Why did we start the MoBa study?

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In the early 1990s it became obvious that we needed to link data from our medical registries with other data sources, and to add additional data to the registries. When the first Norwegian epidemiology conference was held in Bergen in May 1990, one of the main topics of the conference was how to improve our medical registry data. In a panel debate we asked the question: Shall we jointly establish a great prospective study of the causes of chronic diseases based on our registries? The introduction to debate were by professors Olav Helge Førde and Leiv S. Bakketeig and associate professor Gunnar Kvåle. The discussion which followed was hectic, but the topic led later to a study called the Cohort of Norway (Conor).

The discussion in the Bergen conference among other things focused on The Medical Birth Registry and its shortcomings. It was obvious that we needed a cohort study of pregnant women obtaining more information throughout their pregnancies. After the conference we started discussing how such a study could be designed and whether such a study could be manageable to carry out. Some time later a research group in Denmark led by professor Jørn Olsen started to discuss a similar cohort study in Denmark.

We had close contact with the Danish research group, and we tried to design similar cohort studies in Norway and Denmark. This was in order to do pooled analysis by obtaining sufficiently large study samples. However the Danes decided to collect information from the mothers using telephone interviews together with blood samples from the mothers and their infants. In Norway we decided to use questionnaires to obtain information from the mothers along with blood samples from the infants and their parents. The Danes started their study in 1995, since they had the funding in place (from the research council and other sources). In Norway it took longer to obtain funding. The study was funded with some help from the Norwegian government and started in 1999. Later, additional funding from the National Institutes of Health in the United States was obtained. The data collection and the design of the two studies departed somewhat which has made it difficult to do joint analyses.

In Norway we tried to obtain data from 100 000 pregnant mothers in the cohort. The purpose of the study was to examine causes of special outcomes. We did not start out with any special hypothesis to be tested. The data collection should make it possible to do nested case control studies. The study samples were self selected, which did not make it feasible to do incidence and prevalence studies. But cause and effect studies would not be similarly biased.