Surveillance of Children Aged 0-2 Years

Summary of results
2025 Edition

Foreword

The full expression of children's potential, both now and in the future, is fostered by favourable conditions that are established even before conception, during pregnancy and in early childhood, through the synergistic action of genetic, psychological, behavioural, environmental and socio-economic factors. WHO and UNICEF have provided recommendations to guide the development of policies that promote Early Childhood Development (ECD) through early intervention (EI) programmes, with reference to the Nurturing Care Framework.

In the context of health protection and promotion policies, population surveillance systems represent a strategic tool to support public health actions. The 0-2 Year Old Surveillance System on the main determinants of child health – Surveillance of Children Aged 0-2 – is one of the surveillance programmes of national relevance included in the Prime Ministerial Decree of 3 March 2017 and is promoted by the Ministry of Health, coordinated by the National Institute of Health and implemented in collaboration with the Regions and Autonomous Provinces.

Developed by building on the experience gained over the years by the *GenitoriPiù* Programme and adopting its holistic approach, the Surveillance aims to promote and support the generation of knowledge useful for the continuing professional development of social and healthcare professionals, the empowerment of families and communities, and to guide the planning of interventions with a cross-sectoral and multi-professional approach in the first 1,000 days of life.

The Surveillance Programme, now in its third edition, involved all Regions and Autonomous Provinces in the 2025 data collection, with the exception of Tuscany, whose participation is currently being defined. In this edition, almost all the indicators analysed show an improvement compared to the 2022 edition. Although values remain below expected standards, it is important to highlight the improving trend. The monitoring provided by the Surveillance represents a unique and strategic tool for guiding the actions needed to achieve public health objectives. The findings of interest emerging from the data analysis are shared with professionals working in various settings who are involved in the health of children from before birth.

Methodological notes and topics investigated

The aim of the Surveillance is to collect information on certain child health determinants from the preconception up to two years of age, in order to produce indicators at regional or local level, as required by WHO and/or National and Regional Prevention Plans, on protective behaviours and risk factors for children's health, allowing for geographical and temporal comparisons.

The survey is a sample-based study and is conducted at vaccination centres in the participating Regions and Autonomous Provinces. Mothers of children aged 0–2 years are recruited, during the scheduled data collection period, at vaccination centres where they are invited to complete a questionnaire – available in 12 languages – on the occasion of the following vaccination appointments: 1st a, 2nda and 3rd doses of DTP-hexavalent and 1sta dose of MPRV.

The topics investigated include; folic acid intake during the periconceptional period; the use of tobacco/other products and the consumption of alcoholic beverages during pregnancy and breastfeeding; breastfeeding; sleeping position; safety at home and in the car; family reading; screen exposure and vaccination intentions. In addition, demographic and socio-economic characteristics and access to services are collected, enabling the identification of social and geographical inequalities.

Figure 1 - Determinants investigated



Folic acid intake

Tobacco consumption in pregnancy and lactation

Alcohol consumption in pregnancy and lactation

Breastfeeding

Infant sleep position

Home safety

Car safety

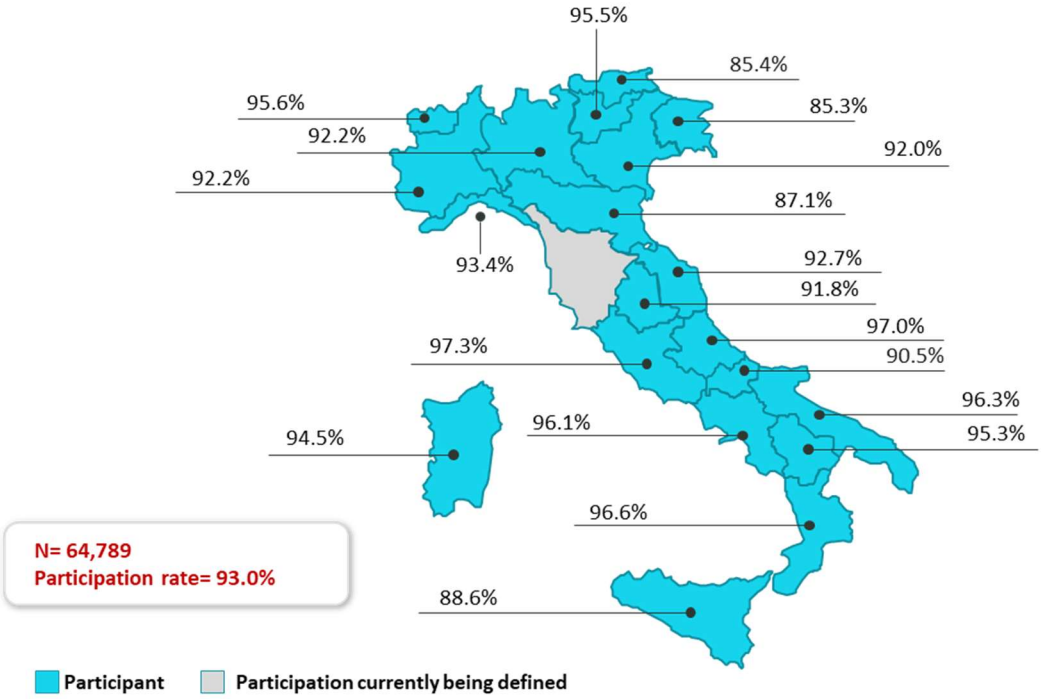
Family reading and Screen time exposure

Vaccination intention

Response rate and sample characteristics

Between July 2025 and January 2026, 64,789 mothers were interviewed, with a participation rate of 93% (regional range 85.3%–97.3%) (Figure 2).

Figure 2 – Participation rate by Region



As shown in Figure 3, 44.3% of mothers are aged over 35; 88.7% are Italian citizens, and the majority have a medium (43.4%) or high (42.7%) level of education. 69.2% do not report economic l difficulties; primiparous mothers (54.9%) are more numerous than multiparous mothers. 53.3% of mothers live in Northern Italy, 9.5% in Central Italy and 37.3% in Southern Italy, percentages that also reflect the choices regarding sample representativeness (regional *vs* local health unit). 2.9% of mothers report being single.

Overall, 7 out of 10 mothers attended antenatal classes (ACs), with significant regional variation.

Figure 3. Demographic and socio-economic characteristics of the sample (%)

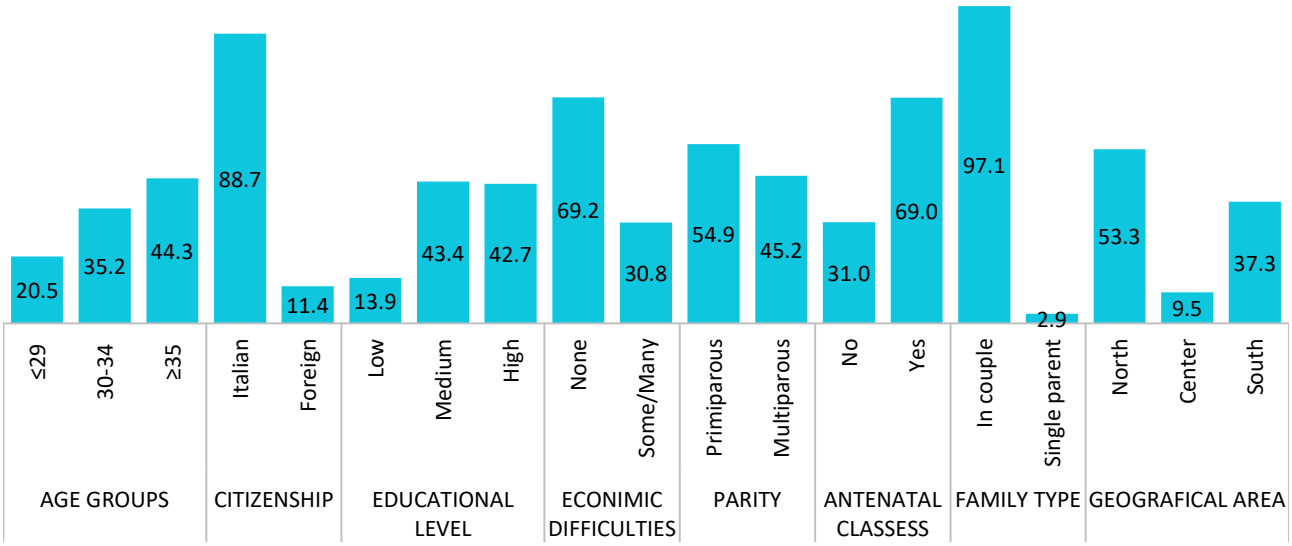


Figure 4. Mothers who received a home visit after childbirth by Region (%)

Across the pool of Regions, 18.3% of mothers reported having received a postnatal home visit, 52.6% of which were carried out by staff from the Family Care Centres. 4.5% of mothers did not accept the home visit offered to them.

Home visits were reported more frequently in the northern Regions than in central and southern Regions, with the highest figures recorded in the Autonomous Provinces of Trento and Bolzano (60% and 50.8% respectively) (Figure 4).

