Standards of Care for Women's Health in Europe

EBCOG

European Board and College of Obstetrics and Gynaecology

WORKING TOWARDS the IMPROVEMENT of WOMEN'S HEALTH in EUROPE

EBCOG

European Board and College of Obstetrics and Gynaecology

EBCOG's OBJECTIVE

To IMPROVE the HEALTH of WOMEN and THEIR BABIES by PROMOTING the HIGHEST POSSIBLE STANDARDS of CARE and TRAINING in the FIELD of OBSTETRICS and GYNAECOLOGY

EBCOG represents the National Societies of Obstetrics and Gynaecology of 36 countries

Albania, Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, FYROM, Germany, Greece, Hungary, Iceland, Ireland, Italy, Kosovo, Latvia, Lithuania, Malta, The Netherlands, Norway, Poland, Portugal, Romania, Russia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine and the United Kingdom

EBCOG is the Board of the Section of Obstetrics and Gynaecology of the Union Européenne des Médecins Spécialistes (UEMS)

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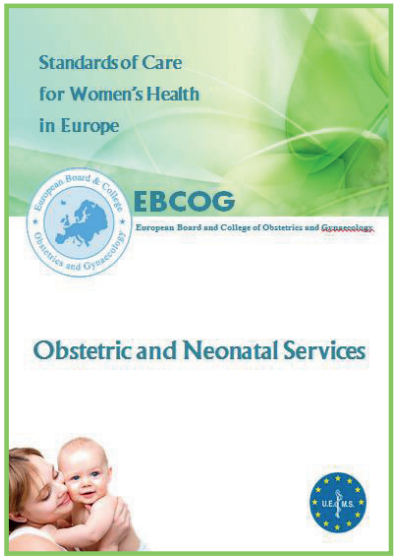
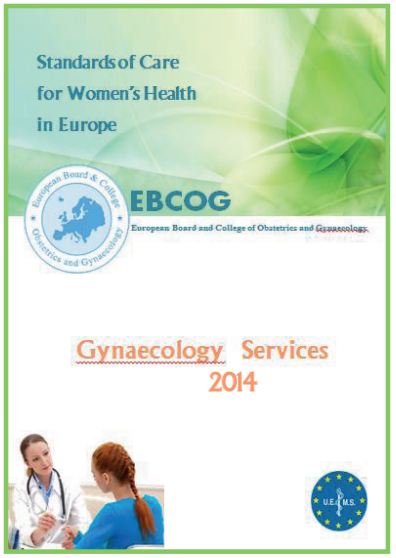


EBCOG has developed Standards of Care for

Obstetric and Neonatal Services

Gynaecology Services



STANDARDS OF CARE

The Standards of Care are intended to address variations and inequities in access to care.
They will lead to a clearer understanding about what standards of treatment and care patients can and should, expect.

The Standards of Care focus on the safety, care, dignity and treatment of patients.
They reflect the Care that a Health Service and prudent Healthcare Professional should provide in order to be effective and safe for the patient.

Standards of Care for Women's Health in Europe

BACKGROUND

Over the past decade there has been an unprecedented emphasis on enhancing the quality of clinical care

This has been supported by the publication of a large number of clinical guidelines, protocols and policy documents by countries and institutions in Europe

However, there is still an evident DISPARITY IN ACCESSIBILITY to sexual and reproductive health services, in the QUALITY OF CARE and in CLINICAL OUTCOMES ACROSS THE COUNTRIES and even in regions within the same country

