

## WP6 In-person Task 6.5 meeting - Rome

**10-11<sup>th</sup> October, 2024** 



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# **Pre-implementatio key points**

#### Valencian Region, Spain

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Task 6.5 Meeting in Rome, 10-11<sup>th</sup> October 2024





Visitas a tu matrona y al ginecólogo

		· El calendario previsto	es el siguiente:			0
System Descri		Semanas de gestación	Matrona		tetricia	sa, hierro,
		1-13 <sup>+6</sup> semanas	2 visitas (1ª visita < 10 semanas)	1 visita		nguíneo y s, VIH, IgG , AgHBs,
<b>Intenatal Care (pregnancy):</b> <b>Pregnancy Monitoring:</b> Regular check-ups and follow-ups. Pregnancy		14-27 <sup>+6</sup> semanas	3 visitas (Cada 4 semanas)	1 visita		
		28-39 <sup>+6</sup> semanas	4 visitas Visitas a las 28, 32, 36 y 38	1 visita entre 34-36 semanas		res de
Record Book & Birth Plan		40-40 <sup>+6</sup> semanas	Visita a las 40 semanas*	1 visita a las 40 semanas		ro, unque
Health Education		44	Visite a las 44 comence*	0	la finalización	y siel
Workshops: Group s   for pregnant women CALENDARIO DE EXÁMENES DE SALUD					es se realizará, ferenciada	to de to si Rh
their partners	1* VISITA	Examen de salud	6 <sup>a</sup> VISITA A la edad de	6 meses	imer trimestre.	erología
Pregnancy Pathways		del recién nacido Pruebas de prevención	7* VISITA A la edad de	12 meses		
Iormal Pregnancy:		de metabolopatías Pruebas de detección	8* VISITA A la edad de	15 meses		estantes
Primary Care (PHCs) Midwife consultation		de hipoacusia	9* VISITA A la edad de	18 meses		ı.
Specialty Centers (no hospital) for specific	2ª VISII	Antes de los 15 días	10° VISITA A la edad de	3-4 años	gulación (TP, APTT, FIE a. Test de Commbs in	directo
Gynecology	3ª VISII	A la edad de 1 mes	11ª VISITA A la edad de	5-6 años	jativas. IgG de toxopla des anteriores. VIH y s serologías negativas e	ífilis si hay
ligh-Risk Pregnancy: Hospital-based Care	4ª VISII	A la edad de 2 meses	12ª VISITA A la edad de	12 años	exudado vaginal y rectal, y par 3.	
-	5ª VISTI	A la edad de 4 meses	13ª VISITA A la edad de	14 años	uar y registrar. antitetánica.	
			10ª 39 Hospital	ECO + TNS. Toma de SGB si	no se hublera tomado y	/ AgHBs.

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## **2.** Barriers/Facilitators for the Implementation of the BFS

#### • Barriers:

- No national/regional guidelines including WHO/UNICEF BFHI
- Lack of breastfeeding policy; uneven care implementation
- Issues with enforcing WHO Code on the marketing of breast-milk substitutes
- Hospitals not BFHI-certified
- PHCs don't see value in BFHI/BFCI
- Lack of political commitment
- Staff resistance to breastfeeding promotion
- No formal breastfeeding training for health professionals
- Limited tools for breastfeeding/child feeding counselling
- Insufficient data on breastfeeding inequalities; regional data gaps & intermittent health surveys





## **2.** Barriers/Facilitators for the Implementation of the BFS

#### • Facilitators:

- Free antenatal and child health care in public health services
- National/regional guidance on childcare check-ups (0-2 years)
- Regional guidelines including WHO/UNICEF BFHI for hospitals
- iHAN coordinates BFHI with Ministry of Health, though it isn't integrated into the NHS
- BFHI adapted for Spain by iHAN (<u>Criterios-Globales\_IHAN-Espan83a-2021.pdf</u>)
- Breastfeeding support groups
- New Family Law (May 2024); though criticized for underfunding, insufficient support for single-parent families, red tape, short paid leave, limited benefits, and uneven implementation





#### **3. Selection Implementation Sites for BFHI Designation**

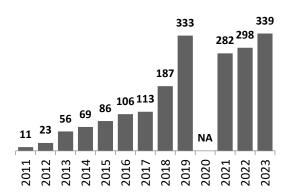
- Focus on promoting **BFHI in primary healthcare centers (BFCI)** in the Valencian Region
- Why: The BFHI and BFCI initiatives ensure continuity of care during the crucial first 1,000 days of life (pregnancy to 0-2 years)
- How:
- Providing comprehensive guidance and regularly updating tools for both internal monitoring and external assessment
- Offering a service list for healthcare provider teams (HCPs) to facilitate the exchange of materials and best practices
- Training and supporting HCPs, while fostering collaboration with the community, including mother support groups