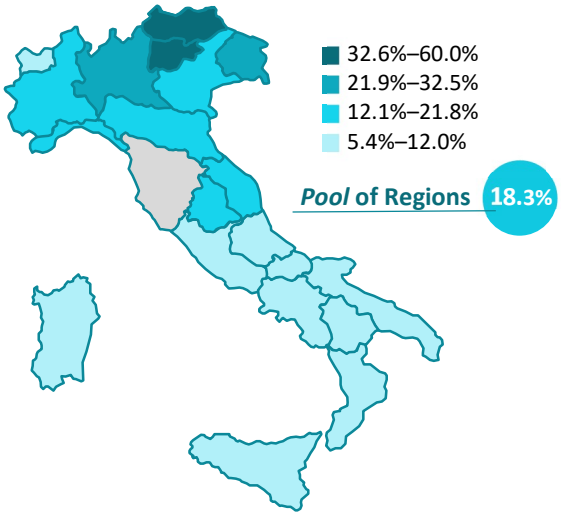
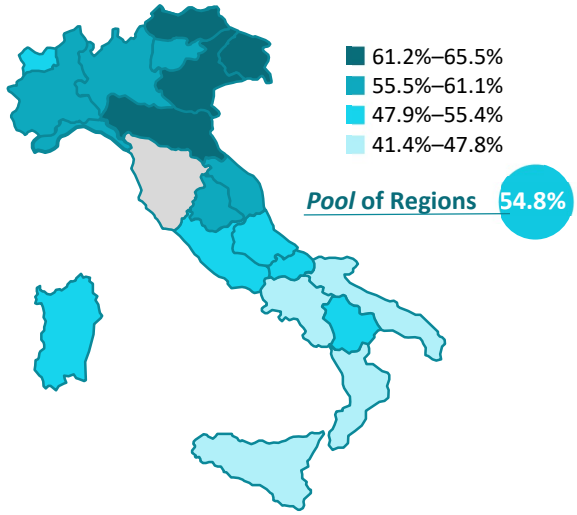


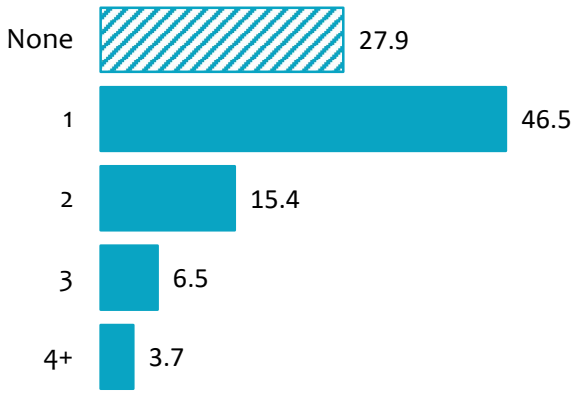
Figure 5. Fathers who took the full 10 days of paternity leave (data reported by mothers) (%)



According to mothers' reports, 65.8% of fathers took paternity leave (54.8% took all 10 days provided, 11% took part of it) (Figure 5). Of the 34.2% of fathers who did not take it, 19.9% were not entitled to it, 5.3% felt 'the mother's presence was sufficient', 4.7% feared possible negative consequences at work, and 4.2% did not know they were entitled to it.

Full take-up of paternity leave was reported more frequently in the central and northern Regions than in the southern Regions (Figure 5).

Figure 6. Perceived environmental risk factors (%)



86.9% of mothers state that there are parks or gardens in the area where they live or nearby, while 31.4% report the presence of sources of pollution.

72.1% of mothers report feeling exposed to at least one environmental risk factor (Figure 6). Among the risk factors, the most frequently reported is noise (34.4%), followed by air pollution (28.7%), unpleasant odours (12.7%) and extreme weather events (10.1%). Mothers report feeling exposed, with frequencies between 5% to 10%, to earthquakes, water or food contamination, and the presence of hazardous industries (data not shown).

THE INDICATORS

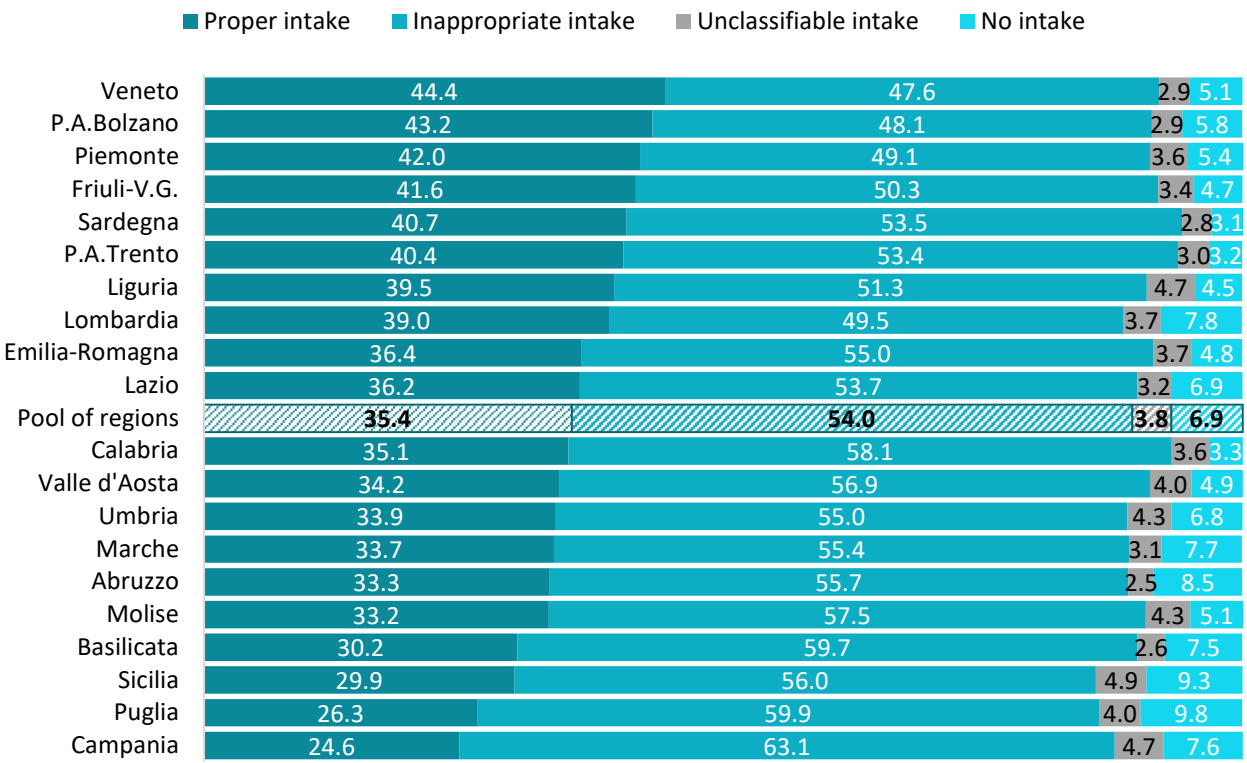
The main findings regarding the determinants investigated are presented through prevalence estimates calculated both for the pool of Regions and at regional level. For Valle d'Aosta, the Autonomous Province of Bolzano and Molise, where the number of interviews conducted was much lower than the sample size established during the study design phase, the indicator estimates show low levels of precision and were not calculated when analyses were restricted to specific age groups of children within the target age range of 0–2 years.

Folic acid intake

It is recommended that every woman planning a pregnancy or who does not actively rule out the possibility of one should take 0.4 mg of folic acid (vitamin B9) daily. This supplementation has been shown to be effective in reducing severe congenital malformations if taken from at least one month before conception up to 12 weeks of gestation.

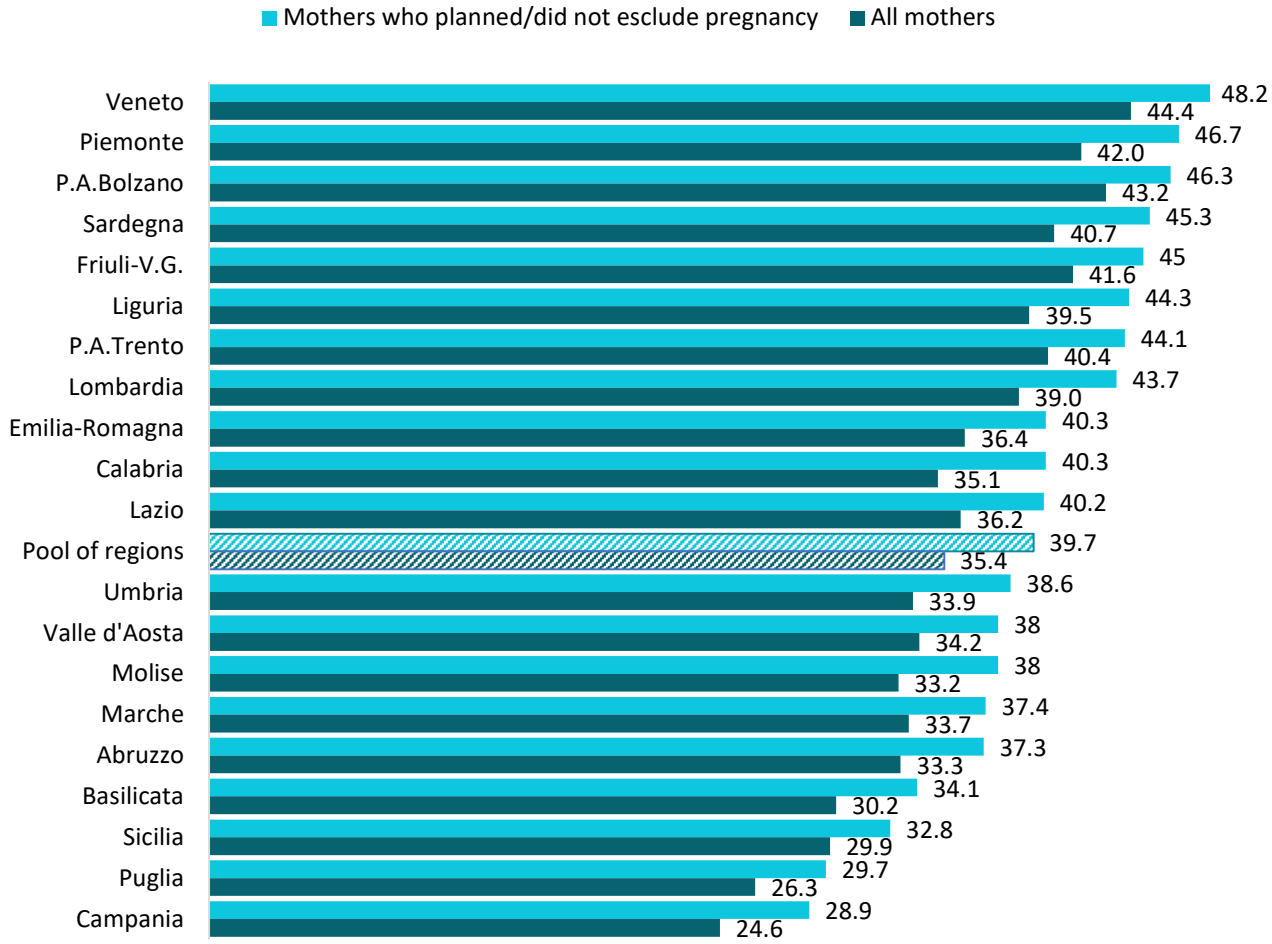
84.7% of mothers reported having planned or not actively ruled out the possibility of pregnancy, with prevalence rates ranging from 78.1% in Campania to 90.8% in the Autonomous Province of Bolzano (data not shown).