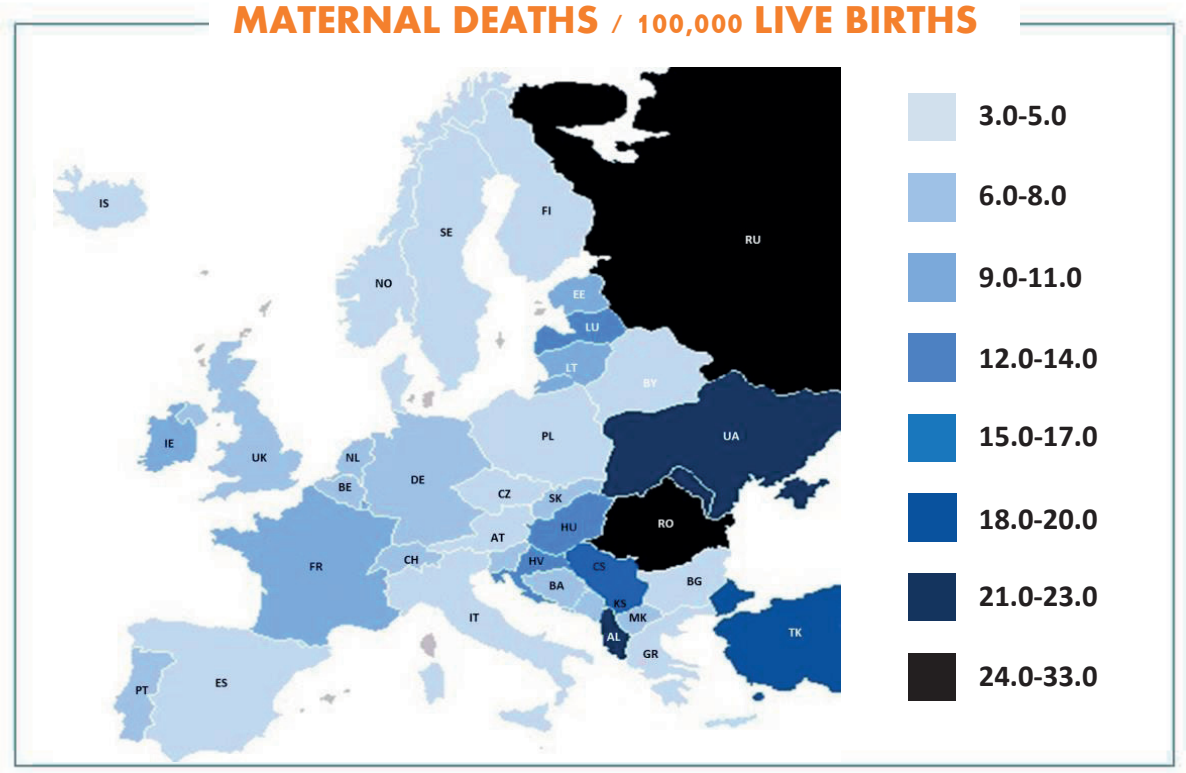
Such inequitable access to the delivery of healthcare systems has an economic and societal impact and therefore, there is a compelling need to improve delivery of care

Standards of Care for Women's Health in Europe

Important discrepancies exist in obstetrical and gynaecological healthcare in EU/EEA Member States

- **The incidence of MATERNAL DEATH**

  (i.e. the death of a woman while pregnant or within 42 days of giving birth, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes)



in some countries is *ten times higher* than in others

Data from WHO, 2013

- **The INCIDENCE of and MORTALITY RATES for OVARIAN, ENDOMETRIAL, CERVICAL and BREAST CANCERS, ALSO VARY CONSIDERABLY AMONG EUROPEAN COUNTRIES**

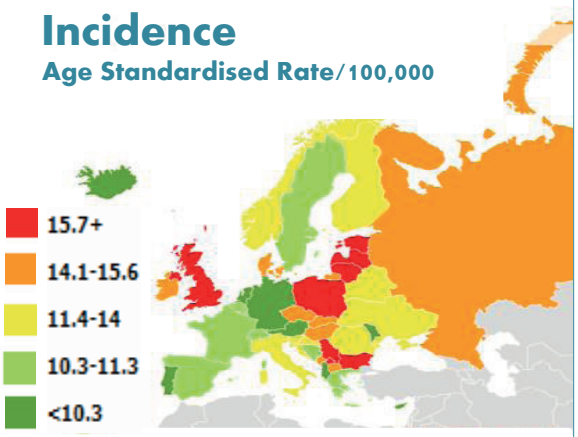
A few examples are shown in the next page

