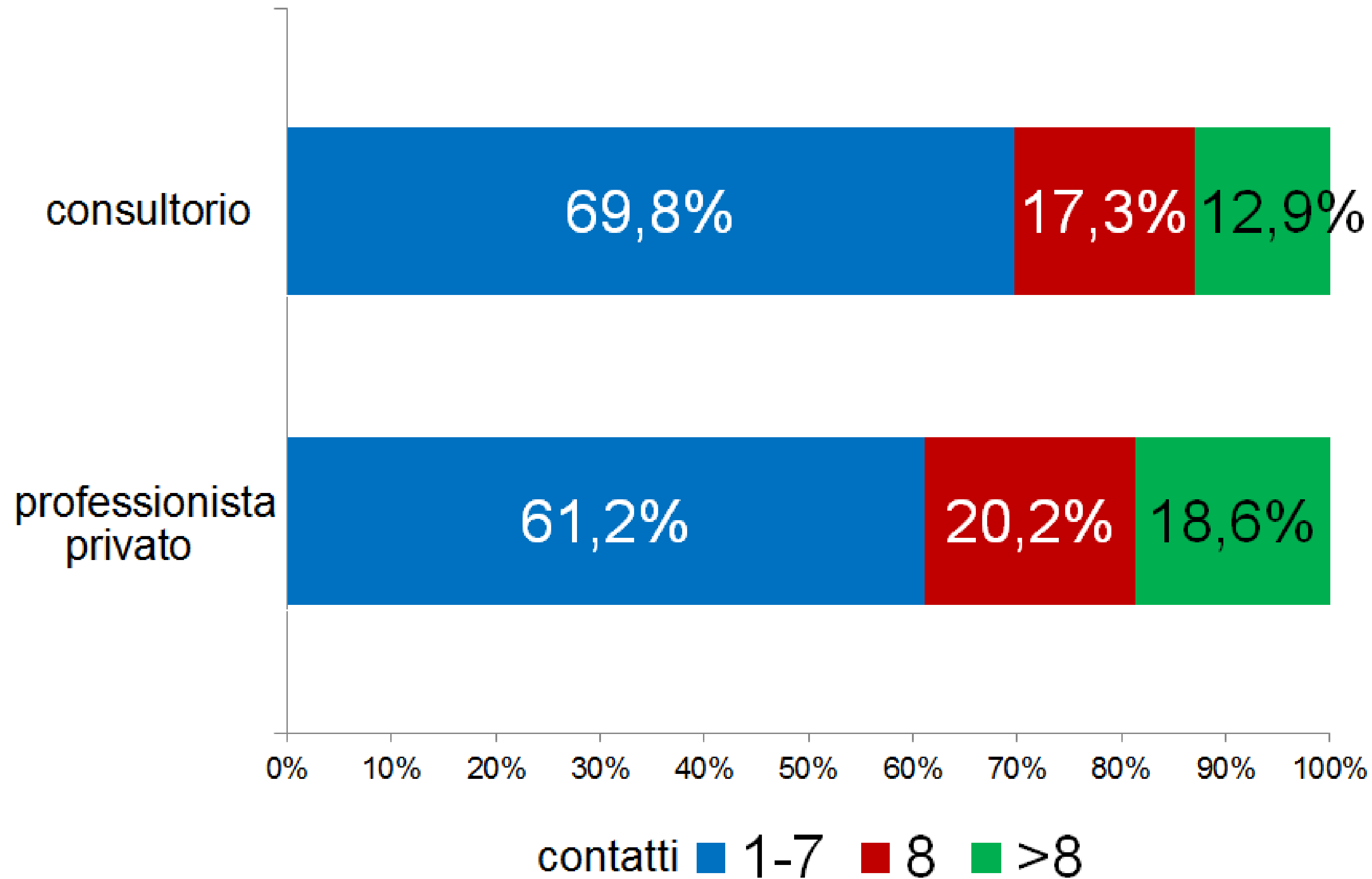
cosa facciamo e quando, RER

tipo di intervento	conduzione	otto contatti programmati (settimane di gestazione)							
		1	2	3	4	5	6	7	8
		10 sett	12 sett	18 sett	24 sett	28 sett	32 sett	36 sett	38 sett
conoscenza gestante/coppia	ostetrica	x							
accoglienza, ascolto e risposte a domande e dubbi	ostetrica	x	x	x	x	x	x	x	x
informazioni su stili di vita, diritti lavoratrici, corsi accompagnamento nascita/genitorialità	ostetrica	x							
pap test	ostetrica	x							
esame obiettivo e validazione rischio	ginecologo		x						
monitoraggio gravidanza (peso, PA S-F, BCF)	ostetrica	x	x	x	x	x	x	x	x

DGR 1097/2011 - DSA2 a gestione dell'ostetrica

nuovo standard, nuovi indicatori?

