Regionalisation of perinatal care in Portugal
How were potential conflicts of interest handled?

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How were potential conflicts of interest handled?

Very well in 1989
Very well because of

A great conviction from both Doctors and Health Ministry that something had to be done to improve data on perinatal health
• To decrease the number of hospitals where deliveries took place
• To concentrate doctors, nurses, equipment
• To define staff
• To acquire equipment
• To train – nurses and paediatricians
Regionalisation
Cost-effectiveness

• Centralization of expensive technologies
• Development of expertise concentrating cases in a same centre: Surgery, VLBW, etc
• Lower mortality rates
• Better outcomes
In 1989

After the political decision of closure of small maternities the committee return to villages and cities to explain to political local power and people, the decision, which kind of care they will have in the future, why and expected gains

• Level I hospitals and Health Centers stop to have deliveries
• At that time it was accepted without problems
• Health Centres were given a great responsibility: the follow up of the most part of pregnancies by GP – the normal ones
(No)Economic pressure

• The National Heath Service is free
• There are no economic incentives for obstetrical or neonatal care
• Hospitals are financed through ICD
• Hospital level is defined according to both delivery and newborn care
Local power
Conflicts - Politicians and Doctors

• Prestige of having a maternity
• More important than having a NICU is to have a delivery room
• Need to accomplish with national rules – delivery rooms must have two Obstetricians and a Resident 7 days a week and number of deliveries enough to be open
Da Silva, Torrado A.
Perspectivas de la salud materna y neonatal en Portugal
Salud Publica Mex 1988; 30: 700-13
In 1989
The rule

“No results can be obtained without the interested and responsible participation of all – institutions and people”

In 1989 Report
In 1989
The emphasis

Training
Geographic influences on regionalization

- Islands
- Far geographic areas
The influence of demographics on regionalization
Birth rate (1979-2009)
Multiples (three or more)  
1990-2009
Preterm and low birth weight rates

![Graph showing preterm and low birth weight rates from 2001 to 2009]

- Preterm
- Low birth weight
- Best LBW EU 2007
The influence of demographics on regionalization

Lowering of birth rate

- Some maternities left open 20 years ago had now <1500 deliveries
- New period for closure of maternities was needed
- It was accomplished in 2007
Problems

- The order was sent directly from Ministry to local power. No explanations were given
- There was a great opposition political profit
- Bad and wrong influence on public opinion
- Some politicians and some opinion makers defended the plan, others criticised it
The influence of demographics on regionalization

Increasing number of preterm infant and twins

- Centres had to increase the number of intensive care beds
The influence of demographics on regionalization

• Soon level III maternities will be closed in the big centres and replaced two by one
Other threats
Opening of private hospitals with maternity

• Need to implement the same rules as to public maternities
• Capitation based on private insurance, that may not be enough to cover expenses
• Risk of braking rules
• Risk of attracting “wrong” pregnant women
• Need of postnatal transfer of sick newborn infants from private to public hospitals (using a public service)
Other threats

- Lowering gross national income
- Economic difficulties
- Financial problems
The good news

• Portuguese Medical Association – to have a delivery room open, hospitals have to have at least two obstetricians and a resident on duty for 24h

• Health Minister – Law from August 2010: Private hospitals are forbidden to deliver newborn infants less than 32 and 34 weeks GA according to defined categories

• Post graduation on Neonatology – almost a new national programme 20 years after the first one: 2 years post graduation, following the ENS programme, a deal between the two interested parts: Health Ministry and the Portuguese Medical Association