

NATIONAL OBSTETRIC INFORMATION SYSTEM (NOIS)

MALTA

Third Quarterly Report: July to September 2015

Directorate for Health Information and Research (DHIR) 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 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 2015 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 a total of 1082 maternities/deliveries registered in the Maltese Islands for the third quarter of 2015, which resulted in a total of 1095 infant births.

Comparing these figures with those reported for the same period last year one can see that the number of infant births decreased by 60 births (1155 births reported in 3rd quarter 2014).

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 2015, the greatest number of deliveries (35.7%), occurred in the age group 30-34 years, followed by the 25-29 year age group (29.9%). There were 2 deliveries in the age group <15 years and none in the 45+ age group. The minimum age of mothers at delivery was 14 years while the maximum age was 44 years. The most frequent age at delivery was 30 years (101 mothers) and the average age at delivery was 30 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 2015		3 rd Quarter 2014	
	Frequency	%	Frequency	%
<15	2	0.2	0	0
15-19	40	3.7	44	3.9
20-24	131	12.1	161	14.1
25-29	323	29.9	374	32.8
30-34	386	35.7	353	31.0
35-39	176	16.3	182	16.0
40-44	24	2.2	24	2.1
45+	0	0	1	0.1
Unspecified	0	0	0	0

Marital Status:

For the third quarter of 2015, 29.2% (316) of all deliveries occurred to mothers who were reported as single (never married); while 66.5% (720) of all deliveries occurred to mothers reported as married, and 4.3% (46) of mothers were reported as widowed, separated or divorced. Marital status was specified for all mothers.

Nationality:

79.9% (865) of all deliveries this quarter occurred to women of Maltese nationality while 20.0% (216) were of Non-Maltese nationality. In 1 case mother's nationality was unspecified.

Parity:

There were 51.2% (554) of mothers who were primiparas (ie. delivering for the first time) while 48.8% (528) were multiparas (ie. having already delivered at least one live or still birth).

MATERNAL LIFESTYLES

There were 89 (8.2%) mothers who were reported to smoke one or more cigarettes during pregnancy in the second quarter of this year. 3 mothers were reported to drink some alcohol in pregnancy and 6 were reported to be drug abusers.

The following table gives the smoking, alcohol and drug habits of mothers for the third quarters of 2015 and 2014.

Table 2 – Maternal lifestyles

	3 rd Quarter 2015	3 rd Quarter 2014
	No.	No.
Cigarette smoking during pregnancy		
1 to 3/day	29	18
> than 3/day	60	64
Do not smoke	993	1057
Unspecified	0	0
Alcohol consumption during pregnancy		
Up to 1unit/day	2	0
> than 1unit/day	1	1
None	1079	1138
Unspecified	0	0
Drug Abuse during pregnancy		
Yes	6	5
No	1076	1134
Unspecified	0	0

SPECIAL CONDITIONS OF PREGNANCY

In the third quarter of 2015, there were 25 mothers with assisted reproduction (ART) reported, this includes all forms of ART namely ovulation stimulation, IVF and ICSI (38 cases of ART reported in 3rd quarter 2014).

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 4% of mothers were registered as having gestational hypertension in the third quarter of 2015.

Table 3 – Pregnancy related conditions

	3 rd Quarter 2015		3 rd Quarter 2014	
	Frequency	%	Frequency	%
Antepartum Haemorrhage	18	1.7	15	1.3
Gestational hypertension	43	4.0	63	5.5
Pre-eclampsia	8	0.7	5	0.4
Eclampsia	0	0	0	0
Placenta praevia	6	0.6	8	0.7
Abruption of placenta	0	0	6	0.5

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Diabetes in Pregnancy

In the third quarter of this year, there were 2 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 39 mothers (3.6%) 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 2015, there were a total of 1069 (98.8%) singleton and 13 (1.2%) twin deliveries; there were no triplet or quadruplet deliveries.

