

Public Health Institutes of the World

IANPHI

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NATIONAL INSTITUTE FOR HEALTH AND WELFARE

Maternal Health

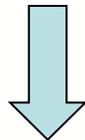
- Facilitator:
 - Mika Gissler, THL National Institute for Health and Welfare
- Role:
 - Outline Scandinavian perspective to maternal mortality trends and address the critical factors affecting low maternal mortality in Finland and similar countries.

Health Information System (HIS)

- Population-based information systems
 - Census (population count)
 - Civil registration (births, deaths, migration etc.)
 - Health monitoring (registers, statistics, surveys)
- Institution-based information systems
 - Individual records at facility level
 - Service records (statistics, registers)
 - Resource records (statistics, registers)

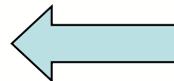
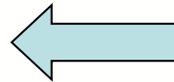
Health determinants

- Socioeconomic and demographic factors
- Environmental and behavioural risk factors



Health status

- Mortality
- Morbidity/disability
- Well-being



Health systems

Inputs

- Policy
- Financing
- Human resources
- Organization and management



Outputs

- Information
- Service quality and availability



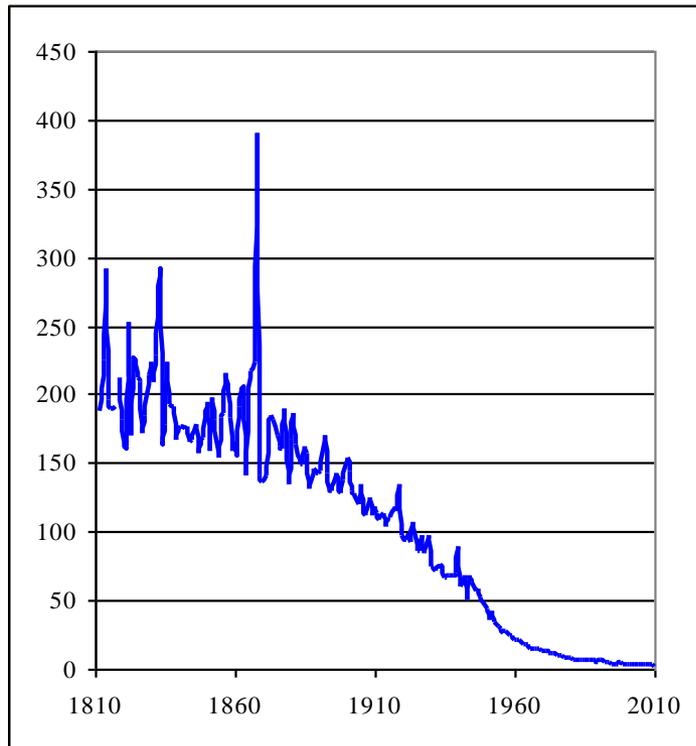
Outcomes

- Service coverage
- Utilisation

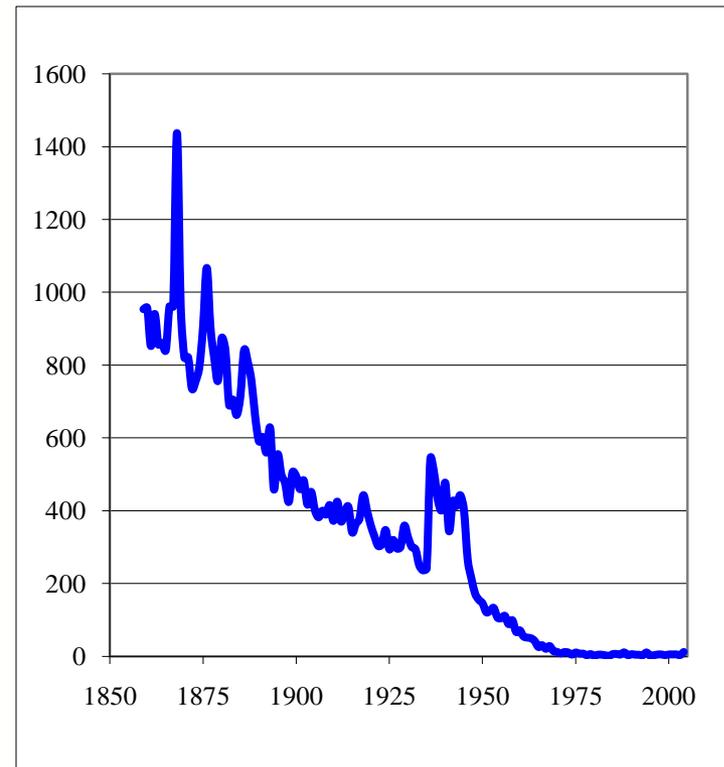
Register-based HIS in the Nordic countries

- Long traditions: Census data and population statistics have been collected more than 250 years and health statistics more than 150 years.
- First real health registers were started in the 1940-1950s, when improved computers were available.
- Personal identification numbers have been available in all countries for decades.
- Several data quality studies have shown the high quality of routinely collected registers.
- Data protection allows the collection of register data for statistical and research purposes.

The first 200 years of health monitoring in Finland



Infant mortality per 1000 live births



Maternal mortality per 100 000 live births

Estimated maternal mortality per 100 000 live births (WHO/UNICEFF/UNFPA estimates)

Denmark Finland Iceland Norway Sweden

1990	9	8	0	6	7
1995	15	6	16	9	8
2000	5	6	0	16	2
2005	3	8	4	7	3
2008	5	8	5	7	5

Latest data

2007-09	8	4	0	5	4
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Maternal mortality in the Nordic countries

- Data is based on official statistics from Cause-of-Death Registers.
 - Since their data have been questioned, validation studies are needed.
- National maternal mortality studies (confidential enquires) have started in Denmark. Also Norway and Sweden have piloted the study. Finland...?
 - It is important to investigate all maternal deaths (and near-misses) to find, if substandard care has contributed in the case.
 - Examples: avoidable complications, communication problems, problems in referral or consultation process, inappropriate medication etc.

Lessons learned

- Invest in good statistical system and health monitoring.
- Use this data for choosing policy priorities and to improve health system.
- Factors behind the Finnish success:
 - Free antenatal care for all pregnant women since 1940s.
 - Progress in antibiotics since 1950s.
 - Building up a central hospital network in the 1960s.
 - Liberalised legislation on induced abortions in 1970.
- Maternal deaths in the Nordic countries:
 - Has not been seen a policy priority since the 1970s.
 - Confidential enquiries will be started in the 2010s