14.7. Very preterm births in hospital without NICU (MN-7)

14.7.1. Documentation sheet

Description	Percentage of very preterm babies delivered in units without a neonatal intensive care unit (NICU)
Calculation	Proportion of all births (live born and stillborn) between 22 and 31 weeks of gestation delivered in units without an on-site NICU.
Rationale	About 1 to 1.5% of all births are very preterm, but they account for one third to one half of all neonatal deaths.[1] The delivery of these infants in maternity units with on-site neonatal intensive care unit is associated with lower mortality.[1-3]
Data source	CEpiP, SPE
Technical definitions	Hospital sites with NICU are defined as hospital sites with licesed NIC beds. However, deliveries taking place in CHU Brugman are considered as taking place in an hospital site with NICU although the NICU is technically on another hospital site (HUDERF). This assumption has as important impact on the results for Brussels: the percentage of very preterm babies delivered in units without NICU would be considerably higher if CHU Brugman was considered as having no on-site NICU.
Limitations	UZ Brussels is double counted, i.e. in Brussels (CEpiP data) & Flanders (SPE data) regions.
International comparability	The absence of a common definition of levels of neonatal care makes international comparison difficult.[1]
Performance Dimension	Quality (appropriateness)

14.7.2. Results

Percentage of very preterm babies delivered in units without a NICU decreased in every Belgian region between 2011 and 2015. (Table 144, Figure 225).

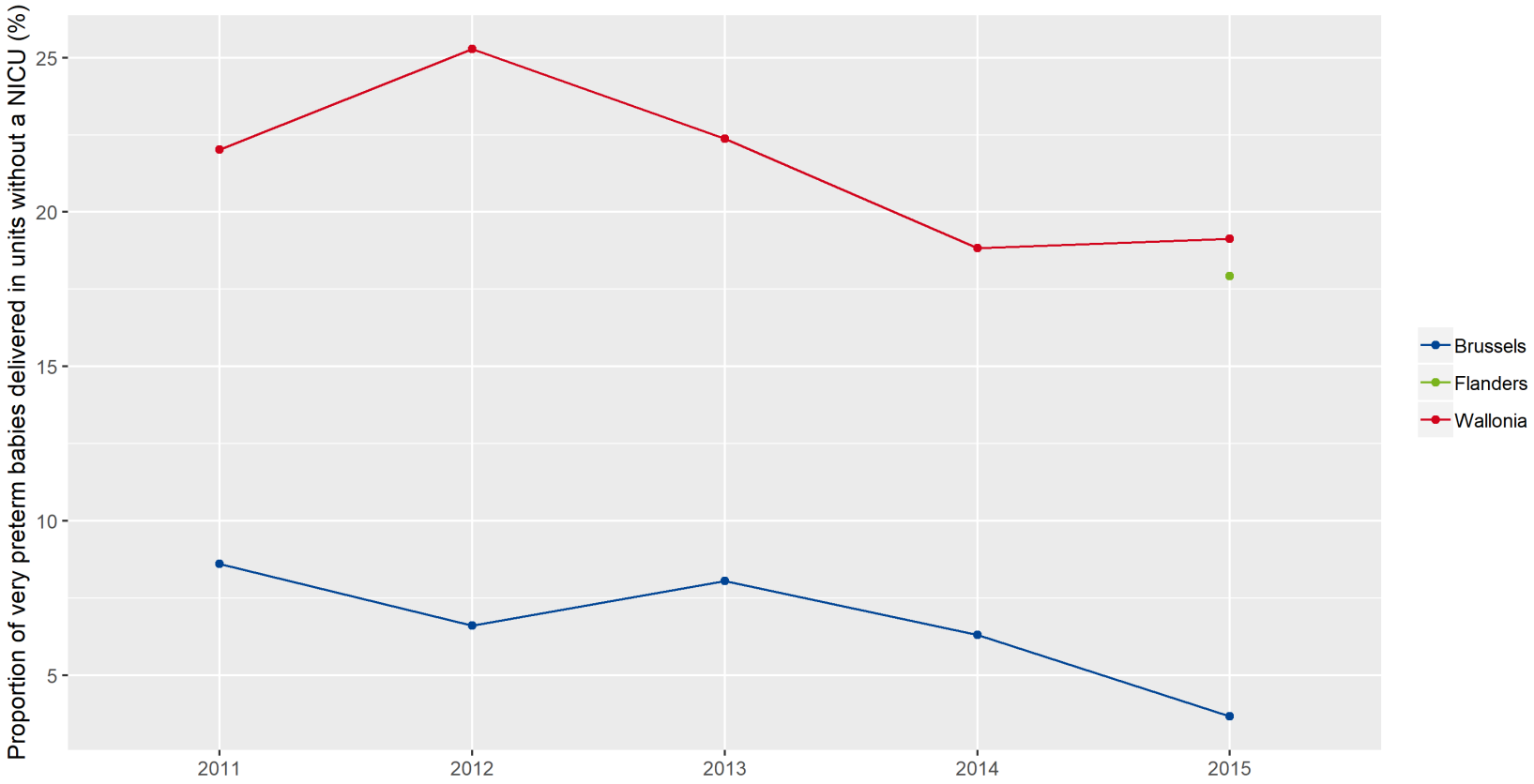
In 2015, Wallonia had the highest proportion of very preterm babies delivered in units without a NICU (19.14%) and Brussels the lowest proportion (3.66%) (Table 144, Figure 225).