Table 4 – Delivery by Plurality

	3 rd Quarter 2015	3 rd Quarter 2014
Singleton	1069	1123
Twin	13	16
Triplet	0	0
Quadruplet	0	0

INFANT BIRTHS

TOTAL INFANT BIRTHS AND GENDER DISTRIBUTION

In the third quarter of this year, there were a total of 1095 infant births, while there were 1155 in the same quarter of 2014.

There were more male infants born than female, the gender distribution for this quarter was 562 (51.3%) males and 533 (48.7%) females (3^{rd} quarter 2014: males -603; females -552).

INFANTS AND METHOD OF BIRTH

Of the 1095 infants born between July and September 2015, 725 (66.2%) were delivered as unassisted vertex delivery, 329 (30.0%) by emergency or elective Caesarean Section and 41 (3.7%) by assisted vaginal delivery (this includes forceps, ventouse and breech deliveries).

Table 5 – Distribution of births by method of delivery

	3 rd Quarter 2015	3 rd Quarter 2014
Vaginal vertex delivery	725	736
Emergency/elective Caesarean Section	329	369
Forceps delivery	4	6
Ventouse	37	42
Breech	0	2

^{*}Data analysed according to total infant births

This quarter there were 329 babies born by caesarian section but 316 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 29.2% of the total maternal deliveries (1082) this quarter.

BIRTHS BY GESTATIONAL AGE CATEGORY

This quarter there were 81 (7.4%) preterm babies of less than 37 weeks gestation, of these 13 (1.2%) were very preterm being less than 32 weeks of gestation.

Table 6 – Distribution by gestational age categories

		3 rd Quarter 2015	3 rd Quarter 2014
Extremely Preterm	(22 - 27 wks)	5	7
Very Preterm	(28 - 31 wks)	8	11
Moderately Preterm	(32 - 36wks)	68	65
Term	(37 - 41wks)	1011	1066
Post term	(42+ wks)	3	6
Unknown		0	0

INFANT BIRTH WEIGHTS

In the third quarter of 2015, 1017 (92.9%) of the total births occurred in the birth weight range of 2500g to 4499g, 57 (5.2%) were in the low birth weight range of 1500g to 2499g and 15 (1.4%) of births were of very low birth weight 500g to 1499g. There were 4 infants with a birth weight of 4500g or over, in 2 cases the birth weight was not specified.

Table 7 – Births by birth weight

20010 / 211011 × 3 × 311011	3 rd Quarter 2015	3 rd Quarter 2014
<500g	0	1
500-999g	5	7
1000-1499g	10	9
1500-1999g	11	10
2000-2499g	46	63
2500-2999g	247	257
3000-3499g	452	490
3500-3999g	274	277
4000-4499g	44	35
4500-4999g	4	5
5000+	0	0
Unspecified	2	1
Average Birth weight (g)	3217	3193

OUTCOME OF BIRTH

The number of live births for the third quarter of this year was 1090 which accounted for 99.5% of the total births at a national level. The remaining 5 births were stillbirths. Stillbirths are defined as fetal death at or after 22 completed weeks of gestation.

Table 8 – Live and still births

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	3 rd Quarter 2015	3 rd Quarter 2014	
Babies born alive	1090	1148	
Stillbirths	5	7	

Of the 1090 live births this quarter, there were 2 early neonatal deaths and 1 late neonatal death.

Table 9 – Early and late neonatal deaths

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	3 rd Quarter 2015	3 rd Quarter 2014	
Early Neonatal deaths	2	5	
Late Neonatal deaths	1	0	

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

	3 rd Quarter 2015	3 rd Quarter 2014
Breast only	650	628
Bottle only	282	374
Mixed (Breast & Bottle)	155	141
Other*	8	12
Unspecified	0	0

^{* &#}x27;Other' - include babies who are still at hospital after 28 days and those who die before discharge

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St. James Hospital, Zabbar