Folic acid intake (%)



In the pool of Regions, 93.2% of mothers reported folic acid intake during pregnancy, but only 35.4% reported appropriate use. Most women initiated folic acid supplementation after they were already pregnant, thereby negating its preventive effect. Proper intake varies significantly across Regions, ranging from 24.6% in Campania to 44.4% in Veneto, with higher prevalences in the northern Regions compared to southern Regions.

Appropriate folic acid intake (%)



Among women who planned or did not actively rule out pregnancy, the proportion of those who took folic acid properly was slightly higher than the that observed in the overall sample of mothers, with prevalence ranging from 28.9% (Campania) to 48.2% (Veneto).

Comparison with the 2022 data collection

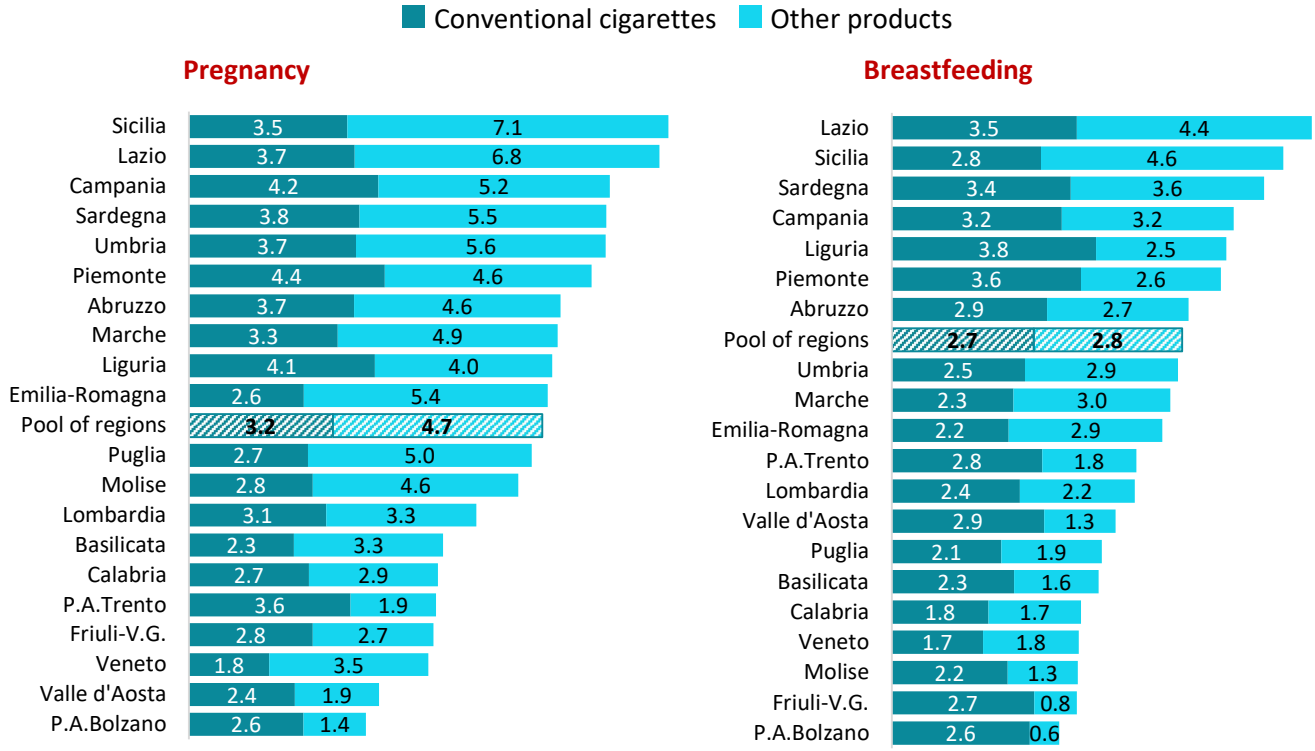
The prevalence of women reporting proper folic acid intake is slightly higher compared to 2022 (35.4% vs 32.1%). The difference remains small even when considering folic acid intake among women who planned or did not actively rule out pregnancy (39.7% vs 36.4%).

Appropriate folic acid intake during the periconceptional period remains critical, despite national recommendations. General practitioners, midwives, gynaecologists and all professionals who have contact with women of childbearing age can play an important role in this preventive measure.

Use of tobacco/other products[1]

Protecting children from exposure to smoke is a public health priority. Smoking during pregnancy increases the risk of numerous obstetric and perinatal complications: miscarriage, preterm birth, low birth weight, congenital malformations, intrauterine foetal death and neonatal death. Furthermore, children exposed to second-hand smoke, both in utero and after birth, have an increased risk of sudden infant death syndrome (SIDS) and a higher risk of lower respiratory tract diseases and asthma attacks.

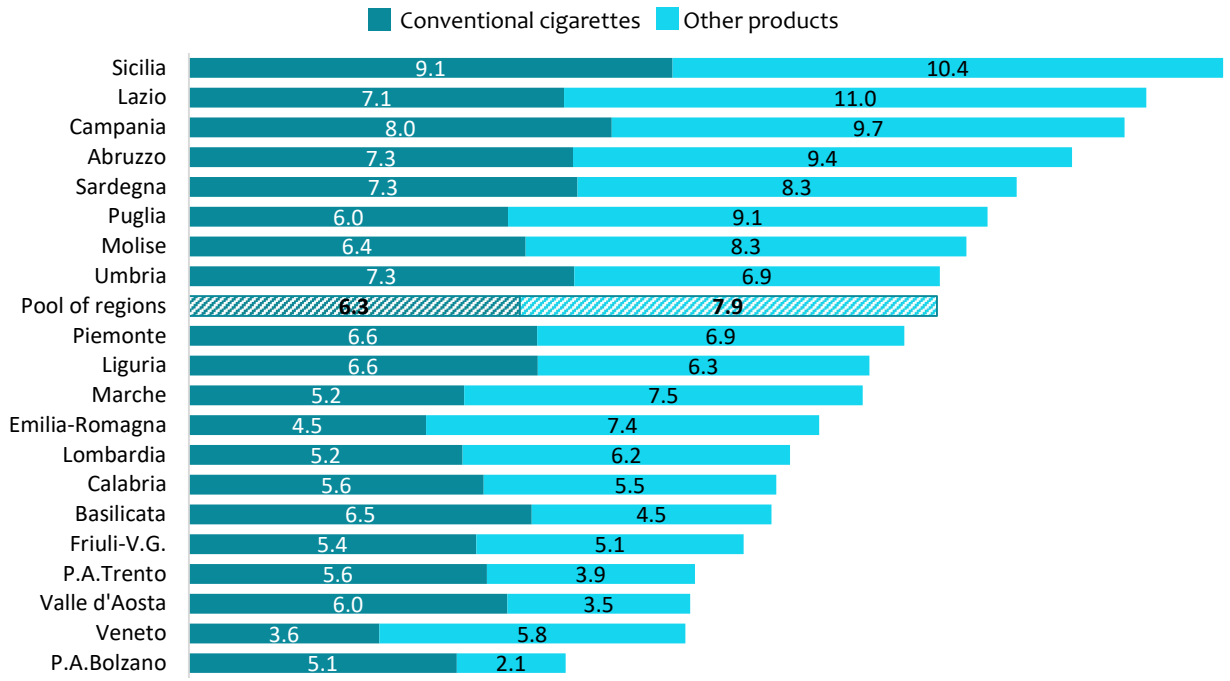
Use of tobacco/other products during pregnancy and breastfeeding (%)



Overall, 5.5% of mothers in the regional pool reported smoking during pregnancy, with regional variation ranging from 3.2% in the Autonomous Province of Bolzano to 7.9% in Lazio. In the regional pool, the proportion of mothers who smoke conventional cigarettes during pregnancy is comparable to that of women who use other products, with differences that can be significantly higher in some Regions. The proportion of smokers among breastfeeding mothers is higher than during pregnancy in all Regions and varies between 4% (A. P. of Bolzano) and 10.6% (Sicily). Furthermore, the data show that during breastfeeding there was a greater increase in the proportion of consumption attributable to other products (e-cigarettes, heated tobacco).

