



NATIONAL OBSTETRIC INFORMATION SYSTEM (NOIS)

MALTA

Third Quarterly Report: July to September 2016

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National Obstetric Information System (NOIS), Malta*

<https://health.gov.mt/en/dhir/Pages/Registries/births.aspx>

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NATIONAL OBSTETRIC INFORMATION SYSTEMS (NOIS)

Background

A national obstetric information system was launched at the then Department of Health Information and Research (DHIR) at the beginning of 1999 and now covers all hospital deliveries taking place on the islands of Malta and Gozo.

Systematic data collection for NOIS commences once the mother delivers her baby. Information regarding the course and outcome of each pregnancy is recorded by the relevant staff at each centre on a standard NOIS sheet. Once the data are recorded, the sheets are forwarded to the DHIR on a regular basis. At the DHIR the relevant sheets are processed and entered into the NOIS database. All data is kept in accordance with the Data Protection Act, 2001.

The maternity centres actively participating in this information system are: Mater Dei Hospital, Gozo General Hospital, St James Hospital Sliema and Zabbar.

Report analysis

This report analyses the national maternities/deliveries and infant births that occurred in the third quarter of 2016 and where appropriate compares it to the figures reported for the same period of last year. The data in this report describes the birth statistics for all maternities (Maltese and non-Maltese) and infant births registered into the system. All births, live or still, of gestation 22 weeks and above are registered and analysed in this report.

Data is sent to the Registry from all hospitals on the Maltese Islands. Accuracy and completeness of data sent on the NOIS reporting sheets is the responsibility of the Hospital providing data.

This report provides basic statistics regarding births and deliveries in the Maltese Islands. If required, further information and details may be obtained from our website: <https://health.gov.mt/en/dhir/Pages/Registries/births.aspx> or by e-mail: healthinfo@gov.mt.

ANALYSIS

There were 1162 maternities/deliveries registered in the Maltese Islands for the third quarter of 2016, which resulted in a total of 1192 infant births.

Comparing these figures with those reported for the same period last year one can see that the number of infant births increased by 97 births (*1095 births reported in 3rd quarter 2015*).

MATERNITIES / DELIVERIES

MATERNAL AGE, MARITAL STATUS, NATIONALITY AND PARITY

Maternal Age:

The maternities have been grouped according to standard age groupings and the frequency distribution of deliveries according to maternal age at delivery has been analysed. In the third quarter of 2016, the greatest number of deliveries (39.7%), occurred in the age group 30-34 years, followed by the 25-29 year age group (27.5%). There were no deliveries in the age group <15 years and 2 in the 45+ age group. The minimum age of mothers at delivery was 16 years while the maximum age was 45 years. The most frequent age at delivery was 31 years (105 mothers) and the average age at delivery was 30.3 years.

The frequency distribution of deliveries according to maternal age group is given in the following table.

Table 1- Deliveries according to maternal age group

Age in years	3 rd Quarter 2016		3 rd Quarter 2015	
	Frequency	%	Frequency	%
<15	0	0	2	0.2
15-19	36	3.1	40	3.7
20-24	126	10.8	131	12.1
25-29	320	27.5	323	29.9
30-34	461	39.7	386	35.7
35-39	181	15.6	176	16.3
40-44	36	3.1	24	2.2
45+	2	0.2	0	0
Unspecified	0	0	0	0

Marital Status:

For the third quarter of 2016, 28.5% (331) of all deliveries occurred to mothers who were reported as single (never married); while 68% (790) of all deliveries occurred to mothers reported as married, and 3.5% (41) of mothers were reported as widowed, separated or divorced. Marital status was specified for all mothers.

Nationality:

80.3% (933) of all deliveries this quarter occurred to women of Maltese nationality while 19.6% (228) were of Non-Maltese nationality. In one case mother's nationality was unspecified.

Parity:

There were 52.8% (614) of mothers who were primiparas (ie. delivering for the first time) while 47.2% (548) were multiparas (ie. having already delivered at least one live or still birth).

MATERNAL LIFESTYLES

There were 88 (7.6%) mothers who were reported to smoke one or more cigarettes during pregnancy in the second quarter of this year. No mothers were reported to drink alcohol in pregnancy and 2 were reported to be drug abusers.

The following table gives the smoking, alcohol and drug habits of mothers for the third quarters of 2016 and 2015.

Table 2 – Maternal lifestyles

	<i>3rd Quarter 2016</i>		<i>3rd Quarter 2015</i>	
	<i>No.</i>		<i>No.</i>	
<i>Cigarette smoking during pregnancy</i>				
1 to 3/day	20		29	
> than 3/day	68		60	
Do not smoke	1074		993	
Unspecified	0		0	
<i>Alcohol consumption during pregnancy</i>				
Up to 1unit/day	0		2	
> than 1unit/day	0		1	
None	1162		1079	
Unspecified	0		0	
<i>Drug Abuse during pregnancy</i>				
Yes	2		6	
No	1160		1076	
Unspecified	0		0	

SPECIAL CONDITIONS OF PREGNANCY

In the third quarter of 2016, there were 31 mothers reported as having assisted reproduction (ART), this includes all forms of ART namely ovulation stimulation, IVF and ICSI (25 cases of ART reported in 3rd quarter 2015).

The table below gives the number and frequency of mothers recorded with specific obstetric conditions during pregnancy. The most frequently recorded was gestational hypertension; in fact 5.6% of mothers were registered as having gestational hypertension in the third quarter of 2016.