Standards of Care for Women's Health in Europe

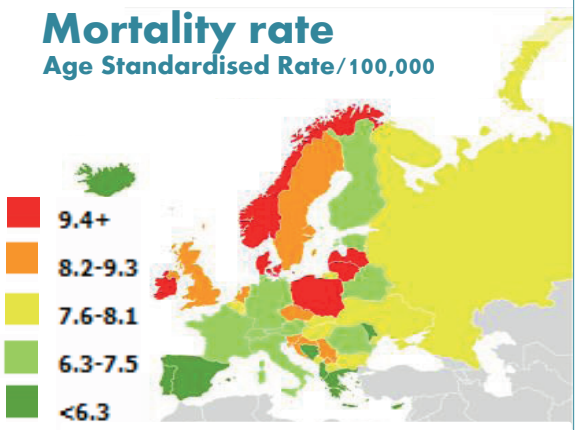
ESTIMATED INCIDENCE and MORTALITY RATES for OVARIAN, ENDOMETRIAL and CERVICAL CANCER in WOMEN

OVARIAN CANCER

Incidence
Age Standardised Rate/100,000

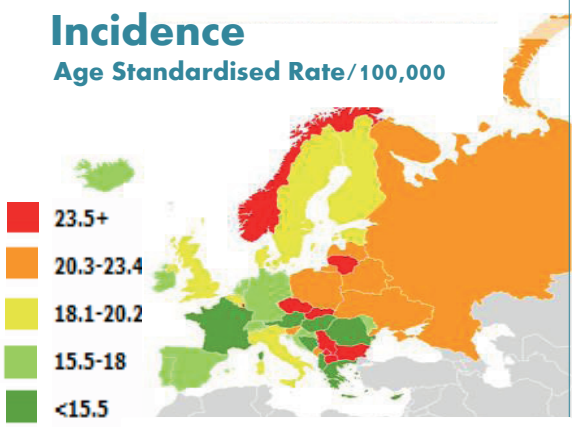


Mortality rate
Age Standardised Rate/100,000

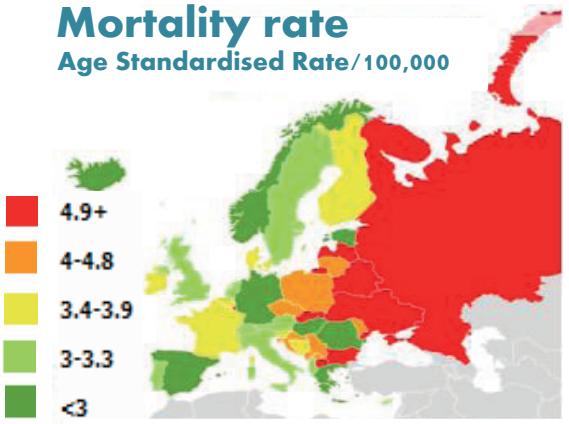


ENDOMETRIAL CANCER

Incidence
Age Standardised Rate/100,000

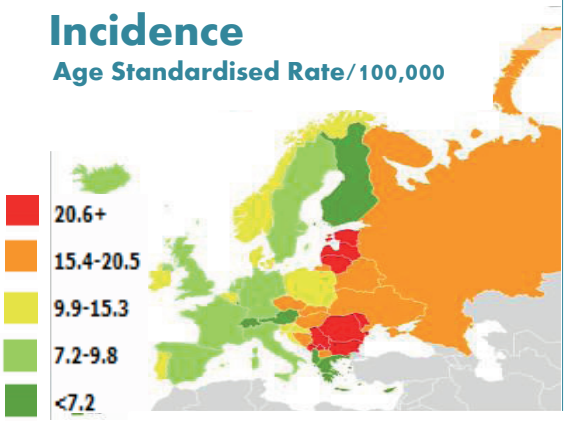


Mortality rate
Age Standardised Rate/100,000

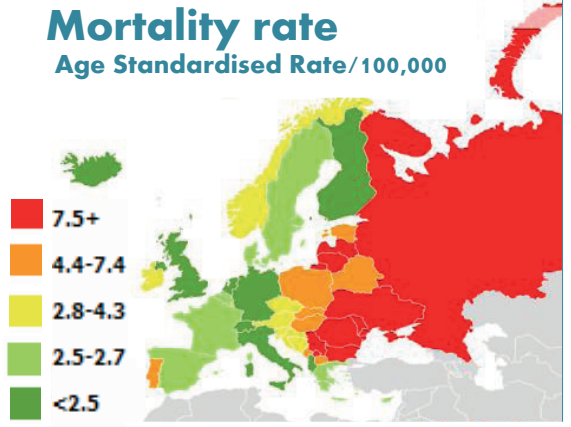


CERVICAL CANCER

Incidence
Age Standardised Rate/100,000



Mortality rate
Age Standardised Rate/100,000



Modified from WHO, 2012

Standards of Care for Women's Health in Europe

AIMS

To promote, improve and harmonize quality care of women in the field of Obstetrics and Gynaecology across Europe in line with the Millennium Development Goals 4 and 5

The Standards define a roadmap of quality service underpinned by clinical governance, safety and patient experience. They also address requirements for the training and support of doctors and healthcare professionals

These documents have been approved by the National Societies of Obstetrics and Gynaecology in all EU, EEA member countries and beyond and by the UEMS

Standards of Care for Women's Health in Europe

The Standards should act as incentives to implement clinical guidelines

The Standards should be used as a valuable tool by all stakeholders, such as clinicians and other healthcare professionals, healthcare managers, insurance companies and politicians to implement quality assured women's services