- gravidanza •37^{sett} e prima visita <12



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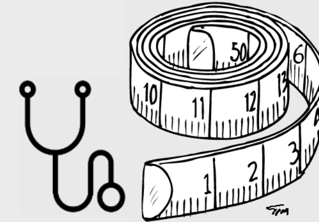
decorso e assistenza in gravidanza

15,4%

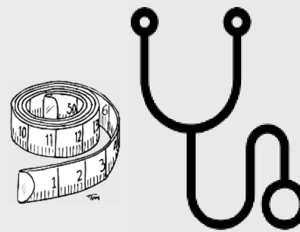
gravidanze patologiche
a conduzione medica

42,9%



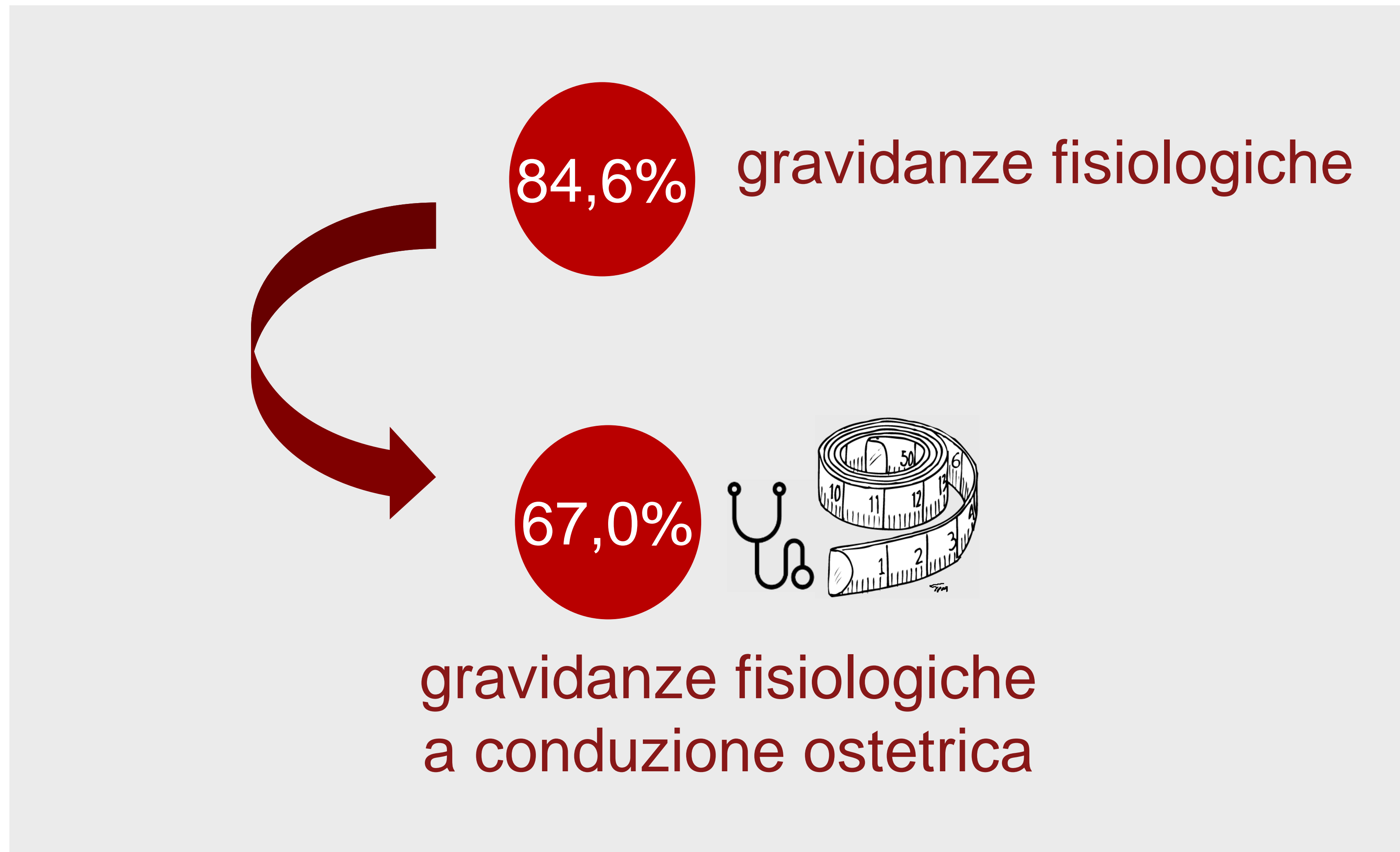
gravidanze fisiologiche
a conduzione ostetrica