Table 3 – Pregnancy related conditions

	<i>3rd Quarter 2016</i>		<i>3rd Quarter 2015</i>	
	<i>Frequency</i>	<i>%</i>	<i>Frequency</i>	<i>%</i>
Antepartum Haemorrhage	12	1.0	18	1.7
Gestational hypertension	65	5.6	43	4.0
Pre-eclampsia	7	0.6	8	0.7
Eclampsia	0	0	0	0
Placenta praevia	10	0.9	6	0.6
Abruption of placenta	5	0.4	0	0

Diabetes in Pregnancy

In the third quarter of this year, there were 6 mothers who were reported as being Insulin Dependent Diabetics before the current pregnancy while 2 mothers were reported with Non-Insulin Dependent diabetes prior to pregnancy. There were also a total of 55 mothers (4.7%) registered with gestational diabetes who were controlled without the use of insulin, and no mothers registered as having gestational diabetes treated with insulin.

DELIVERIES ACCORDING TO PLURALITY

For the third quarter of 2016, there were a total of 1133 (97.5%) singleton and 28 (2.4%) twin deliveries; there was one triplet delivery.

Table 4 –Delivery by Plurality

	<i>3rd Quarter 2016</i>	<i>3rd Quarter 2015</i>
Singleton	1133	1069
Twin	28	13
Triplet	1	0
Quadruplet	0	0

INFANT BIRTHS

TOTAL INFANT BIRTHS AND GENDER DISTRIBUTION

In the third quarter of this year, there were a total of 1192 infant births, while there were 1095 in the same quarter of 2015.

There were more male infants born than female, the gender distribution for this quarter was 625 (52.4%) males and 567 (47.6%) females (*3rd quarter 2015: males – 562; females – 533*).

INFANTS AND METHOD OF BIRTH

Of the 1192 infants born between July and September 2016, 778 (65.3%) were delivered as unassisted vertex delivery, 366 (30.7%) by emergency or elective Caesarean Section and 48 (4.0%) by assisted vaginal delivery (this includes forceps, ventouse and breech deliveries).

Table 5 – Distribution of births by method of delivery

	<i>3rd Quarter 2016</i>	<i>3rd Quarter 2015</i>
Vaginal vertex delivery	778	725
Emergency/elective Caesarean Section	366	329
Forceps delivery	3	4
Ventouse	45	37
Breech	0	0

**Data analysed according to total infant births*

This quarter there were 366 babies born by caesarian section but 338 caesarean deliveries performed, this due to the fact that a number of caesareans are done in multiple birth deliveries. The Caesarean section operation rate was 29.1% of the total maternal deliveries (1162) this quarter.

BIRTHS BY GESTATIONAL AGE CATEGORY

This quarter there were 113 (9.5%) preterm babies of less than 37 weeks gestation, of these 23 (1.9%) were very preterm being less than 32 weeks of gestation.

Table 6 – Distribution by gestational age categories

	<i>3rd Quarter 2016</i>	<i>3rd Quarter 2015</i>
Extremely Preterm (22 - 27 wks)	11	5
Very Preterm (28 - 31 wks)	12	8
Moderately Preterm (32 - 36wks)	90	68
Term (37 - 41wks)	1075	1011
Post term (42+ wks)	4	3
Unknown	0	0

INFANT BIRTH WEIGHTS

In the third quarter of 2016, 1082 (90.8%) of the total births occurred in the birth weight range of 2500g to 4499g, 74 (6.2%) were in the low birth weight range of 1500g to 2499g and 20 (1.7%) of births were of very low birth weight 500g to 1499g. There were 10 infants with a birth weight of 4500g or over, in 1 case the birth weight was not specified.

Table 7 – Births by birth weight

	<i>3rd Quarter 2016</i>	<i>3rd Quarter 2015</i>
<500g	5	0
500-999g	10	5
1000-1499g	10	10
1500-1999g	18	11
2000-2499g	56	46
2500-2999g	251	247
3000-3499g	489	452
3500-3999g	294	274
4000-4499g	48	44
4500-4999g	9	4
5000+	1	0
Unspecified	1	2
Average Birth weight (g)	3193	3217

OUTCOME OF BIRTH

The number of live births for the third quarter of this year was 1186 which accounted for 99.5% of the total births at a national level. The remaining 6 births were stillbirths. Stillbirths are defined as fetal death at or after 22 completed weeks of gestation.

Table 8 – Live and still births

	<i>3rd Quarter 2016</i>	<i>3rd Quarter 2015</i>
Babies born alive	1186	1090
Stillbirths	6	5

Of the 1186 live births this quarter, there were 7 early neonatal deaths and 1 late neonatal death.

Table 9 – Early and late neonatal deaths

	<i>3rd Quarter 2016</i>	<i>3rd Quarter 2015</i>
Early Neonatal deaths	7	2
Late Neonatal deaths	1	1

INFANT FEEDING METHODS AT DISCHARGE

Infant feeding habits are recorded by hospital staff at the time of discharge; little can be said on the actual infant feeding habits as these may change soon after discharge from the birthing facilities.

Table 10 – Infant feeding methods at time of discharge

	<i>3rd Quarter 2016</i>	<i>3rd Quarter 2015</i>
Breast only	634	650
Bottle only	348	282
Mixed (Breast & Bottle)	195	155
Other*	15	8
Unspecified	0	0

* 'Other' - include babies who are still at hospital after 28 days and those who die before discharge

ACKNOWLEDGEMENTS

Acknowledgements go to all contributing hospitals and their respective staff:

Mater Dei Hospital, Tal-Qroqq l/o Msida

Gozo General Hospital, Victoria

St. James Hospital, Sliema

St. James Hospital, Zabbar