The Standards will also act to inform patients and consumer rights organisations about the care they might expect to receive

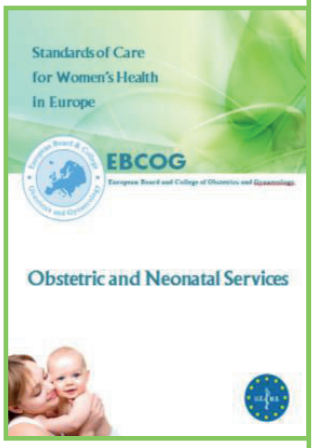
Standards of Care for Women's Health in Europe

The STANDARDS for OBSTETRIC and NEONATAL SERVICES take account of the full care pathway from pre-pregnancy through pregnancy and possible complications, to postnatal and neonatal care

The Standards are based on the best available evidence and have been produced after extensive consultation with stakeholders across Europe, including European organisations representing women's interests

Standards of Care for Women's Health in Europe

The following is the complete list of the STANDARDS for OBSTETRIC and NEONATAL SERVICES:



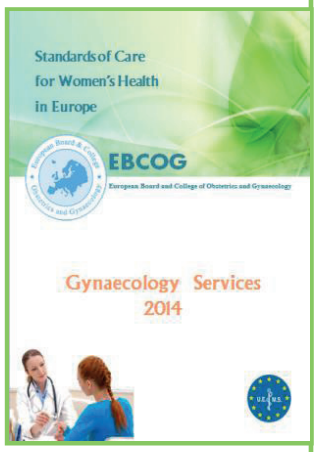
STANDARD 1 Generic Standards of Care for Maternity Services
STANDARD 2 Pre-Pregnancy Services
STANDARD 3 Early Pregnancy Emergency Services
STANDARD 4 Antenatal Care
STANDARD 5 Antenatal Screening
STANDARD 6 Care of Pregnant Women with Pre-existing Medical Conditions and/or Special Needs
STANDARD 7 Care of Pregnant Women with Mental Health Conditions
STANDARD 8 Care of Women Developing Medical Conditions during Pregnancy
STANDARD 9 Care of Obese Pregnant Women
STANDARD 10 Prevention of Preterm Birth
STANDARD 11 Intrapartum Care
STANDARD 12 Infection Prevention and Control
STANDARD 13 Maternal Mortality and Morbidity associated with Childbearing
STANDARD 14 Post-natal Care of the Mother
STANDARD 15 Neonatal Care
STANDARD 16 Rationalising Care of Babies Born Prematurely
STANDARD 17 Supporting Families who Experience Pregnancy Loss
STANDARD 18 Routine Data Collection for Pregnancy and Childbirth