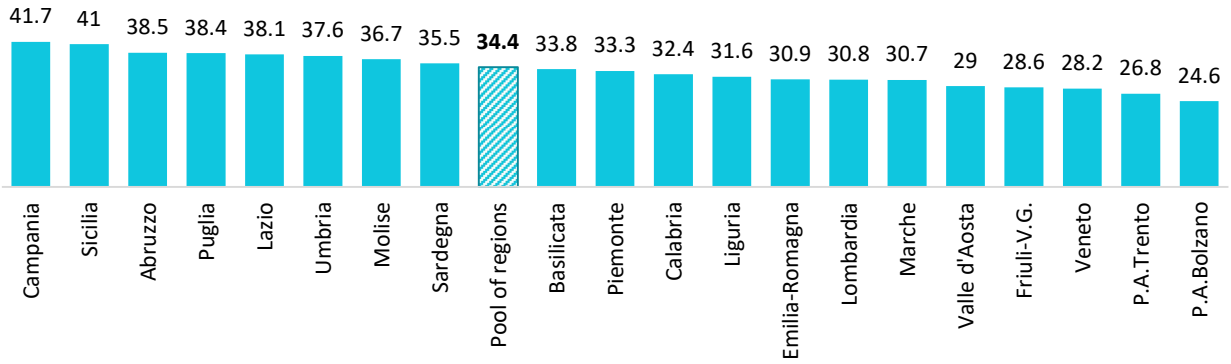
[1] *The question asked concerned the use of conventional cigarettes and other products (e-cigarettes and heated tobacco products)*

Use of tobacco/other products at the time of the interview (%)



Overall, the proportion of mothers who smoke at the time of the interview is higher than during pregnancy in all Regions (14.2%) and ranges from 7.2% (A. P. of Bolzano) to 19.5% (Sicily), with prevalences tending to be higher in the central and southern Regions.

Children with at least one parent and/or other cohabiting household member who smokes (%)



With regard to potential exposure to second-hand smoke, 30.2% of mothers reported that their partner or other household members were smoking at the time of the interview (data not shown). When potential exposure to second-hand smoke is calculated overall, 34.4% of children live with at least one smoker.

Comparison with the 2022 data collection

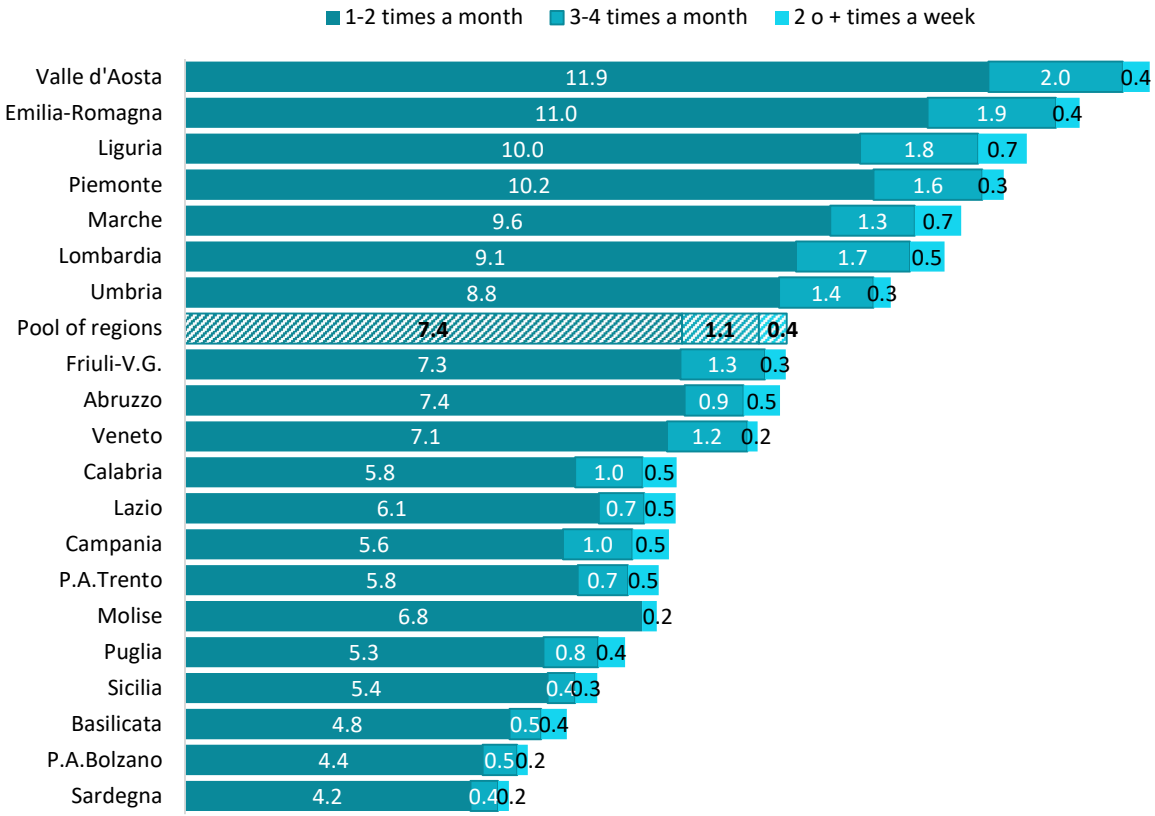
The prevalence of mothers who reported using tobacco or other products has decreased slightly compared with 2022 (5.5% vs 6.4% during pregnancy and 7.9% vs 8.7% whilst breastfeeding).
The proportion of children living in households with smokers has decreased compared to 2022 (34.4% vs 38%).

The data confirm the need to continue informing women and their partners about the health risks posed by the use of tobacco/other products during pregnancy and breastfeeding, as well as to raise awareness among all caregivers and the general population about the health risks of children's exposure to second-hand smoke.

Alcohol consumption

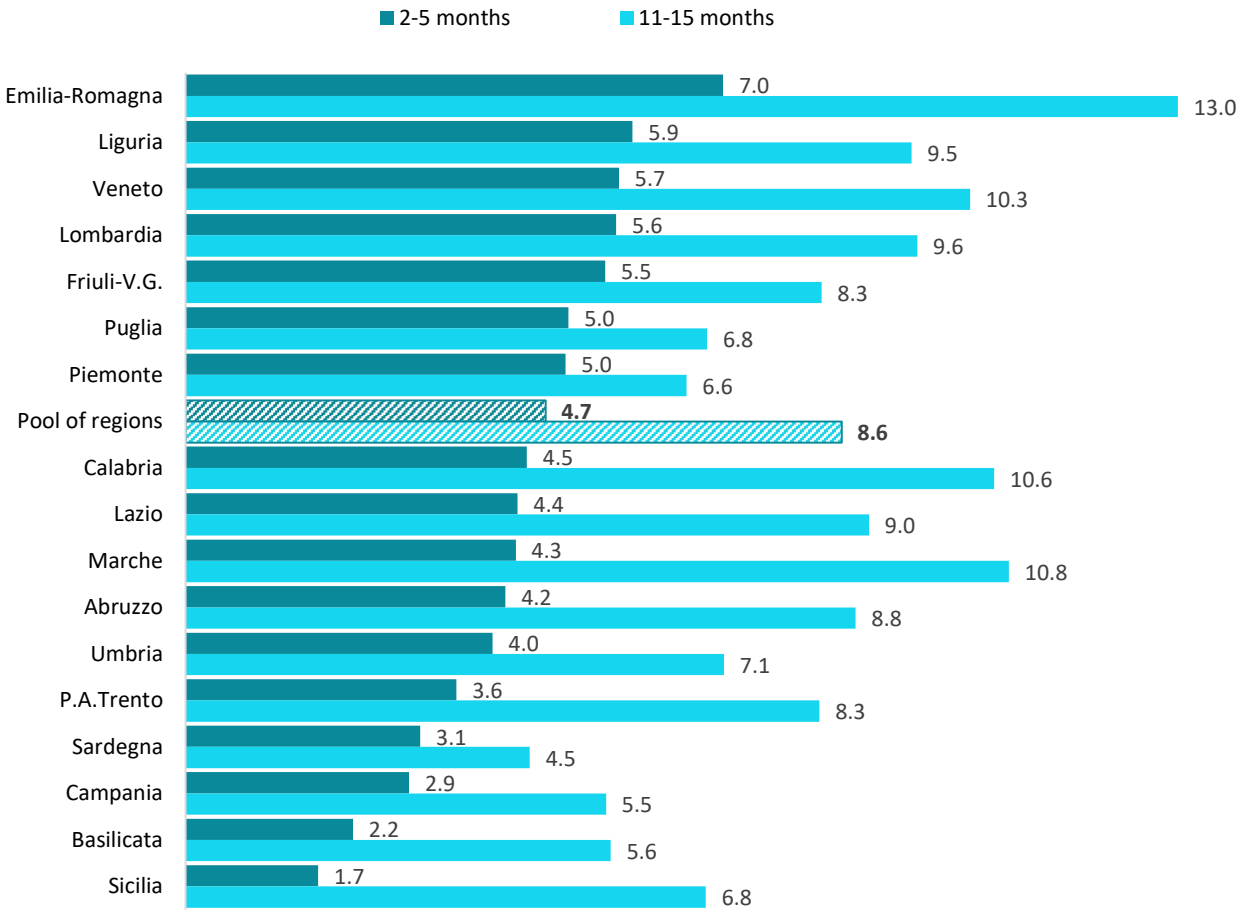
Scientific evidence recommends avoiding alcohol consumption in the months leading up to conception, during pregnancy and while breastfeeding due to its reproductive and developmental toxicity. Alcohol consumption during pregnancy and breastfeeding can seriously harm health and is associated with miscarriage, congenital malformations, preterm birth, low birth weight, foetal alcohol spectrum disorders (FASD), sudden infant death syndrome (SIDS), and cognitive and relational difficulties.