41,7%

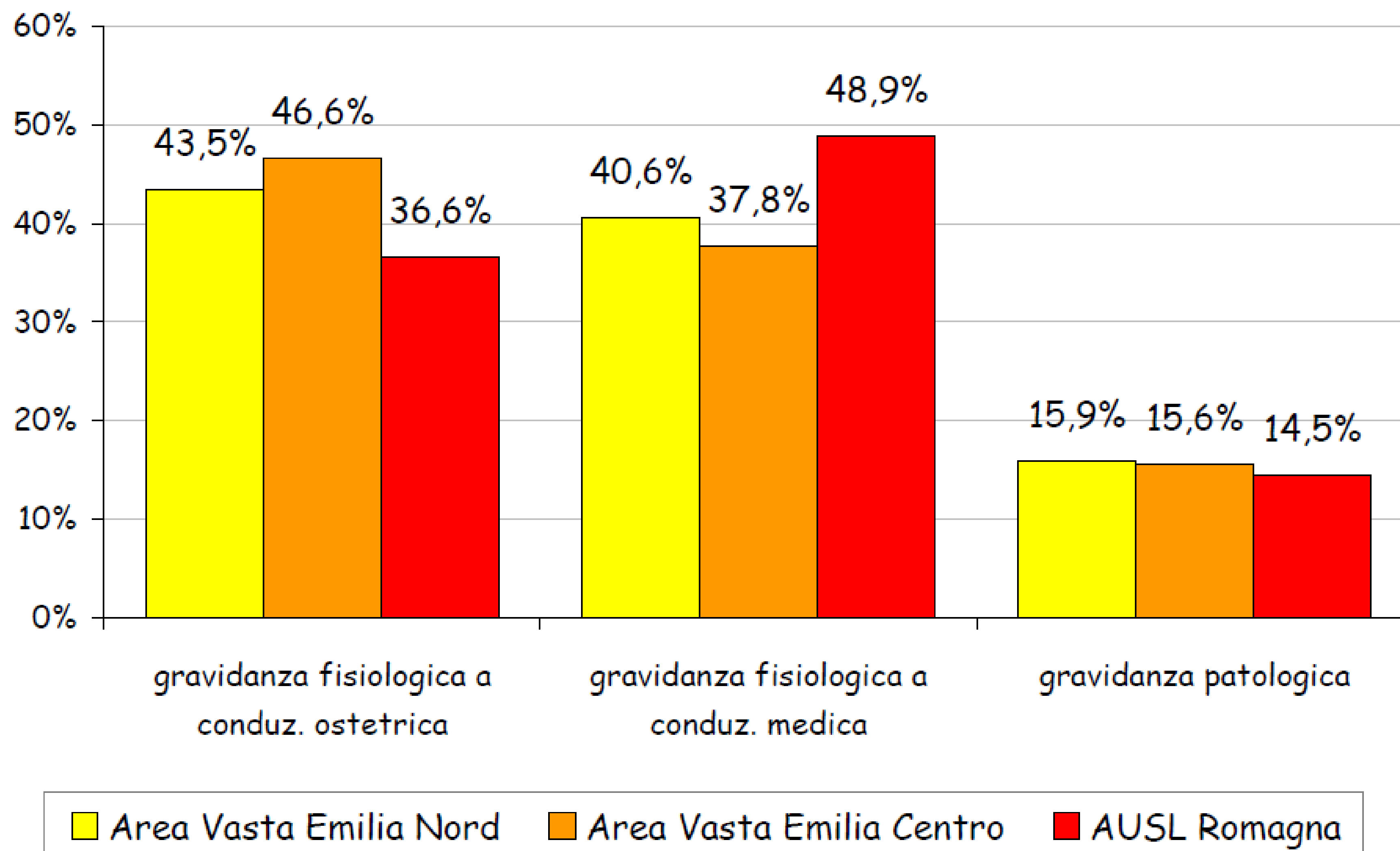


gravidanze fisiologiche
a conduzione medica

decorso e assistenza, in consultorio



decorso e assistenza, Aree Vaste



decorso e assistenza, valutazioni

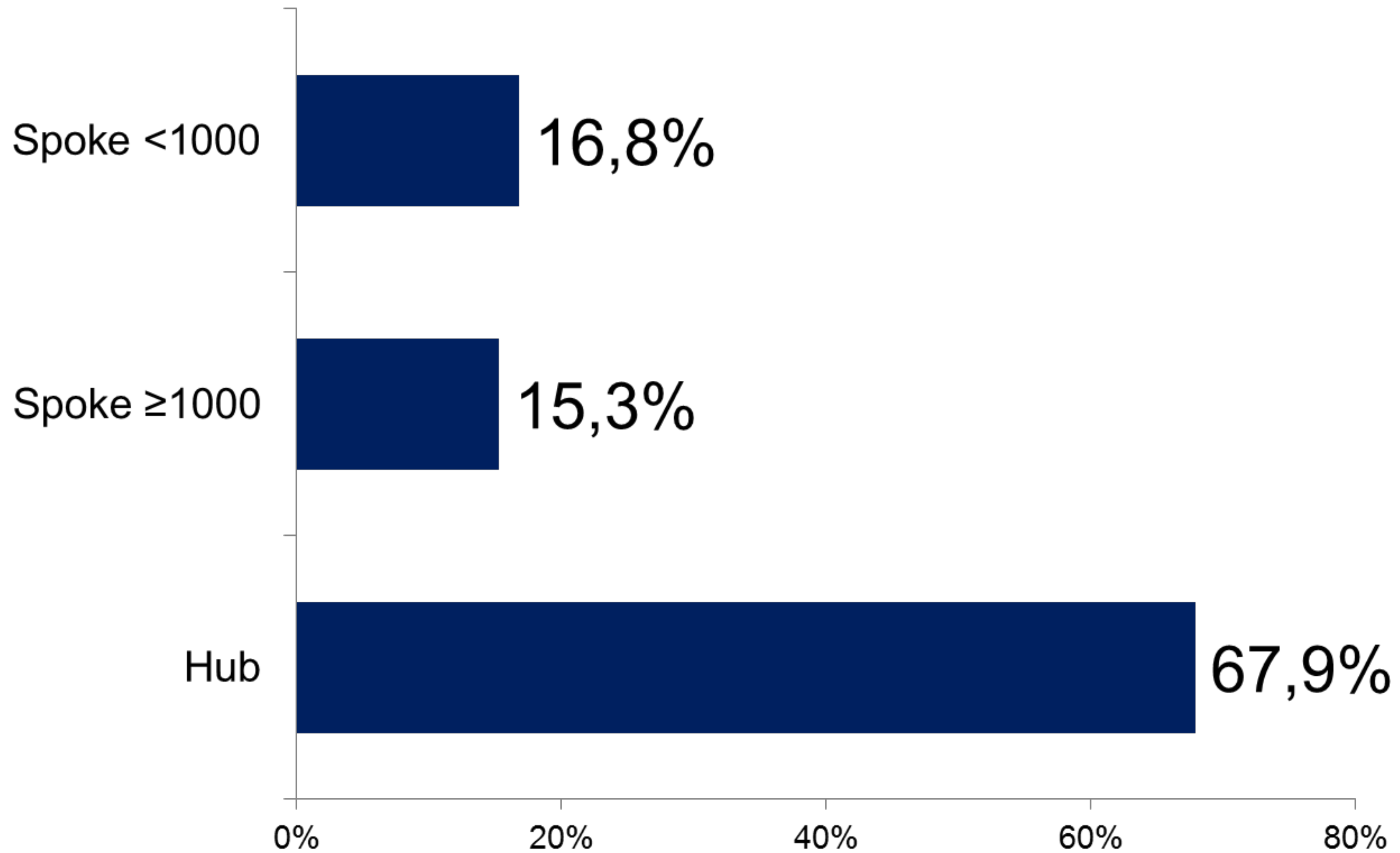
- indicatore nuovo: cautela nella interpretazione

- valutare differenze in assistenza tra distretti con modelli assistenziali diversi (categorizzazione binaria della gravidanza vs criteri elegibilità per assistenza appropriata)

procreazione medicalmente assistita

	PMA sì n=812 (2,4%)	PMA no n=32443 (97,6%)
gravidanza plurima	20,3	1,4
taglio cesareo	52,9	25,9
nato pretermine	29,4	7,3
nato basso peso	27,8	6,6
nato SGA	11,8	8,8
rianimazione neonatale	8,8	5,9

PMA e punti nascita



www.saperidoc.it
www.salute.regione.emilia
-romagna.it/siseps/