

Registration:

Clara Angela Foundation
Alfred Herrhausen Str. 44
D-58455 Witten / Germany
Fon: +49 (0) 23 02 - 42 06 24
Fax: +49 (0) 23 02 - 18 92 16
E-Mail: clara-angela@t-online.de

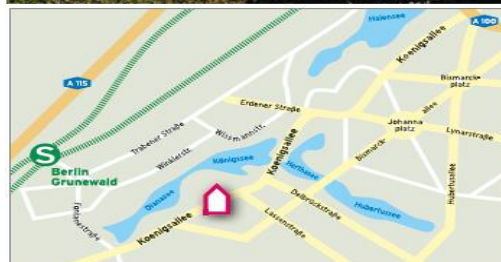
100 Euros only for non-speaking participants


IBAN: DE58 4525 0035 0014 0393 74

BIC: WELADED1WTT

Sparkasse Witten

Location:



 **Villa Clara Angela**
Koenigsallee 36 | 14193 Berlin |
Germany (5 Minuten vom S-
Bahnhof Grunewald)

Dear colleagues,

Germany and the Netherlands are wealthy countries in close neighborhood within Europe. Nevertheless, there are significant differences in the way how obstetric training and care are organized: Germany had two different health care systems (East/West) from 1945 to 1990, in the Netherlands, primary care determines the quality of perinatal care and home deliveries are still common.

Today, the number of gynecologist's per patient is much higher in Germany (34/100 000 women) compared to the Netherlands (17/100 000 women).

But quantity is not equal quality. In Germany, training of residents is still not supervised whereas in the Netherlands there is a long audit tradition of training facilities. In Germany, there is no established guideline group, there are no confidential inquiries for maternal death nor perinatal audits. In the Netherlands, all guidelines are democratically established, recognized by the board and transparent to patients & physicians, confidential inquiries allow to analyze maternal deaths & perinatal audits allow to look at neonatal outcome. Cesarean rates are more than twice in Germany compared to the Netherlands.

The scientific output in high-impact journals of around 1000 gynecologists in the Netherlands is much higher compared to that of 20 000 gynecologists in Germany.

Lessons to learn are to adapt the number and quality of our future obstetricians, the care for patients and the participation in research lines. Amazingly, there are so many cooperative societies but exchange between obstetric concepts in the Netherlands and Germany are rare. Therefore we have published a first summary of the comparison of our health care systems in August 2014. The aim of this meeting is to arise curiosity for the reality and culture of both countries and thus to contribute to inter-cultural exchange and improvement of maternal-infant care within central Europe.

In addition, we want to perform hands-on training the next day and allow informal discussions about the chance of future common projects and also welcome some colleagues from Russia who will join us for this goal.

With best wishes and hoping to see you in Berlin!

Prof. Dr. Birgit Arabin / Dr. Jens H. Stupin and co-workers

First Meeting: Perinatal Medicine in the Netherlands and Germany: What can we learn from each other to improve training, research and maternal-infant care ?



In cooperation with:



Berlin, November 28th – 29th, 2014



First Exchange Meeting: Perinatal Medicine in the Netherlands and Germany

Experts from both countries give a lecture (15 min) and then discuss about common improvement after each topic (15 min)

November, 28th, 2014:

8.30 Welcome with vitamins **B. Arabin Marburg/, Witten, Berlin**

8.45 Introduction **E.Saling, Berlin**

9.00-9.30

Management and execution of nationwide clinical trials: The Dutch Obstetric Consortium. **M. Kok, Amsterdam**

Management and execution of local trials in Germany (example: IT / ultrasound during labor). **W. Henrich, Berlin**

9.45-10.15

Prenatal diagnostics in the Netherlands, combination test and non-invasive prenatal testing (NIPT). **E. Pajkrt, Amsterdam**

Prenatal diagnostics in Germany, in and away from academic centers, including FTS and NIPT. **O. Kagan, Tübingen**

10.30-11.00

Coordination of screening, diagnosis and centered postnatal treatment of severe malformations in the Netherlands. **W. Ganzevoort, Amsterdam**

Screening, diagnosis and diverse postnatal treatment of severe malformations in Germany. **S. Heling, Berlin**

11.15-11.30 Coffee Break.

11.30-12.00

Blood group testing, indications for invasive testing and nationwide management in risk patients in the Netherlands. **D. Oepkes, Leiden**

Blood group testing, indications for invasive testing and diverse management in risk patients in Germany. **C. Bamberg, Berlin**

12.15-12.45

Current perspective of preterm birth prevention in the 2nd trimester at perinatal centers in The Netherlands. **B. Koullali, Amsterdam**

Threatened preterm labor in The Netherlands: clinical challenges and future goals. **F.J.R. Hermans, Amsterdam**

Current perspectives and future goals of preterm birth prevention in few centers and many private offices in Germany. **I. Fuchs, Berlin**

13.00 -14.00 Lunch.

14-14.30

How obstetrics is organized : Customized care, audits of maternal/perinatal mortality&morbidity. **M.. Spaanderman, Maastricht**

How obstetrics is organized at a large obstetric center in BERLIN: audits of maternal/perinatal mortality & morbidity. **L. Hellmeyer, Berlin**

14.45 -15.15

Why is the Cesarean rate so low in The Netherlands? **F. v. d. Bussche, Nijmegen**

Why is the Cesarean rate so high in Germany? **B.Arabin**

15.30 -16.15

Screening, clinical approach and follow up of late fetal growth restriction – experience from DIGITAT-. **S. Scherjon, Groningen**

Screening, clinical approach and follow up of late fetal growth restriction in Germany – diversity without evidence. **D. Schlembach, Berlin**

Twin Maxima en Viktoria

16.15 Coffee Break.

16.30-17.00

Management of large hospitals and health care. **R. Thieme Groen, Zwolle**

Management of large hospitals and health care. **W. Holzgreve, Bonn**

17.15-17.25 Statement Dr. Koettnitz about working in both countries

17.30

Round table with young researchers/residents of both countries
What is our scientific and clinical reality and what do we expect from the future?

Each participant is asked to show three slides about their

a) Position & clinical reality b) main research findings c) expectations
then the discussion will start with open end ...

19.30 Party : Berlin and Angel songs, continuation of discussions, music, dancing.

November, 29th, 2014:

Obstetrics meets Urogynecology

Pregnancy and delivery both mirror and determine health problems of the mother in later life. Prolapse and incontinence are rarely discussed in the peripartum period although they determine later life quality and constitute a public health problem.

The question whether earlier interventions (e.g. post partum) to support the connective tissue might be used more frequently to treat immediate early symptoms and possibly to support the connective tissue to prevent further damage has not yet been investigated.

The clinical reality will be defined and concepts for future studies discussed. Connective tissue disorders in both, the etiology of prematurity and pelvic floor disorders might be discussed.

Simultaneously, a hands-on workshop including ultrasound with **GE health care** will be offered for those interested to diagnose the pelvic floor post partum or advanced age in patients at risk for incontinence and prolapse and consider ways to treat them.

9.00-12.00 with Coffee break, Lunch.

Coordinators:

For Russian guests: **L. Sichinava**

For Germany: **K. Baessler, R. Tunn**



GE Healthcare



Thereafter: Free time to visit Christmas markets or museums



P. Bruegel, The Dutch proverbs, 1559.(now in Berlin)