Alcohol consumption during pregnancy (%)



Most mothers in the pool of Regions did not consume alcoholic beverages during pregnancy. 7.4% reported having consumed alcohol (even just a small amount such as half a glass of wine, a small beer or an aperitif) 1–2 times a month, 1.1% 3–4 times a month and 0.4% 2 or more times a week. Alcohol consumption is more widespread among mothers in Northern Italy.

Consumption of alcoholic beverages during breastfeeding at least 3–4 times in the last 30 days (%)



In all Regions, alcohol consumption during breastfeeding is more widespread than during pregnancy, with higher prevalence in the North. Among breastfeeding mothers, the proportion reporting having consumed alcohol at least 3–4 times in the month prior to the interview increases as the child's age rises, ranging from 1.7% (Sicily) to 7% (Emilia-Romagna) in the 2–5-month age group and from 4.5% (Sardinia) to 13% (Emilia-Romagna) in the 11–15-month age group.

Comparison with 2022 data collection

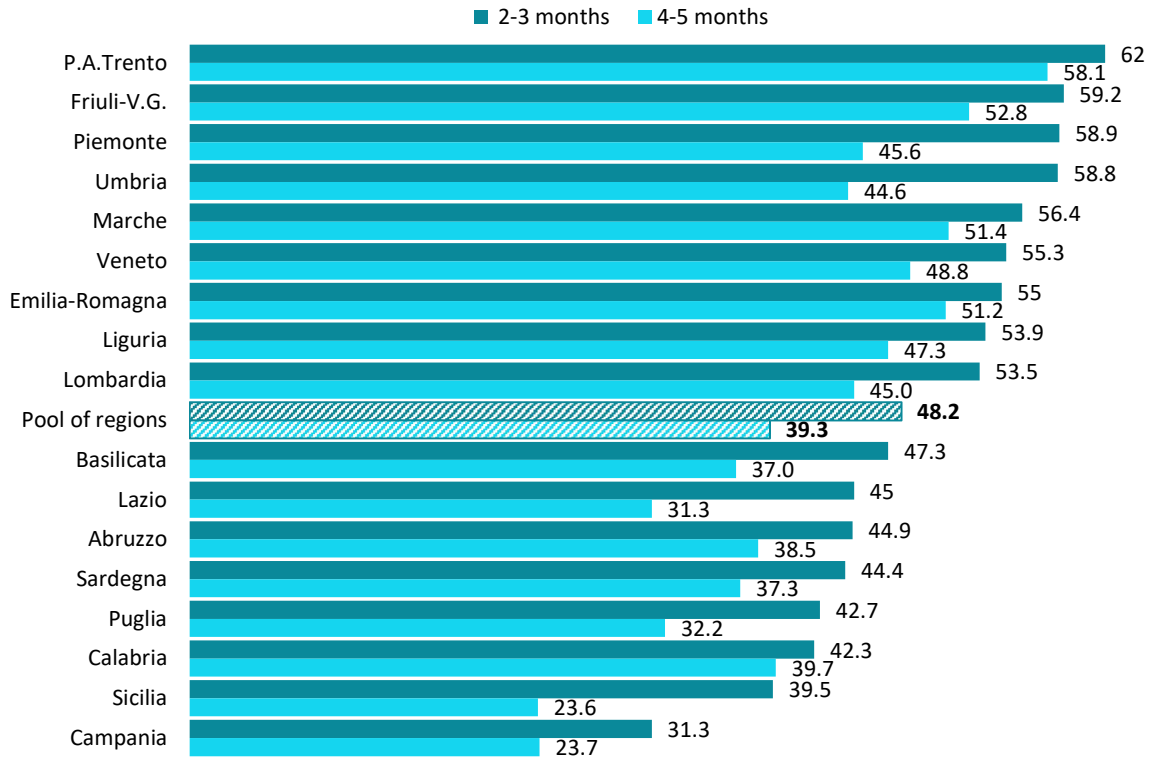
The prevalence of women who consumed alcohol at least 1–2 times per month during pregnancy in 2025 has fallen significantly compared with the 2022 data collection (8.9% vs 18.6%). Alcohol consumption during breastfeeding at least 3–4 times in the month prior to the interview is lower than in 2022 in both the 2–5 month age group (4.7% vs 9%) and the 11–15 month age group (8.6% vs 12.3%).

Although there has been a decrease in alcohol consumption during both pregnancy and breastfeeding, the data confirm the need to continue providing information to women and their partners on the risks associated with alcohol consumption during pregnancy and breastfeeding.

Breastfeeding

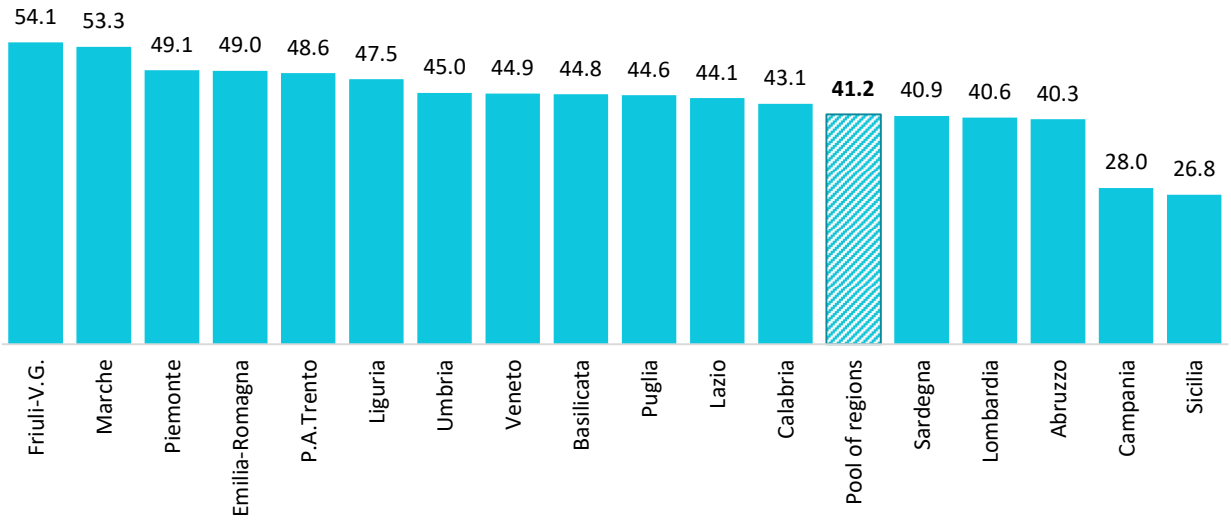
WHO and UNICEF recommend exclusive breastfeeding up to six months of age, followed by continued breastfeeding, alongside appropriate complementary feeding, up to two years of age and beyond, for as long as mother and child wish.

Exclusive breastfeeding among children aged 2–3 months and 4–5 months (%)



Among infants aged 2–3 months, 48.2% are exclusively breastfed, with substantial regional variability, characterised by lower prevalences in the southern Regions compared to central and northern Regions, ranging from 31.3% in Campania to 62% in the Autonomous Province of Trento. Exclusive breastfeeding decreases markedly in the 4–5-month age group, falling to 39.3%, with values ranging from 23.6% in Sicily to 58.1% in the Autonomous Province of Trento.

Children breastfed in the 12–15-month age group (%)



Analysing the prevalence of breastfeeding beyond the first year of life, the proportion of children receiving breast milk in the 12–15-month age group varies between 26.8% (Sicily) and 54.1% (Friuli-Venezia Giulia), with lower values observed in southern Regions and in the Region of Lombardy. 13.1% of children have never been breastfed, with rates generally ranging from 7.2% (Marche) to 24.2% (Sicily) (data not shown).

