

Kakovost v zdravstvu/Quality of health service

KAKOVOST PERINATALNEGA VARSTVA V SLOVENIJI OD LETA 2003 DO 2008

QUALITY OF PERINATAL CARE IN SLOVENIA 2003-2008

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Izvleček

- Izhodišča** *Namen raziskave je bil ugotoviti, ali se kazalci kakovosti perinatalnega varstva v Sloveniji spreminjajo.*
- Metode** *Izbrali smo kazalce kakovosti, s katerimi Europeristat¹ primerja kakovost perinatalnega varstva v državah Evropske unije. Izbrali smo dve petletni obdobji, od 1998 do 2002 in od 2003 do 2008. Podatke za perinatalne kazalce kakovosti smo zajeli iz Nacionalnega perinatalnega informacijskega sistema Slovenije.² Statistično značilnost smo ugotavljali s Pearsonovim testom hi-kvadrat.*
- Rezultati** *V letih od 1998 do 2002 je bilo 87.679 porodov, rodilo se je 88.678 otrok. V letih od 2003 do 2008 je bilo 90.662 porodov in rodilo se je 91.736 otrok. V obdobju od 2003 do 2008 so bile ženske statistično značilno bolj izobražene in več nosečnic je prišlo na prvi pregled v nosečnosti do 12. tedna (84,0 % proti 75,3 %). Več jih je zanosilo po postopkih asistiranega reprodukcije (2,0 % proti 1,7 %) in več je bilo mnogoplovnih nosečnic (1,7 % proti 1,6 %). Porodov brez medicinskih posegov je bilo značilno manj (34,7 % proti 41,9 %). Manj porodov se je pričelo spontano (74,0 % proti 92,6 %). Zelo se je povečal tako odstotek sproženih porodov (20,1 % proti 6,6 %) kot načrtovanih carskih rezov (6,0 % proti 0,9 %). Odstotek carskih rezov se je povečal v celoti (14,8 % proti 11,0 %), predvsem zaradi povečanja načrtovanih carskih rezov, povečal pa se je tudi odstotek s posegom dokončanih vaginalnih porodov (3,1 % proti 2,6 %). Epiziotomij je bilo manj (48,7 % proti 51,0 %), manj je bilo tudi poškodb presredka druge stopnje (4,5 % proti 5,4 %), medtem ko je bilo poškodb tretje do četrte stopnje več (0,3 % proti 0,2 %). Transfuzij je bilo manj (0,3 % proti 1,0 %), zato pa je bilo narejenih več histerektomij (0,1 % proti 0,03 %). Odstotek eklampsij je bil v obeh obdobjih enak (0,1 %). Med prezgodnjimi porodi je bil večji odstotek porodov med 32. in 36. tednom nosečnosti (5,9 % proti 5,5 %), medtem ko ni bilo razlik med porodi med 22. in 31. tednom nosečnosti. Mrtvorojenost nad 22. tednom nosečnosti je bila v obeh obdobjih enaka – 5 na 1000 vseh rojenih, zgodnja (2 na 1000 proti 3 na 1000) in pozna (0,04 na 1000 proti 0,4 na 1000) neonatalna umrljivost pa sta bili manjši. V obeh obdobjih so bile usodne malformacije vzrok za tretjino mrtvorojenosti in neonatalnih smrti.*
- Zaključki** *V zadnjih letih v Sloveniji opazamo porast porodov s posegom in upad porodov brez medicinskega poseganja. Kljub temu, da nosečnice prihajajo na prvi pregled bolj zgodaj v nosečnosti in so bolj izobražene, kar pomeni tudi boljši socialno-ekonomski položaj, prezgodnji porodi naraščajo, medtem ko se zdravje nosečnic in mrtvorojenost nista pomembno spremenila. Zmanjšala pa se je neonatalna umrljivost.*
- Ključne besede** *nosečnost; porod; kazalci kakovosti*

Abstract

- Background** *The purpose of this analysis was to find whether the quality indicators of perinatal care in Slovenia change.*
- Methods** *We used the same quality indicators which are used in the European project Europeristat¹ to compare the quality of perinatal care among the countries of the European Union. We*

used two 5-year periods, from 1998 to 2002 (reference period) and from 2003 to 2008 (observed period). Data for perinatal quality were collected from the National Perinatal Information System of the Republic of Slovenia.² Statistical significance was tested using the Pearson's chi-square test.

Results

Between 1998 and 2002, there were 87.679 labours ending in the delivery of 88.678 newborns, and between 2003 and 2008, there were 90.662 labours ending in the delivery of 91.736 babies. In the observed period (2003 do 2008) mothers had statistically significantly higher educational level, a higher percentage came to their first pregnancy examination before the 12th week of gestation (84.0 % vs. 75.3 %), a higher percentage conceived after assisted reproductive techniques (2.0 % vs. 1.7 %), and the incidence of multiple pregnancies was higher (1.7 % vs. 1.6 %). Significantly lower were the percentages of labours without medical interventions (34.7 % vs. 41.9 %) and of spontaneous onset of labour (74.0 % vs. 92.6 %). The percentages of induced labours and of elective cesarean sections increased dramatically (20.1 % vs. 6.6 % and 6.0 % vs. 0.9 %). The increase in the overall percentage of cesarean sections (14.8 % vs. 11.0 %) is mainly due to increased incidence of elective cesarean sections, but the percentage of operative termination of vaginal labour increased as well (3.1 % vs. 2.6 %). The incidence of episiotomies was lower (48.7 % vs. 51.0 %) and so was the incidence of 2nd degree perineal lacerations (4.5 % vs. 5.4 %), while the incidence of 3rd-4th degree lacerations was higher (0.3 % vs. 0.2 %). Transfusion was required in a lower percentage (0.3 % vs. 1.0 %), but the percentage of hysterectomies increased (0.1 % vs. 0.03 %). The incidence of eclampsia was the same in the two time periods (0.1 %). Among preterm deliveries, the higher percentage occurred between 32 and 36 gestational weeks (5.9 % vs. 5.5 %), while there were no differences among the deliveries between the 22nd and 31st gestational week. Stillbirths after the 22nd gestational week was the same in both periods, 5 per 1000 of all newborns, whereas early (2 per 1000 vs. 3 per 1000) and late (0.04 per 1000 vs. 0.4 per 1000) neonatal mortality rates were lower. In both time periods lethal malformations were the cause of death in 1/3 of stillborn babies 1/3 of neonates.

Conclusions

Over the last years, an increase in operative deliveries and a decrease in deliveries without medical interventions have been observed in Slovenia. Despite the fact that mothers come to their first prenatal examination earlier in pregnancy than before and that they are more educated, i.e. they have a better socio-economic status, the incidence of preterm deliveries increases, while the mother's health and the incidence of stillbirths have not changed significantly. The decrease in neonatal mortality rate should be highlighted.

Key words

pregnancy; labour/delivery; quality indicators

Literatura

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