



JA PreventNCD
Joint Action Prevent Non-Communicable Diseases

WP6

In-person Task 6.5 meeting - Rome

10-11th October 2024



Co-Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the European Union nor HADEA can be held responsible for them.

1



JA PreventNCD
Joint Action Prevent Non-Communicable Diseases

Task 6.5 Context Analysis about BFC&HS – *Preliminary results*

Vincenza Di Stefano, Francesca Zambri, Paola Scardetta

Italian National Institute of Health, National Center for Disease Prevention and Health Promotion (CNaPPs), Italy

Task 6.5 Meeting in Rome, 10-11th October 2024



Co-funded by
the European Union

2



JA PreventNCD
Joint Action Prevent Non-Communicable Diseases

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 1

National policy, governance, and funding



5

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 1. National policy, governance, and funding

1. Does your country have official national guidelines that include the WHO/UNICEF Baby-Friendly Standard? (*multiple choice*)

- ☐ Yes, for hospitals/ maternity and new-born facilities ← N. 5
- ☐ Yes, for community health services/ primary health care ← N. 3
- ☐ Yes, for Neonatal Intensive Care Units (NICUs) ← N. 2
- ☐ No ← N. 2 (Italy, Spain)



6

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 1. National policy, governance, and funding

3. Does your country have official national recommendations regarding breastfeeding? (*single choice*)

☒ Yes

← 7 /7 countries have official national recommendations regarding breastfeeding

☐ No



7

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 1. National policy, governance, and funding

4. What are the current official national recommendations regarding breastfeeding? (*multiple choice*)

☐ Early initiation of breastfeeding ← N. 6

☐ Immediate skin-to-skin contact after birth ← N. 5

☐ Exclusive breastfeeding ← N. 7 (6 months for all 7 countries)

☐ Any breastfeeding ← N. 6

- Up 12 months or more, if mutually desired
- Even after the 1st year of life
- Up to 2 years or more based on mother and child preferences (x2)
- Up to 2 years (x 2)



8

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 1. National policy, governance, and funding

5. Is there a national coordinating body responsible for the implementation of the WHO/UNICEF Baby-Friendly Standard within the health service? (single choice)

☐ Yes, appointed by the government/national level ← N. 4

☐ Yes, not appointed by the government/national level ← N. 2

☐ No, there are no bodies appointed

☐ Other ← N. 1

(A national coordinating body, with representation from the Ministry of Health and other stakeholders, coordinates the BFHI, but it is not part of the national health system)



9

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 1. National policy, governance, and funding

6. If you answered “Yes” to the previous question, what are the entities involved in the national coordination of the WHO/UNICEF Baby-friendly Standard? (multiple choice)

☐ Government ← N. 5

☐ National Committee for UNICEF (not for profit) ← N. 4 (Ukraine, Italy, Slovenia, Spain)

☐ Professional associations ← N. 2

☐ Not for profit, not professional associations ← N. 2

☐ For profit, not professional associations ← none



10

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 1. National policy, governance, and funding

7. If you have a national coordinating unit/body for the Baby-Friendly Standard, how is it funded? (*multiple choice*)

- ☐ Government funding ← N. 4
- ☐ Private funding ← none
- ☐ Fees paid by the health services ← N. 2
- ☐ Revenues from assessments/training ← N. 2



11



JA PreventNCD
Joint Action Prevent Non-Communicable Diseases

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 2

Organization of Health Services for pregnant women, mothers, and children after hospital discharge



12

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 2. Organization of Health Services for pregnant women, mothers, and children after hospital discharge

9. Which level in the health service is responsible for check-ups of pregnant women (antenatal care) (*multiple choice*)?