Comparison with the 2022 data collection

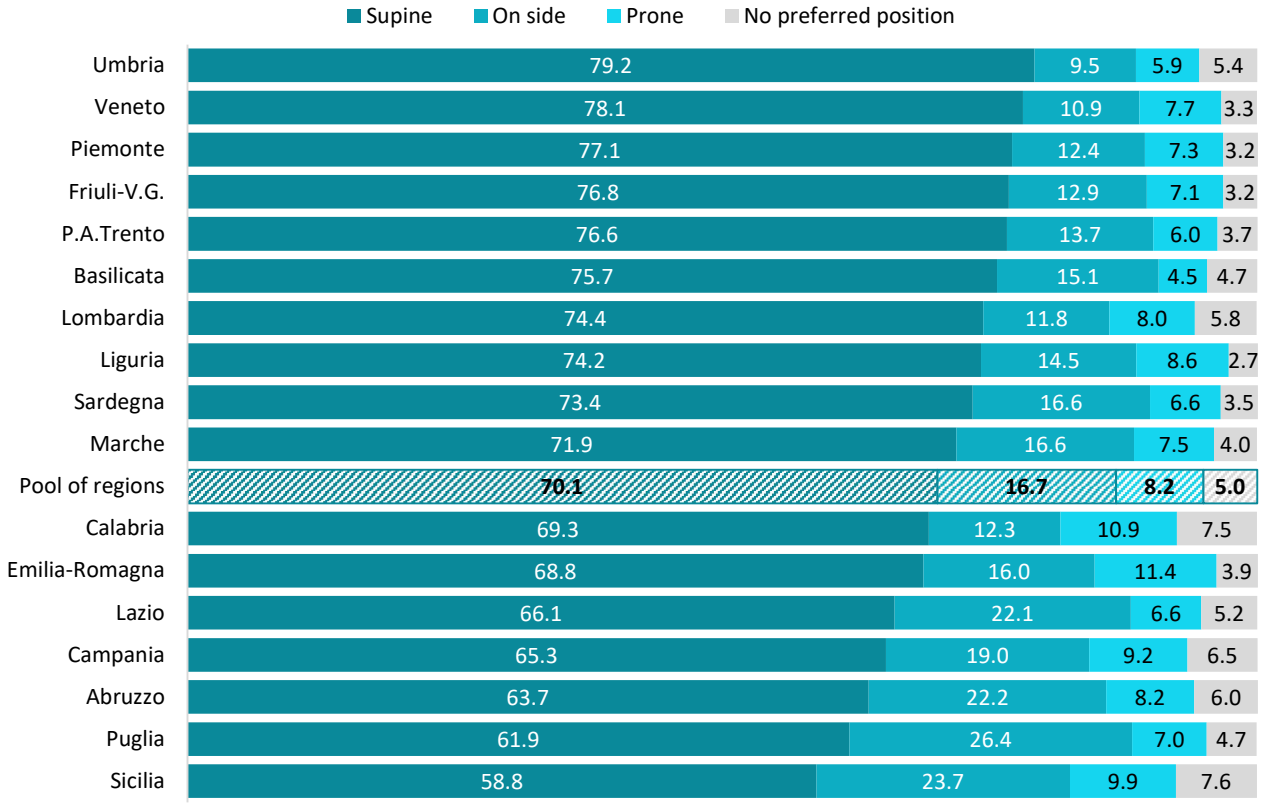
The prevalence of exclusive breastfeeding at 2–3 months is comparable to that observed in 2022 (48.2% vs 46.7%). In contrast, the prevalence of exclusive breastfeeding at 4–5 months has increased (39.3% vs 30%). The proportion of children breastfed beyond 12–15 months has also increased (41.2% vs 36.2%), while the proportion of children who have never received breast milk remained stable (13%).

Although the data show an improvement compared with previous surveys, there remains a clear need to continue protecting, promoting and supporting breastfeeding, including by working to build a 'culture of breastfeeding' within local communities. This is essential to ensure that parents are supported in making informed choices about their child's feeding, based on evidence-based information, free from commercial interests, and are supported in implementing these choices.

Sleep position

Approximately 50% of cases of sudden unexpected death in the first year of life cannot be attributed to a natural or accidental cause and are classified, by exclusion, as sudden infant death syndrome (SIDS). 90–95% of sleep-related deaths occur within the first 6 months of life, with a peak between 2 and 4 months and, in Italy, an incidence of 0.5 per 1,000 live births. Several interventions have been shown to be effective in reducing the risk, including placing infants to sleep in the supine position.

Sleeping position among 4-5-month-old infants (%)



More than two thirds of mothers in the pool of Regions reported placing their 4–5-month-old child to sleep in the supine position (70.1%), with variability ranging from 58.8% (Sicily) to 79.2% (Umbria). Side-lying as the initial sleep position Sleeping on the side occurs in 16.7% of cases, with prevalence ranging from 26.4% in Puglia to 9.5% in Umbria. The prone position is used in 8.2% of cases, with rates ranging from 11.4% in Emilia-Romagna to 4.5% in Basilicata.

Comparison with the 2022 data collection

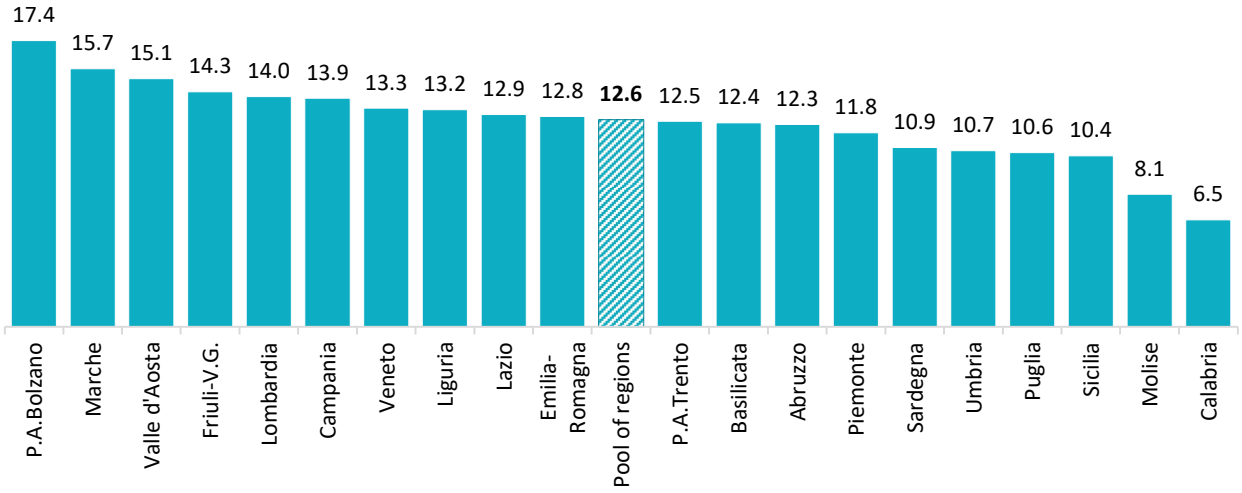
The prevalence of mothers using the reccomended sleep position for their 4- to 5-month-old baby is slightly higher than in 2022 (70.1% vs 66.7%). The use of the side-lying position has decreased by a few percentage points compared to 2022 (16.7% vs 18.7%), as has the use of the prone position (8.2% vs 9.7%).

The data highlight the need to inform parents and all caregivers that, among behaviours that prevent sleep-related deaths, placing infants to sleep in the supine position is the most effective. It is also important to reassure parents that the supine position does not increase the risk of choking due to regurgitation or gastro-oesophageal reflux, and that once infants are able to roll independently from supine to prone and vice versa, there is no need to reposition them if they turn spontaneously during sleep.

Safety at home and in the car

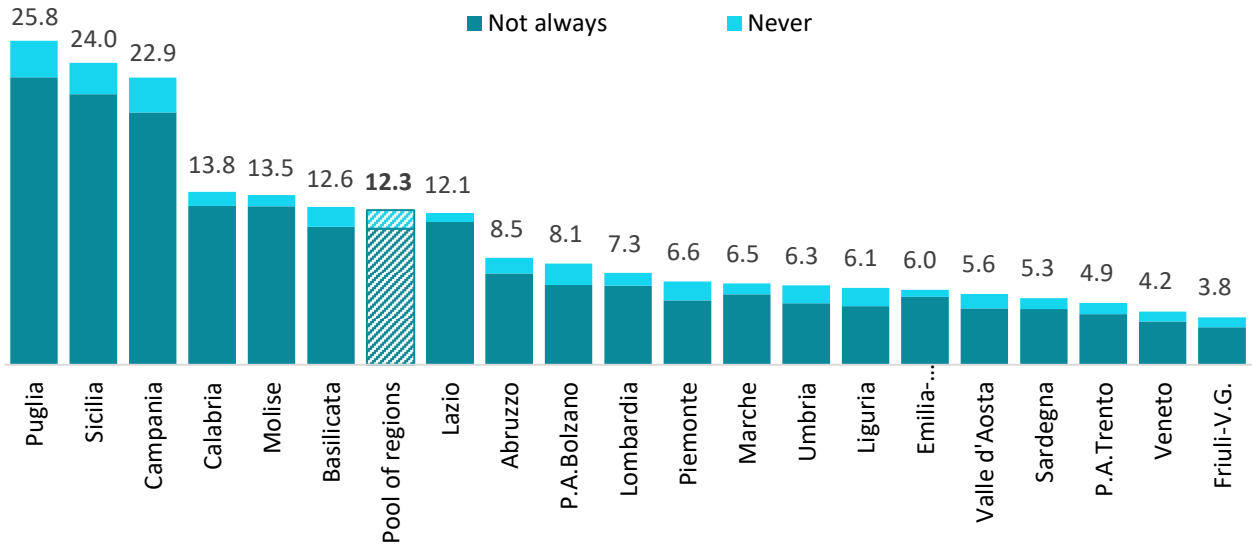
Home and car accidents are a significant cause of morbidity and mortality among children in high-income countries. Adapting the home environment to children's developmental stages can help prevent home accidents. The use of approved child restraint systems during transport, as required by road traffic regulations, is mandatory from birth.

Accident at home involving the child (%)



Overall, 12.6% of mothers in the pool of regions reported that their child had experienced a domestic accident, with prevalence ranging from 6.5% in Calabria to 17.4% in the Autonomous Province of Bolzano.

