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ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

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SUMMARY REPORT

Meeting of Principal Investigators of the European Longitudinal Study on Pregnancy and Childhood (ELSPAC)

Bristol, United Kingdom
26-30 March 1990

1990

EUR/HFA target 6

TARGET 6

Life expectancy at birth

By the year 2000, life expectancy at birth in the Region should be at least 75 years.

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Introduction

This was the fifth meeting of principal investigators of the European Longitudinal Study on Pregnancy and Childhood (ELSPAC). It was organized by the WHO Regional Office for Europe and the Institute of Child Health in Bristol.

The purpose of the Meeting was to assess the readiness of each study centre for the main phase of the study, and to discuss and agree on final preparations before the start of the recruitment phase of the project later in 1990.

The Meeting was attended by 14 principal investigators and experts from study centres in Czechoslovakia, Greece, Spain, the United Kingdom (including the Isle of Man) and the USSR.

Main conclusions and recommendations

1. Efforts to obtain funding for ELSPAC had been generally successful in all centres. Financial and human resources to start the main data collection were assured in Czechoslovakia, Greece, Spain, the United Kingdom (including the Isle of Man) and the USSR.

2. An extensive revision and restructuring of the antenatal questionnaires had been proposed by the Bristol centre. The revised questionnaires were discussed and accepted in general. The core, country-specific and optional parts of the questionnaires were identified.

3. It was foreseen that all study centres would be able to start the recruitment phase for the study cohort in the second half of 1990. In some centres the start may be postponed until the autumn because of the revision of the antenatal questionnaires.

4. Study manuals were prepared by the centres in Czechoslovakia, the Isle of Man and the USSR. Manuals in other centres will be finalized in due course.

5. It was decided that the Bristol centre would send out brief study protocols for optional studies, supplemented where possible by descriptions of the methodology. These protocols would be produced in the expectation that they might facilitate the involvement of other centres. They would be sent out to the participating centres within a month.

6. The Bristol centre would establish the feasibility of creating a bank of blood-spot samples (for genetic and other purposes) for all study cohorts.

7. In order to test the data transfer procedures, it was agreed that each centre would send a test diskette with edited and cleaned data on approximately 200 cases to Bristol, as soon as possible but normally within two to three months of the beginning of the study.

8. A common identification system for study pregnancies and children was agreed upon by all the participating centres. A universal two-digit questionnaire identification system was also agreed.

9. A hospital admissions questionnaire was discussed, revised and formulated.

10. The minimum pathology procedures required to obtain the fullest possible information relating to fetal and infant deaths were formulated.

11. It was recommended that increased efforts should be made to raise funds for international coordination and for the collaborative aspects of the study, including specific research projects undertaken in more than one centre.

12. It was felt that, at the very least, annual meetings of the principal investigators from each participating centre were necessary for the efficient implementation of the project.