Date last modification of documentation sheet: 18-04-2012

Compared to previous version documentation sheet (07-01-2012) the following issues were adapted:
- New section on relevant policy areas added to the documentation sheet

ECHIM Indicator name	D) Health interventions: health services 61. Timing of first antenatal visit among pregnant women.
Relevant policy areas	- Health inequalities (including accessibility of care) - Health system performance, quality of care, efficiency of care, patient safety - Maternal and perinatal health - (Preventable) Burden of Disease (BoD) - Child health (including young adults) - (Planning of) health care resources
Definition	Percentage of women having their first antenatal visit in 1st, 2nd, and 3rd trimester or having no visits. Antenatal visit refers to a visit to a certified health care professional, e.g. general practitioner, obstetrician, midwife and public health nurse. Only visits to examinations and/or pregnancy-related advice are to be included. Mere prescription of a pregnancy test or booking in a maternity unit should be excluded.
Key issues and problems	Topic needs further development. The keys issues are: 1) At the moment there is no satisfactory proposal for indicator calculation and data sources. 2) Recommendations on the appropriate time to begin antenatal care differ across member states, as there is no universal recommendation for optimal timing, amount and content of antenatal care in either low- or high-risk pregnancies. However, early first visit before the end of 1st trimester is recommended in most countries. 3) Also the definition of what antenatal visit entails may range from the prescription of a pregnancy test to booking in a maternity unit, to first contact with an obstetrician, midwife, or general practitioner. 4) There are additional variations within countries with respect to the definition of trimesters in terms of gestational age in days or weeks.
Preferred data type and data source	Preferred data type: National birth registers and perinatal surveys. Also electronic child health and maternity clinic records can be used. In some countries, data are available from the calculation of health insurance benefits. Preferred data source: Not decided yet.
Data availability	- Eurostat, WHO-HfA and OECD: No data available. - Peristat data for year 2004 exist for 26 MSs and Norway. However, some countries were not able to provide data. Data only for years 2000 and 2004 are available. Next data round is planned for 2010 data.
Rationale	Antenatal care is the best preventive care for pregnant women to reduce morbidity and mortality in both mothers and their babies. Antenatal visits allow for the management of pregnancy, detection and treatment of complications and promotion of good health. It provides an indication of access to antenatal care. It is a better indicator for international comparisons than an indicator based on recommendations about the optimal number of antenatal visits, which vary according to policy differences among MSs.
Remarks	- Both public and private sectors should be included. - PERISTAT project has proposed an indicator "timing of first antenatal visit, (R7) which is defined as "Distribution of timing of first antenatal visit by trimester of pregnancy for all women delivering live or stillborn babies. Trimesters are defined as a)1st trimester = lower than 15 weeks; b) 2nd trimester = 15 – 27 weeks; c) 3rd trimester = 28 weeks or more". Collect separately the percentage of women with no antenatal visits.
References	- PERISTAT -project: http://www.europeristat.com/ - For PERISTAT project 2000 data please see: the Special Issue of the European Journal for Obstetrics & Gynecology and Reproductive Biology, Volume 111 (2003), Supplement 1, S1–S87.

	- For PERISTAT project 2004 data please see chapter 4.4 of "European Perinatal Health Report", available at http://www.europeristat.com/publications/european-perinatal-health-report.shtml
Work to do	- Consult PERISTAT for considerations regarding indicator definition (preferred timing) and data collection. On this basis then: - Decide on the definition of the indicator. - Decide on the calculation of the indicator. - Decide on the preferred data sources.