

Acknowledgement

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*Abstract title:

Perinatal health and territorial analysis in the Ile de France (IDF) region

*Abstract text:

Background: The Ile-de-France (IDF) region has higher infant and perinatal mortality than the rest of metropolitan France. In 2012, the Regional Health Authority initiated a project aimed at Reducing Infant and Perinatal Mortality (R  MI). It focused first on the Seine-Saint-Denis (SSD) district with an audit of all perinatal deaths: 33% of them were judged potentially avoidable by improving adherence to good practice guidelines and better management of risk factors, such as obesity. Objectives: To identify territories with an excess of perinatal mortality throughout the IDF region and assess risk factor availability. Method: We used routine data from the Perinatal health Information System which combines hospital discharge summaries, vital statistics, census data and data on hospital structural characteristics. The human development index (IDH2) combining life expectancy at birth, education and income level was measured at the level of the 27 sub-districts of the region, considered to be an appropriate geographic scale for evaluating social inequalities. Risk factors, including obesity and diabetes were analysed using delivery discharge summaries. Results: Among about 12 million inhabitants, nearly 3 million women from 15 to 49 years old lived in the IDF region in 2016. During the period 2014-2016, 545 502 total births were recorded; IDF perinatal mortality was 11.5 per one thousand total births and varied from 8.9 to 15.3 per 1000 across the sub-districts with a significant excess in 4, including 2 in SSD. Perinatal mortality increased when sub-district level income or educational level decreased. Risk factors monitoring showed large variation in recording of risk factors between maternities even in a same sub-district. Discussion- Conclusion: Other areas of the region face higher risks and would benefit from specific actions aimed at reducing perinatal mortality. The quality of risk factors coding in delivery stays has to be improved.

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Healthcare Information Systems

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