

SCHEDA PROGETTO

<p>Responsabile del progetto e della esecuzione del contratto: <i>Professoressa Sandra Morano – Responsabile Progetto Improving the organisation of maternal health service delivery, and optimising childbirth, by increasing vaginal birth after caesarean section (VBAC) through enhanced women-centred care - Acronimo: OptiBIRTH</i></p>
<p>Obiettivo del progetto: Optimal, healthy pregnancy followed by normal birth is the ideal. Caesarean section (CS) doubles the risk of mortality and morbidity (hysterectomy, blood transfusion), and increases the risk of postnatal infection by 5, compared with vaginal birth (WHO Global Survey on Maternal and Perinatal Health). The European Perinatal Health Report (2008) notes “widespread concern” over rising CS rates, which vary from 15% in the Netherlands to 38% in Italy. Much of the rise is due to routine CS following previous CS, despite calls for increased vaginal birth after caesarean (VBAC), which results in less mortality and morbidity and is the preferred option for the majority of women. VBAC rates in Ireland, Germany, and Italy are significantly lower (29-36%) than those in the Netherlands, Sweden, and Finland (45-55%), a difference that equates to 160,000 unnecessary CSs per annum in Europe, at an extra direct annual cost of €156m.</p> <p>Using a cluster randomised trial in Ireland, Germany and Italy, with 15 clusters of 94 women, the OptiBIRTH study will attempt to increase VBAC rates from 33 to 53% through increased women-centred care and women’s involvement in their care, making savings of €2m for every 100,000 births in future. The intervention involves evidence-based education of women and clinicians, introduction of communities of practice (women and clinicians sharing knowledge), opinion leaders, audit and peer review of CSs in each site, and joint decision-making by women and clinicians.</p> <p>The experienced project team developed from an ESF-funded workshop “Promoting Normality in Childbirth” and a COST Action (IS0907: Creating a Dynamic EU Framework for Optimal Maternity Care), and includes 12 partners from 8 countries representing service users, midwifery, obstetrics, epidemiology, sociology, bioethics, health economics and industry (SME). The project, through meaningful patient centred care, will influence EU health policymaking, as advocated by the European Patients’ Forum.</p>
<p>Oggetto della prestazione: Attività di supporto alla ricerca</p>
<p>Descrizione dettagliata della prestazione:</p> <ol style="list-style-type: none"> 1. Trascrizione delle interviste raccolte, organizzazione file digitali e verifica liberatorie per la creazione di un archivio digitale 2. Assistenza nelle ricerche bibliografiche multi-lingua 3. Raccolta di fonti documentali e loro organizzazione in formato digitale 4. Collaborazione redazionale ai fini delle pubblicazioni previste dal progetto
<p>Competenze richieste al prestatore:</p> <ol style="list-style-type: none"> 1. Laura magistrale in storia 2. Conoscenza della lingua inglese 3. Esperienze e competenze professionali qualificate almeno biennali maturate presso enti pubblici o organizzazioni private in relazione all’oggetto del contratto
<p>Durata del progetto: 8 mesi</p>
<p>Compenso: (non si applica nel caso un dipendente dell’Ateneo risponda alla ricognizione interna) <i>Importo lordo ente: Euro 16.000</i> <i>Compenso presunto lordo massimo prestatore Euro 16.000</i> <i>Compenso presunto lordo minimo prestatore Euro 12.141,26</i></p>
<p>Natura Fiscale della prestazione: (non si applica nel caso un dipendente dell’Ateneo risponda alla ricognizione interna)</p> <ul style="list-style-type: none"> • Contratti con prestazione di durata : lavoro autonomo – redditi assimilati al lavoro dipendente (art. 50, comma 1, lett. c-bis, D.P.R. 917/86 TUIR); <ul style="list-style-type: none"> ○ lavoro autonomo – redditi di lavoro autonomo- professionisti abituali (art. 53, comma 1, D.P.R. 917/86 TUIR)