Standards of Care for Women's Health in Europe

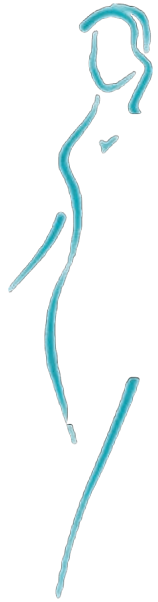
The STANDARDS for GYNAECOLOGY SERVICES
cover key clinical areas such as
sexual and reproductive health, fertility regulation,
the prevention and treatment of female cancers,
benign gynaecology and
access to emergency gynaecology treatment

Standards of Care for Women's Health in Europe

The following is the complete list of the STANDARDS for GYNAECOLOGY SERVICES:



STANDARD 1	Generic Standards for the Provision of Gynaecology Services
STANDARD 2	Emergency Gynaecology, Acute Abdominal Pain in Women
STANDARD 3	Early Pregnancy Loss
STANDARD 4	Recurrent Miscarriage
STANDARD 5	Pelvic Inflammatory Disease (PID)
STANDARD 6	Vulvovaginitis
STANDARD 7	Contraception and Sexual Health
STANDARD 8	Male Contraception
STANDARD 9	Safe Termination of Pregnancy
STANDARD 10	Paediatric and Adolescent Gynaecology (PAG)
STANDARD 11	Heavy Menstrual Bleeding
STANDARD 12	Chronic Pelvic Pain
STANDARD 13	Benign Vulval Diseases
STANDARD 14	Menopause and Hormonal Therapy
STANDARD 15	Benign Breast Pathology
STANDARD 16	Breast Cancer Screening
STANDARD 17	Cervical Cancer Screening
STANDARD 18	Gynae-Oncology Services, including Breast Cancer
STANDARD 19	Infertility and Assisted Conception
STANDARD 20	Urogynaecology
STANDARD 21	Ultrasound Scanning in Gynaecological Practice
STANDARD 22	Colposcopy
STANDARD 23	Diagnostic and Operative Hysteroscopy
STANDARD 24	Laparoscopic Surgery
STANDARD 25	Robotic Surgery

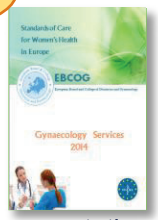


Each Standard is comprised of a mixture of clinical and organisational standards, sets out a **RATIONALE**, and addresses issues regarding **PATIENT FOCUS**, **ACCESSIBILITY** of the service, **ENVIRONMENT**, **PROCESS** of service provision, **COMPETENCY** and **TRAINING** of the staff providing the service

Each set of Standards is supported by a list of AUDITABLE INDICATORS which should act as a BENCHMARK for IMPROVEMENT

Standards of Care for Women's Health in Europe

EXAMPLE



STANDARD 11

Heavy Menstrual Bleeding

Rationale

Menstrual disorders are the commonest presentation to gynaecological clinics. They interfere with a woman's physical, social, emotional wellbeing and negatively impact on quality of life. Women's health services should clearly set out management strategies for heavy menstrual bleeding.
Women with heavy menstrual bleeding should have access to services both in the community and hospital care which provide efficient management, appropriate counselling and support to make informed choices about their management.

1. Patient Focus

1.1 The term heavy menstrual bleeding needs to be clearly defined and articulated so that patients know when to seek support.
1.2 Women should have access to clear and unbiased information to include diagnostic tests and treatment options, their outcomes and complications.
1.3 Women with heavy menstrual loss should have the opportunity to make an informed decision about their management with a primary aim of improving quality of life.
1.4 Services should be customised to meet the needs for special groups such as adolescents and peri-menopausal women and those from different ethnic background.
1.5 Treatment should be based on a woman's own subjective evaluation and the impact on her quality of life. Professionals should listen to the needs of the patient and recommend timely interventions based on the facts the patient presents (i.e. impact on quality of life).

2. Accessibility

2.1 Referral pathways from primary to hospital care should be agreed locally to ensure appropriate initial assessment and management of heavy menstrual bleeding in primary care.
2.2 Local protocols, derived from the best available evidence, should be agreed and incorporated into the referral care pathways. A time-frame should be set to manage the problem effectively.
2.3 Women should have access to all modalities of managing heavy menstrual bleeding.Appropriate referral to a specialist centre may be required.
2.4 Care and referral pathways should be designed to ensure appropriate and speedy management of women who have results suspicious of cancer.