Inadequate use/non-use of car seats (%)



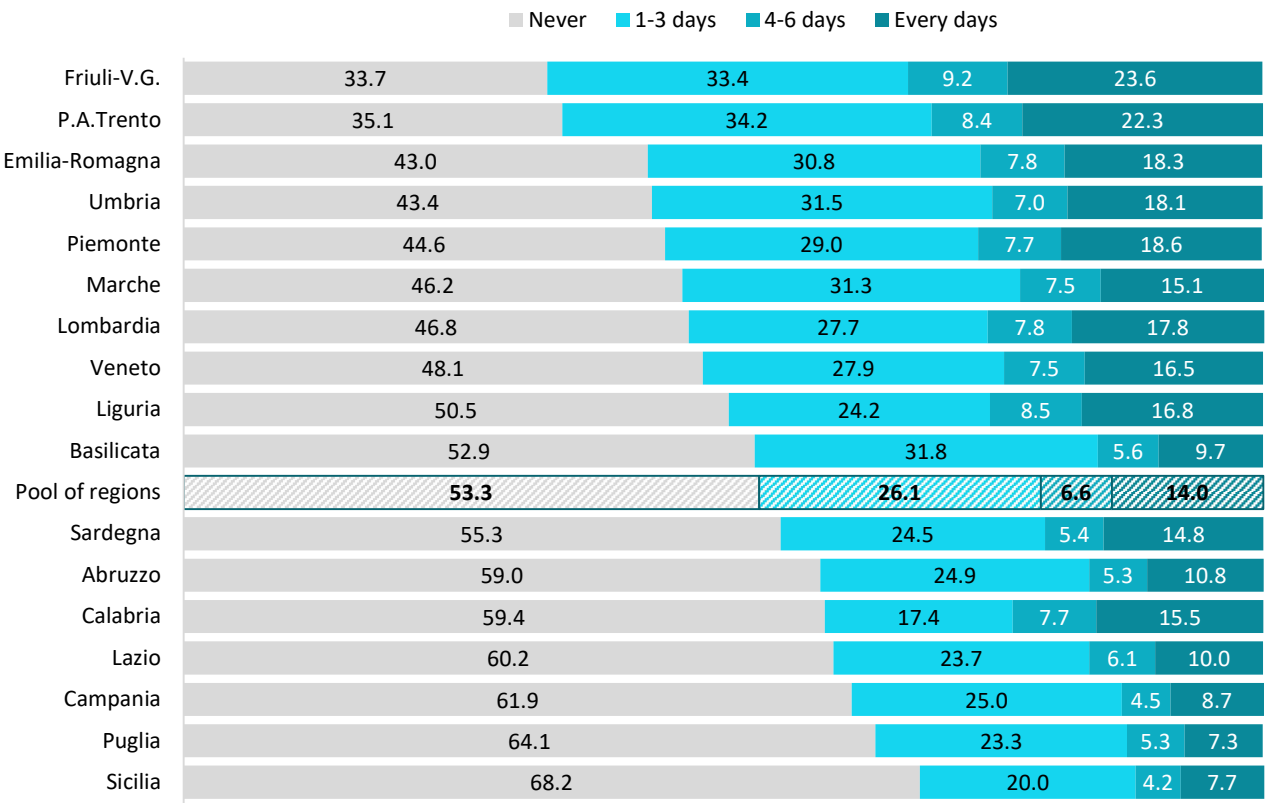
Across the pool of Regions, 12.3% of mothers report not always using a child car seat during every car journey (10.8% 'not always', 1.5% 'never'), with significantly higher prevalence in some southern Regions (Apulia, Sicily and Campania).

The data highlight the need to strengthen information provided to parents and caregivers on home accident prevention and safe transport practices to reduce the risk of injury and death.

Family reading

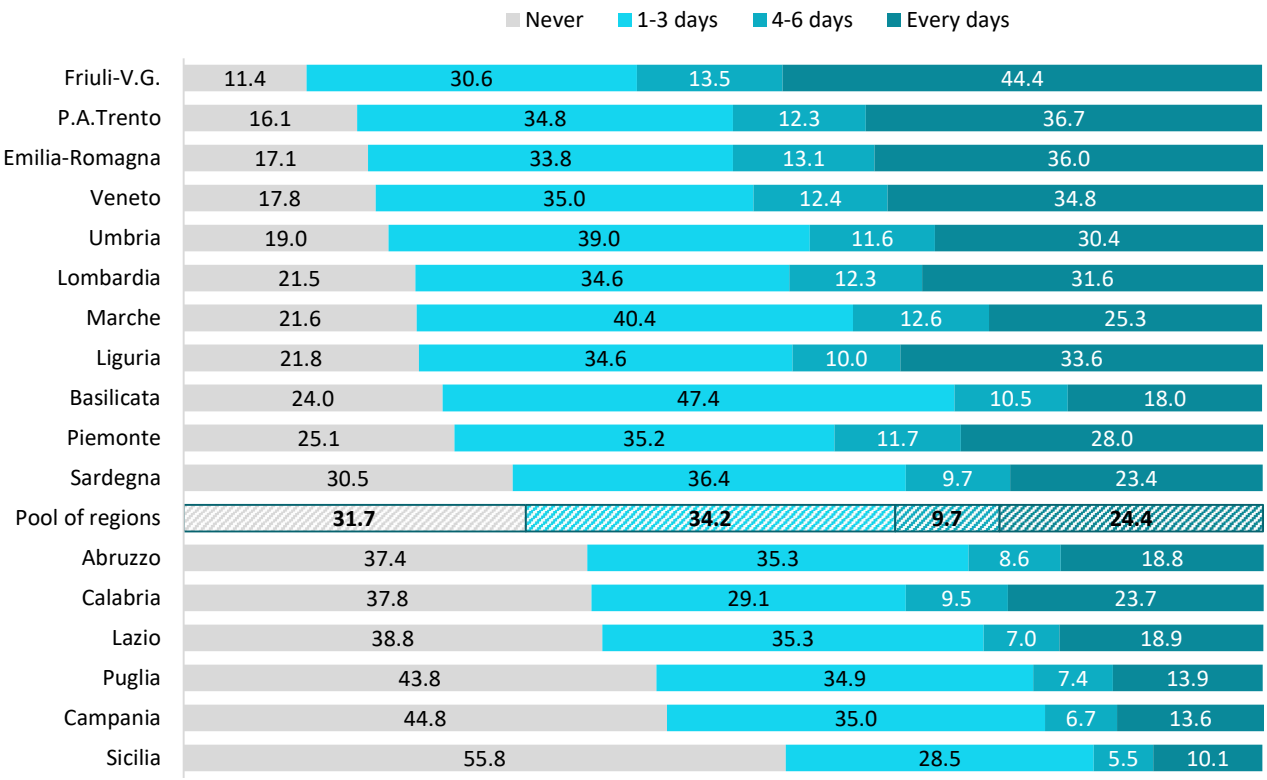
Exposure to reading from the first months of a child's life has beneficial effects on cognitive, emotional and relational development, as well as positive effects on the relationship with the caregiver. The practice of shared reading and the introduction of books from early infancy contribute to reducing educational poverty and preventing socio-cultural disadvantage.

Frequency of reading to the child in the week prior to the interview (%) - Children aged 2–5 months



In the 2–5-month age group, the proportion of children who had not been read to in the week prior to the interview was 53.3%, with values ranging from 33.7% (Friuli-Venezia Giulia) to 68.2% (Sicily) and generally higher in the southern regions. Southern Regions have the lowest proportions of children who are read to daily.

Frequency of reading to the child in the week prior to the interview (%) - Children aged 11–15 months



As children get older, the proportion of children who had not been read to in the week prior to the interview decreases across all Regions, although it remains substantial, particularly in the South, where, in several Regions, the figure remains considerably higher than that observed across the Regions as a whole.

Comparison with the 2022 data collection

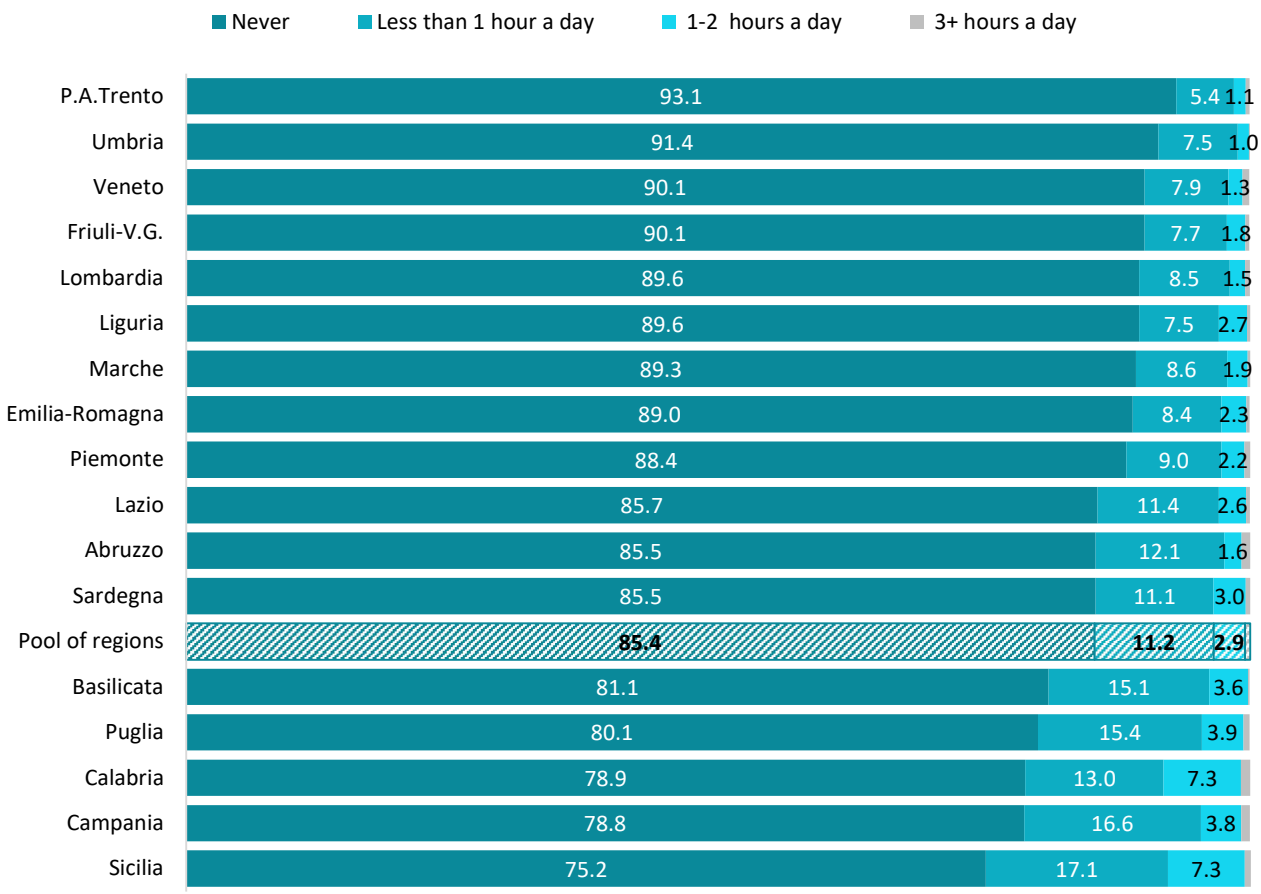
The proportion of children exposed to reading in the 2–5-month age group shows a slight increase compared to 2022 (46.7% vs 41.7%), while remaining largely stable in the 11–15-month age group (68.3% vs 67.4%). In the 2–5-month age group, the proportion of mothers who read (having read at least one book in the last 12 months for reasons not strictly related to school or work) has slighthly decreased compared with the previous survey (51.8% vs 55%).