- ☐ Public hospitals/outpatient clinics ← N. 6
- ☐ Private hospitals/outpatient clinics ← N. 4
- ☐ Public community health services/primary health care ← N. 7
- ☐ Private community health services/primary health care ← N. 4
- ☐ Others



13

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 2. Organization of Health Services for pregnant women, mothers, and children after hospital discharge

10. Which type of health professionals are usually in charge of most check-ups/consultations of pregnant women (antenatal care)? (*multiple choice*)

- ☐ Midwives ← N. 7
- ☐ Gynaecologists ← N. 6
- ☐ General practitioners ← N. 3
- ☐ Nurses
- ☐ Others



14

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 2. Organization of Health Services for pregnant women, mothers, and children after hospital discharge

11. Is the antenatal care in the national public health services free of charge? (*single choice*)

- ☒ Yes ← 7 /7 countries – Antenatal care is free of charge in all seven countries
- ☐ No
- ☐ Partly



15

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 2. Organization of Health Services for pregnant women, mothers, and children after hospital discharge

12. Which level of health services is responsible for well-baby check-ups of children 0-2 years after hospital discharge? (*multiple choice*)

- ☐ Public hospitals/outpatient clinics ← N. 2
- ☐ Private hospitals/outpatient clinics ← N. 3
- ☐ Public community health services/primary health care ← N. 7
- ☐ Private health care services ← N. 3
- ☐ Others



16

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 2. Organization of Health Services for pregnant women, mothers, and children after hospital discharge

13. Which type of health professionals are usually in charge of most check-ups/consultations after hospital discharge of children 0- 2 years? (multiple choice)

- ☐ Midwives ← N. 2 (Norway, Greece)
- ☐ Public health nurses ← N. 2 (Norway, Greece)
- ☐ Nurses ← N. 3 (Slovenia, Lithuania, Spain)
- ☐ Paediatricians ← N. 6 (Greece, Italy, Lithuania, Slovenia, Spain, Ukraine)
- ☐ General practitioners ← N. 3 (Lithuania, Ukraine, Spain)
- ☐ Others



17

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 2. Organization of Health Services for pregnant women, mothers, and children after hospital discharge

14. Are the well-baby check-ups of children 0-2 years in the national public health services free of charge? (single choice)

- ☒ Yes ← 7 / 7 countries – Well-baby check-ups for children aged 0-2 years are free of charge in all seven countries
- ☐ No
- ☐ Partly

15. At what ages of the child do the check-ups/consultations during the first two years of life take place?

The timing of check-ups 0-2 years is heterogeneous!



18

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 2. Organization of Health Services for pregnant women, mothers, and children after hospital discharge

16. Do you have national guidance on the content of the check-ups for children 0-2 years of age? *(multiple choice)*

- ☐ No
- ☐ Yes, governmental guidance ← N. 5
- ☐ Yes, guidance from professional/scientific societies ← N. 1
- ☐ Yes, governmental guidance and from professional/scientific societies ← N. 1

☐ Yes, from NGOs



17. If yes, does it include any recommendation on breastfeeding and/or the WHO/Unicef Baby-Friendly Standard? *(single choice)*

- ☐ Yes ← N. 6
- ☐ No ← N. 1 (Italy)



19



JA PreventNCD
Joint Action Prevent Non-Communicable Diseases

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 3 Baby-Friendly Community Health Services