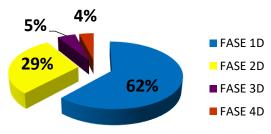


#### **3. Selection Implementation Sites for BFCI Designation**

BFHI in community settings, Spain



% BFHI in primary healthcare centers (BFCI) in Spain by stage, 2023 (N=339)









#### **3. Selection Implementation Sites for BFHI Designation**

#### **BFHI in community settings, Valencian Region**

- Centre Salut Torrevella II El Acequion
  - 💡 Centre Sanitari Integrat de Guardamar Del Seg...
  - ♀ I Torrevieja Health Center La Loma
  - Ocentro de Salud La Mata
  - Ocentro De Salut, De Orihuela Costa
  - 💡 Health Center San Miguel de Salinas
  - Health center Patricio Pérez
  - Health Center
  - ♀ Health center San Luis Torrevieja
  - 🝳 Consultorio Auxiliar Doctor Alberto García (Elc...
  - Hospital del Vinalopó



- Proposal to prioritize PHCs at Phase 3D, as they are the first recommended by the iHAN committee for full BFCI designation
- Phase 3D PHCs (N = 11) are crucial for BFHI support due to their readiness for accreditation, making them high-impact candidates for support





#### **3. Selection Implementation Sites for BFHI Designation**

- Focus on promoting **BFHI in primary healthcare centers (BFCI)** in the Valencian Region
- Phase 3D PHCs (N = 11) are key candidates for BFHI support due to their readiness for designation
- Further discussion needed on prioritization criteria: readiness, geographic, demographic, service coverage, underserved populations, high birth rates...
- All Phase 3D PHCs are in one province; BFCI joint accreditation of several PCHC in Health departments
- Additional points:
  - Barriers and facilitators: Local-level analysis is in progress; this will likely come from ongoing context analysis
  - Risks and mitigation: Administrative or logistical delays in the BFHI designation process





#### 4. Planned Activities for the Next 6M (Oct 2024 – Mar 2025)

- Main aim: Increase the number of PHCs designed BFCI while increasing comunity action for health for adequate breastfeeding protection, promotion, and support, including gender equality in caregiving
- Activities for the next 6M (Oct 2024 Mar 2025):
  - Formalising the subcontracting of iHAN according to GA
  - Shortlist of PHCs to be designed BFHI
  - Selection of the implementation sites (i.e. PHCs)
  - Defining community interventions & pilots
  - List of stakeholders & 1st Meeting of the Intersectoral Stakeholders Group
  - Presentation of iHAN's Breastfeeding Training Plan for primary care professionals

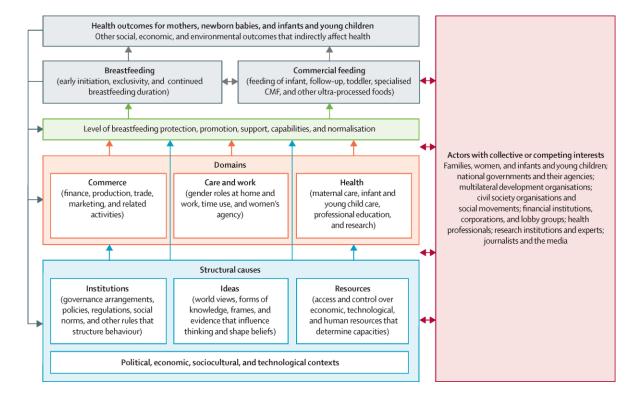




# 5. Intersectoral & multidisciplinary stakeholders group (MS10)



- **iHAN:** WHO/UNICEF BFHI coordinating body with representation from obstetricians, pediatricians, family physicians, midwives, nurses, neonatologists, neonatal nurses, mother's associations, UNICEF, MoH
- Health Services: DG Public Health at both national (MoH) & regional levels (GVA)
- Maternity Rights & Breastfeeding Barriers: Structural & tight to specific settings(To be clarified)
- Civil Institutions: Midwives Associations, breastfeeding support groups, other organizations supporting maternities & breastfeeding



Baker, P., Smith, J. P., Garde, A., Grummer-Strawn, L. M., Wood, B., Sen, G., & McCoy, D. (2023). The political economy of infant and young child feeding: Confronting corporate power, overcoming structural barriers, and accelerating progress. \*The Lancet, 401\*(10375), 503-524. https://doi.org/10.1016/S0140-6736(23)01812-1



# Thank you!



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