3. Environment

3.1 Development of "one stop" services, with facilities for ultrasound scanning and outpatient hysteroscopy should be encouraged.
3.2 Facilities for insertion of Levonorgestrel-releasing Intrauterine System (LNG-IUS), should be available in both primary and hospital care settings.

4. Process

4.1 Ultrasound scanning is the first line investigation to exclude abnormality
4.2 If there is a history of irregular vaginal bleeding, inter-menstrual bleeding and post-coital bleeding, cervical pathology should be considered. If cervical pathology is suspected, guidelines should be in place for further investigation and diagnosis.
4.3 A multidisciplinary approach including haematological advice should be sought for the management of adolescents without obvious pathology suffering from heavy menstrual bleeding particularly if presenting since menarche.
4.4. Following exclusion of associated pathology and management of associated anaemia, medical treatment should be given according to the best available evidence. Acceptable haemoglobin levels should be agreed upon in the protocols. Differences in initiating treatment for anaemia exist in different countries.

EXAMPLE

4.5.Failures to respond to first line medical treatment, persistent inter-menstrual bleeding are indications for outpatient endometrial sampling (possibly obtained at hysteroscopy).
4.6.Services should be able to provide a range of therapeutic modalities including least invasive ones such as LNG-IUS, second generation endometrial ablation techniques and hysteroscopic surgery. Uterine Artery Embolisation (UAE) may be an option in some regions for large uterine myomas.
4.7. Continuity of care for women with menstrual problems is essential for teams to deliver ongoing care for menstrual problems.
4.8 Hysterectomy should be considered only if the woman has not responded to other treatments or declines other options after appropriate counselling for the least invasive available approach.
4.9 Healthy ovaries should not be routinely removed and appropriate counselling and consent is an essential requirement, whereas, removal of the fallopian tubes should be considered.
4.10 Management of associated iron deficiency anaemia should be an integral part of the care pathway and should be corrected prior to carrying out major surgery for heavy menstrual bleeding.
4.11 Protocols should be in place for thrombo-prophylaxis and infection prophylaxis for women undergoing major surgery.

5. Staffing and Competence

5.1 Gynaecology units should ensure competency/accreditation of staff involved in the management and those providing treatment modalities for heavy menstrual bleeding including insertion of LNG-IUS, laparoscopic surgery and imaging procedures.
5.2 Referral to another unit should be considered if the woman's choice falls beyond the area of expertise which exists in the local service.
5.3 Maintenance of surgical and imaging skills requires regular assessment and evaluation including audit of the number of procedures performed by operators.
5.4 Clinicians adopting new surgical techniques should be appropriately trained and accredited.

6. Training Standards

6.1 Professionals need to be able to communicate, empathise and understand the issues facing patients and the impact on their quality of life.
6.2 The trainee should attend hands on training courses in diagnostic and operative hysteroscopy, insertion of LNG-IUS, ultrasound scanning and second generation endometrial ablation techniques.
6.3 The trainees should demonstrate their competence in diagnostic and operative procedures by maintaining a log book of all the procedures performed and peri- operative outcomes.
6.4 Trainees wishing to learn advanced laparoscopic surgical techniques should be rotated to units with adequate work load.
6.5 Regular training in communication skills, cultural/gender awareness, equality and diversity, safeguarding vulnerable individuals should be provided.

7. Auditable Standards

7.1 Percentage of women in different age groups with heavy menstrual bleeding having endometrial sample before having trial of treatment with the first line drugs.
7.2 Rate of women without obvious uterine anatomical abnormality receiving each of the treatment modalities in the gynaecology unit.
7.3 Audit of the gynaecology unit's surgical activity and complications.
7.4 Audit of randomly selected case notes to ascertain that women were counselled as regards possible intra-operative and post-operative complications.
7.5 Audit of patient satisfaction for each modality and for the service provided.
7.6 Audit on the timing and delivery of interventions.