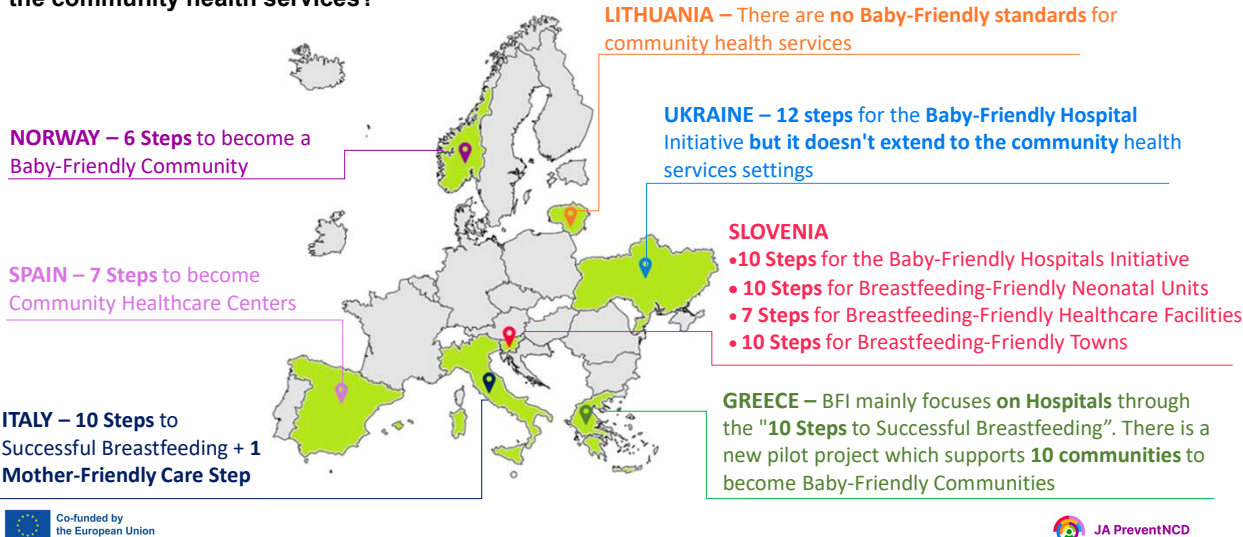


20

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 3. Baby-Friendly Community Health Services

18. How is the Baby-friendly standard/The Ten steps to successful breastfeeding adapted to the community health services?



21

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 3. Baby-Friendly Community Health Services

20. Are the community health services designated/accredited/awarded? (single choice)

← N. 5

- ☐ Yes
- ☐ No

21. If yes: How is the assessment conducted? (multiple choice)

- ☐ On-site visits ← N. 4
- ☐ Virtual visits ← N. 2
- ☐ Evaluation of submitted data ← N. 5

Co-funded by the European Union

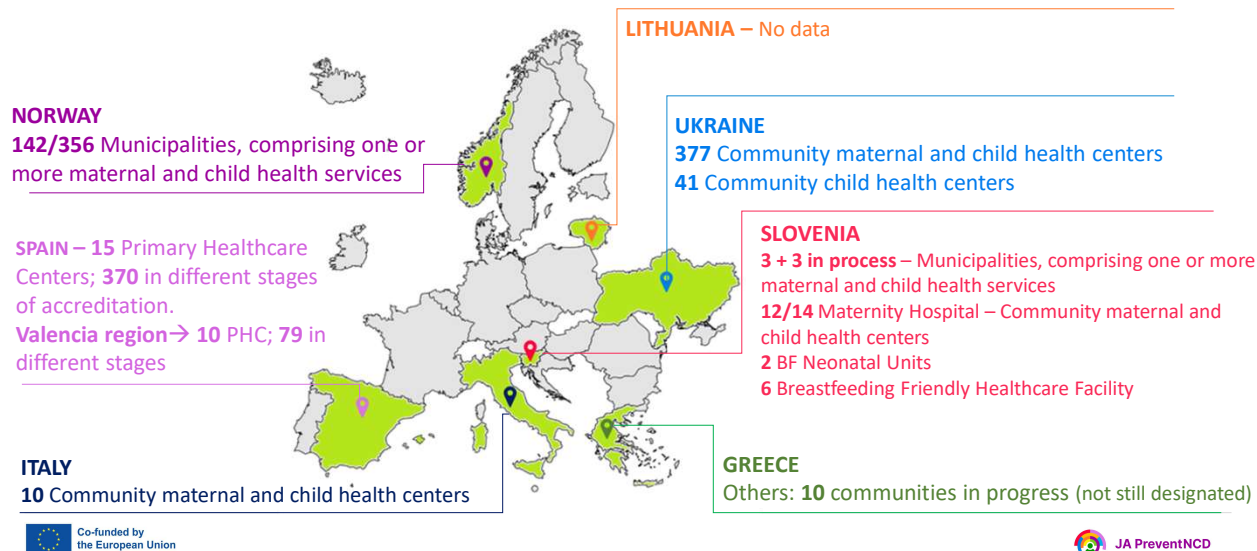
JA PreventNCD

22

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 3. Baby-Friendly Community Health Services

