

## **Maternal and neonatal health: Preliminary results of the French National Perinatal Survey 2016**

The French National Institute for Health and Medical Research (Inserm) and the Directorate of Research, Studies, Evaluation and Statistics (DREES) have published the preliminary results of the French National Perinatal Survey 2016. This report, based on a sample of births representing all births in France for the year 2016, presents the changes in the main perinatal indicators of health, medical practices and risk factors. It also describes the organization of healthcare in the country's 517 maternity units.

The National Perinatal Surveys are conducted at regular intervals (1995, 1998, 2003 and 2010). The latest, performed in March 2016, was jointly led by the Ministry of Health and Solidarity (DREES, Directorate-General of Health (DGS) and the Directorate-General of Health Care Provision (DGOS)) together with the National Public Health Agency (Santé publique France) and the Obstetrical, Perinatal and Pediatric Epidemiology research team (EPOPé) at Inserm (see boxed text).

### **In metropolitan France, certain risk factors increased in 2016**

- Advanced maternal age (35 years or older), overweight and obesity were more common in 2016 than in 2010 (respectively 21%, 20% and 12% in 2016 vs. 19%, 17% and 10% in 2010).
- Between 2010 and 2016, there was no reduction in the rate of tobacco consumption during pregnancy (17%) and exclusive breastfeeding prior to maternity unit discharge fell (from 60% to 52%): two indicators for which France was already faring less favorably than its European neighbors in 2010.
- The rate of anti-influenza vaccination of pregnant women was very low (7%), despite the high risk of complications represented by the disease.

### **Certain perinatal health indicators worsened**

- The preterm delivery rate has been on the increase since 1995 (from 4.5% in 1995 to 6.0% in 2016 for live-born singletons).
- The proportion of infants with a low birth weight (for their gestational age) increased between 2010 and 2016 (from 10.1% to 10.8% for live-born singletons).

### **In the overseas departments and regions (DROM), the risk factors differ from those of metropolitan France and the perinatal health indicators are less positive overall**

- The socioeconomic characteristics of women in the overseas departments and regions (DROM) are less favorable than in metropolitan France.
- 25% of pregnant women in the DROM declare that they do not live with a partner (vs. 5% of women in metropolitan France).
- Pregnant women are younger (6% between 18 and 19 years of age vs. 2% in metropolitan France).
- Pregnant women in the DROM have a higher rate of obesity (21% vs. 12% in metropolitan France).
- Tobacco consumption is lower (5% vs. 17% in metropolitan France).

- The frequency of hospitalizations during pregnancy is higher (27% vs. 18% in metropolitan France).
- The preterm delivery rate for singleton live births is 10.1% (vs. 6.0% in metropolitan France).

### **Deliveries took place in larger maternity units, offering increased safety and a better response to women's needs**

- The number of maternity units continues to decrease: with 517 in March 2016 (including 20 in the DROM).
- In 2016, births most often took place in large, specialist, public maternity units, although there was no decrease in the number of small units (fewer than 500 births per year).
- The percentage of units permanently staffed with an obstetrician (from 54% in 2010 to 61% in 2016), an anesthetist (from 75% to 81%) and a pediatrician (from 34% to 40%) increased.
- Refusal of admission for lack of space was less common in 2016.
- Pain management improved through more frequent use of patient controlled epidural analgesia (PCEA) and 88% of women were satisfied with what they were offered to manage pain and contractions.

### **Increased compliance during childbirth with professional recommendations on good practice**

- The rate of cesarean sections was stable (20.4% in 2016 vs. 21.1% in 2010).
- The rate of episiotomy fell, from 27% in 2010 to 20% in 2016.
- The care women received during childbirth was less medicalized, with less frequent use of oxytocin (drug used to speed up contractions and which presents a risk to maternal health) during labor.
- Prevention of post-partum hemorrhage became widespread.

#### **About French National Perinatal Surveys**

*The French National Perinatal Surveys cover all births (live and stillborn infants) during one week in all French maternity units. The data is collected from medical records and interviews with postpartum women. Data are also collected on the characteristics of maternity units and their organization of healthcare. The latest survey conducted in March 2016 covered 14,142 births and 13,894 women, including 13,384 births and 13,148 women in metropolitan France and 758 births and 746 women in the DROM. The data obtained are used to build reliable indicators and monitor their changes in relation to previous surveys. The survey was coordinated at departmental level by the Mother and Child Protection Services (PMI), the perinatal health networks and Inserm.*

*The 2016 survey was funded by DREES, DGS, DGOS and Santé publique France.*

#### **Sources**

##### **1) Full report of the French Perinatal Survey 2016:**

[drees.solidarites-sante.gouv.fr/etudes-et-statistiques/](http://drees.solidarites-sante.gouv.fr/etudes-et-statistiques/)  
[www.epopé-inserm.fr/grandes-enquetes/enquetes-nationales-perinatales](http://www.epopé-inserm.fr/grandes-enquetes/enquetes-nationales-perinatales)

##### **2) Report summary:**

[drees.solidarites-sante.gouv.fr/IMG/pdf/synthese-enp2017.pdf](http://drees.solidarites-sante.gouv.fr/IMG/pdf/synthese-enp2017.pdf)

##### **3) Study of the maternity units component:**

[Fresson J., Rey S, Vanhaesebrouck A., Vilain A., « Les maternités en 2016 - Premiers résultats de l'enquête nationale périnatale », \*Études et Résultats\*, DREES, n°1031, octobre, 2017.](#)

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