Standards of Care for Women's Health in Europe

These Standards have been defined following exhaustive consultation, taking into account the different situations and circumstances in the EU28 Member States and other European countries that are members of EBCOG

We are confident that these Standards of Care will be USED to DELIVER the BEST POSSIBLE HEALTH CARE in the FIELD of OBSTETRIC and GYNAECOLOGY

This would be the only way to fulfil our inspiration of providing equitable and safe services with the best possible outcomes for women seeking obstetrical and gynaecological care anywhere in EU28 and beyond

HEALTHCARE PROFESSIONALS may use the Standards for the quality assurance of local services, to identify gaps and develop a local risk management strategy

TRAINERS should consider using these Standards to streamline postgraduate training and the supervision of doctors in training. They are encouraged to develop local clinical audits using these quality indicators to inform their own practice

The MINISTRIES OF HEALTH should consider using the Standards to inform service contracts and the performance management of women's services

The EU PUBLIC HEALTH COMMITTEE should consider developing a unified "data system" to accurately capture clinical activities across the EU Member States in order to promote EU-wide national audits of obstetrical and gynaecological patient related outcomes

Standards of Care for Women's Health in Europe

We believe that these standards should be adopted by the Ministries of Health across Europe.

This would be an enormous step forward in improving access to, and the quality and delivery of, women's health care within the EU and beyond and in ensuring that all women and their babies get the best possible care.

Dr Tahir Mahmood,
Chair of EBCOG Working Party on Standards of Care

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President of EBCOG (2011-2014)

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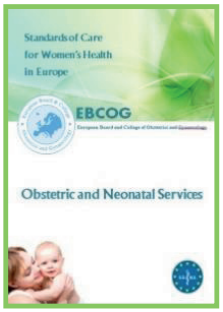
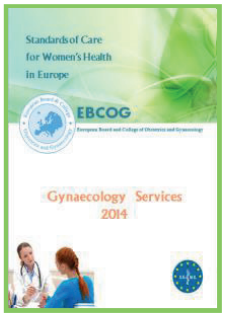


Members of the Working Parties



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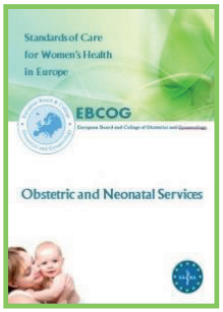
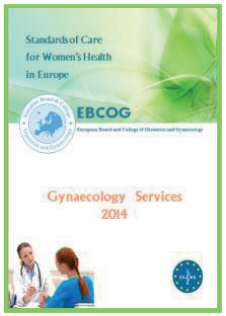


Contributors



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SUPPORTIVE ORGANISATIONS

UEMS Union Européenne des Médecins Spécialistes

FIGO International Federation of Gynecology and Obstetrics

ACOG American College of Obstetricians & Gynecologists

SUPPORTIVE ORGANISATIONS

EAPM	European Association for Perinatal Medicine
ESGO	European Society of Gynaecological Oncology
ESHRE	European Society of Human Reproduction and Embryology
EUGA	European Urogynaecological Association
ENTOG	European Network of Trainees in Obstetrics and Gynaecology
EFC	European Federation of Colposcopy
EMAS	European Menopause and Andropause Society
ESC	European Society of Contraception and Reproduction Health
ESG	European Society of Gynecology
ESGE	European Society for Gynaecological Endoscopy
ESIDOG	European Society for Infectious Diseases in Obstetrics and Gynaecology

SUPPORTIVE ORGANISATIONS

EURAPAG	European Association of Paediatric and Adolescent Gynaecology
ISPOG	International Society of Psychosomatic Obstetrics and Gynaecology
ISUOG	International Society of Ultrasound in Obstetrics and Gynecology
DPSG	Diabetic Pregnancy Study Group
MJCSM	Multidisciplinary Joint Committee of Sexual Medicine
DOTW	Doctors of the World
EFCNI	European Foundation for the Care of Newborn Infants
EMA	European Midwives Association
EIWH	European Institute for Women's Health
EPHA	European Public Health Alliance
PICUM	Platform for International Cooperation for Undocumented Migrants

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