22. What is the number of community health services designated as Baby-Friendly?



23

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 3. Baby-Friendly Community Health Services

23. What percentage of children in your country is served by a Baby-friendly community health service?

[Consider as the denominator the total number of babies born in the chosen year in the Country, and as the numerator the number of babies born in the designated “Community”]

ITALY → about 10%

LITHUANIA → n/a

NORWAY → 50 – 60%

GREECE → n/a

SLOVENIA → 84.3%

SPAIN → Unknown

UKRAINE → 80%

Co-funded by the European Union

JA PreventNCD

24

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 3. Baby-Friendly Community Health Services

25. Where are you going to base the implementation of the Best Practice/ Baby-Friendly Community Health services? (*multiple choice*)

- ☐ Whole municipality(ies) or county (ies) ← **N. 5**
- ☐ Neighbourhood (i.e. part of city/ municipality) ← **N. 2**
- ☐ Other setting



25

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 3. Baby-Friendly Community Health Services

27. In how many different of the above localities will the Best Practice/Baby-Friendly Community Health service be implemented?

ITALY → 3 Health District of Calabria Region (approx. 29 municipalities)

NORWAY → Half of the municipalities in Finnmark (n=18) and Nord-Trøndelag (n=17) counties

GREECE → 1 municipality is going to be added according to JA Prevent NCDS needs/description (Probably municipality of Patras)

SLOVENIA → 3 Breastfeeding Friendly Towns

UKRAINE → Not decided yet

SPAIN → Not selected yet

28. Are the hospitals in these areas designated as Baby-friendly? (*single choice*)

Yes, not designated/not in process

Yes, all hospitals

Yes, not designated/not in process

Yes (? not specified)

Yes, some hospitals

N/A – Area not selected yet



26

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 3. Baby-Friendly Community Health Services

29. In the implementing areas, what are the barriers to implementing the Baby-Friendly Standard in the community health services/ primary health care/ health services for children 0-2 years? (multiple choice)

- ☐ Lack of political will ← N. 1
- ☐ Issues related to the WHO Code ← N. 3
- ☐ Lack of national breastfeeding policy ← N. 3
- ☐ The community health services don't see value of designation ← N. 4
- ☐ Staff resistance ← N. 5
- ☐ Lack of funding ← N. 3
- ☐ Hospitals are not Baby-Friendly ← N. 3
- ☐ Others ← lack of knowledge on breastfeeding (1)



27

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 3. Baby-Friendly Community Health Services

30. Do you have mother-to-mother breastfeeding support groups that you will collaborate with? (single choice)

- ☐ Yes ← N. 4
- ☐ No ← N. 2



28



JA PreventNCD
Joint Action Prevent Non-Communicable Diseases

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 4

Capacity building for Baby-Friendly Community and Health Services



29

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 4. Capacity building for Baby-Friendly Community and Health Services

32. Is there mandatory and specific training on breastfeeding provided at universities and colleges? (*multiple choice*)

- ☐ No ← N. 1 (Italy)
- ☐ Yes, for midwives ← N. 6
- ☐ Yes, for public health nurses ← N. 3
- ☐ Yes, for gynaecologists ← N. 2
- ☐ Yes, for paediatricians ← N. 5
- ☐ Yes, for general practitioners ← N. 1



30



JA PreventNCD
Joint Action Prevent Non-Communicable Diseases

Context analysis and mapping BFC&HS in Task 6.5 Countries

SECTION 5

National data on breastfeeding prevalence

On – going analysis



Co-funded by
the European Union

31



JA PreventNCD
Joint Action Prevent Non-Communicable Diseases

Thank you for all your work
and contributions to the
context analysis of BFC&HS
for Task 6.5!



Co-funded by
the European Union

32