Table 144 – Percentage of very preterm births delivered in units without a NICU, by regions, 2010-2015

	2010	2011	2012	2013	2014	2015	Average annual difference 2011-2015
Brussels*	NA	8.60%	6.60%	8.05%	6.31%	3.66%	-1.24%
Flanders*	21.75%	NA	NA	NA	NA	17.92%	NA
Wallonia	NA	22.02%	25.29%	22.38%	18.84%	19.14%	-0.72%

** UZ Brussels is double counted, i.e. in Brussels & Flanders regions; Data source: CepiP (BRU & WAL) & SPE (FLA); Calculation: KCE; NA: Not Available*

Figure 225 – Proportion of very preterm babies delivered in units without a NICU, by regions, 2011-2015



Data source: CepiP (BRU & WAL) & SPE (FLA)

Key points

- **Percentage of very preterm babies delivered in units without a NICU decreased in every Belgian region between 2011 and 2015.**
- **Brussels has the lowest proportion of very preterm babies delivered in units without a NICU (3.66% in 2015).**

References

[1] Zeitlin J, Mohangoo A, Delnorn M, Alexander S, Blondel B, Bouvier-Colle M, *et al.* European Perinatal Health Report. The health and care of pregnant women and babies in Europe in 2010. 2013.

[2] Ozminkowski RJ, Wortman PM, Roloff DW. Inborn/outborn status and neonatal survival: A meta-analysis of non-randomized studies. Statistics in medicine. 1988;7(12):1207-21.

[3] Larroque B, Ancel P-Y, Marret S, Marchand L, André M, Arnaud C, *et al.* Neurodevelopmental disabilities and special care of 5-year-old children born before 33 weeks of gestation (the EPIPAGE study): a longitudinal cohort study. The Lancet. 2008;371(9615):813-20.

14.8. Screening during pregnancy (MN-8)

14.8.1. Documentation sheet

Description	Proportion of women screened for hepatitis C during pregnancy. Proportion of women screened more than once for cytomegalovirus during pregnancy. Proportion of women screened more than once for toxoplasmosis during pregnancy.
Calculation	Numerator: number of women who have delivered in a given year, having had a Hepatitis C screening test within the 280 days before delivery; number of women who have delivered in a given year, having more than one cytomegalovirus screening test within the 280 days before delivery; number of women who have delivered in a given year, having more than one toxoplasmosis screening test within the 280 days before delivery. Denominator: total number of women who have delivered affiliated to a sickness fund. Distributions of the number of tests are also presented. Results are presented by region.
Rationale	For low-risk pregnancies, the KCE guideline[1] does not recommend to routinely offer to each pregnant woman hepatitis C testing; does not recommended routine screening in all pregnant women for toxoplasmosis infection, repeated at different periods of pregnancy, although a single serological test prior to or at the beginning of pregnancy can be useful; and does not recommend routine screening in all pregnant women for cytomegalovirus infection, although a single serological test preferably prior to pregnancy can be useful. In June 2017, the RIZIV – INAMI nomenclature has been updated in that direction: new nomenclature codes for toxoplasmosis test cannot be billed more than twice during pregnancy and new nomenclature codes for cytomegalovirus test can only be billed during pregnancy in case of clinical presumption of an acute infection with the cytomegalovirus.
Data source	IMA-AIM