The data highlight the need to inform parents and all caregivers about the benefits of family reading for children's cognitive, emotional and social development. In an era of increasing digital exposure from the earliest months of life, shared reading offers a valuable and accessible alternative, improving children's literacy with long-term benefits.

Screen exposure

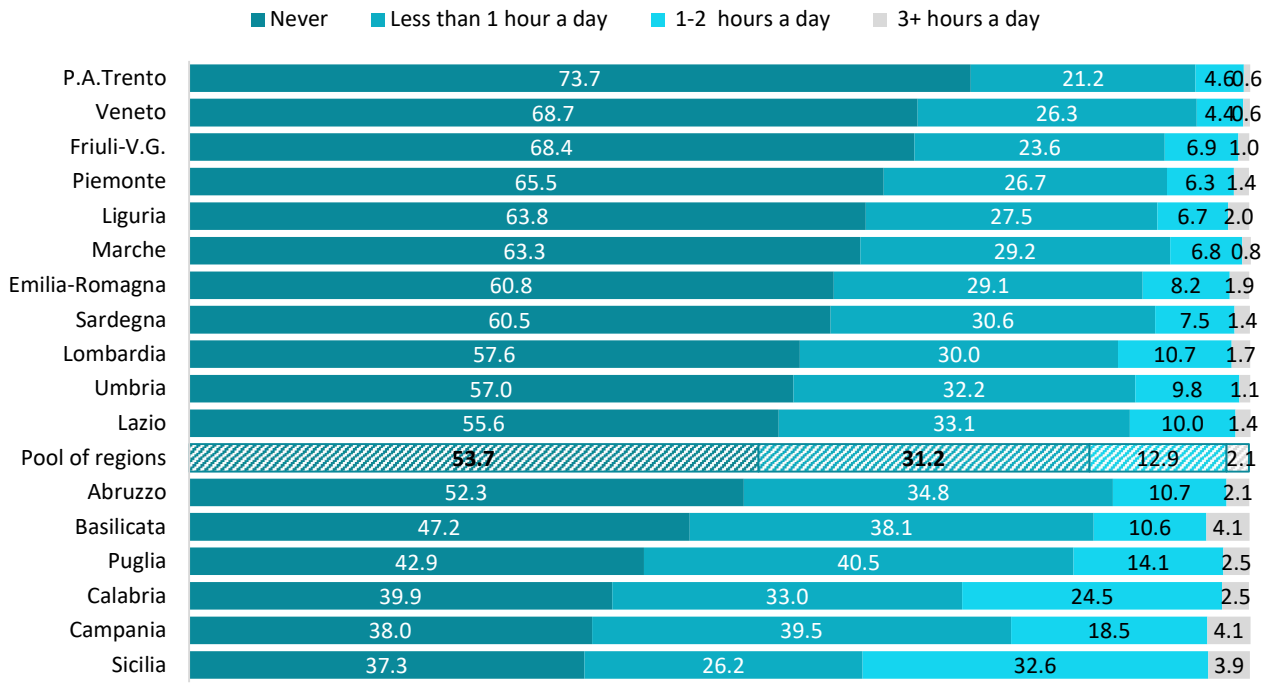
Children's exposure to digital technologies is an increasingly widespread phenomenon from the earliest years of life. The body of scientific evidence on the risks posed by exposure to young children is growing rapidly. It is recommended to avoid exposure for children under 2 years of age.

Daily screen time exposure (%) – Children aged 2–5 months



14.6% of children aged 2–5 months in the pool of Regions spend time with TV, computer, tablet or smartphone. At regional level, the proportion varies between 6.9% in the A. P. of Trento and 24.9% in Sicily, with higher values in the southern Regions. Most of the children exposed have less than one hour of daily screen time, while 3.4% spend at least 1–2 hours per day.

Daily screen time (%) – Children aged 11–15 months



Exposure levels rise with age in all Regions and, among children aged 11–15 months, the proportion of those who have at least 1–2 hours of daily screen time ranges from 5% (Veneto) to 36.5% (Sicily), confirming higher exposure levels in the southern Regions.

Comparison with the 2022 data collection

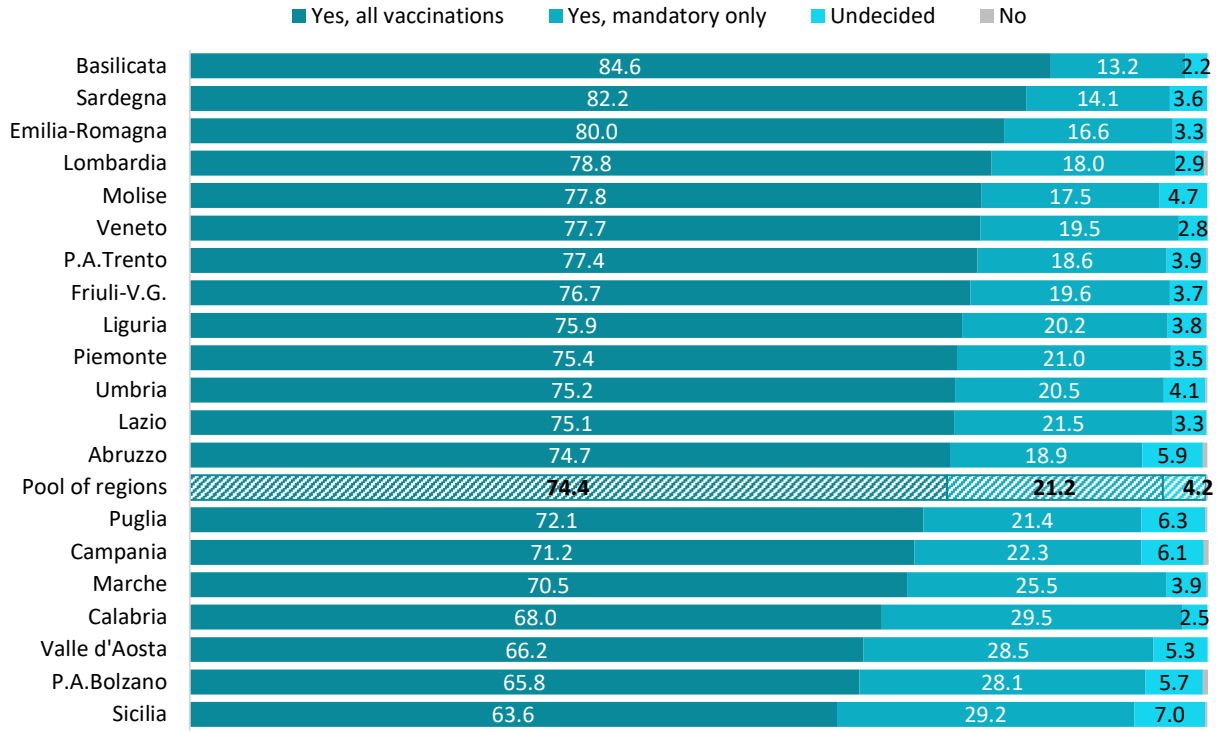
Screen exposure at 2–5 months is lower than in 2022 (14.6% vs 22.1%). In the 11–15-month age group, screen exposure shows a marked decrease compared to the previous survey (46.3% vs 58.1%).

The data highlight the need to continue informing parents – and all adults caring for the child – about the risks associated with screen exposure in the early years of life. Social and healthcare professionals and educators who have opportunities to interact with parents and carers can play an important role in this preventive action.

Vaccinations

Vaccinations are one of the most effective measures for preventing infectious diseases in children. The questionnaire collects mothers' intentions regarding future vaccinations for their children.

Mothers' intentions regarding their children's future vaccinations (%)



In the pool of the Regions, 74.4% of mothers reported that they intended to have their children receive all recommended vaccinations, with prevalence ranging from 63.6% in Sicily to 84.6% in Basilicata.

21.2% of mothers stated that they intended to have only the mandatory vaccinations, with prevalence ranging from 29.2% in Sicily to 13.2% in Basilicata. 4.2% of mothers reported being undecided.

Comparison with the 2022 data collection

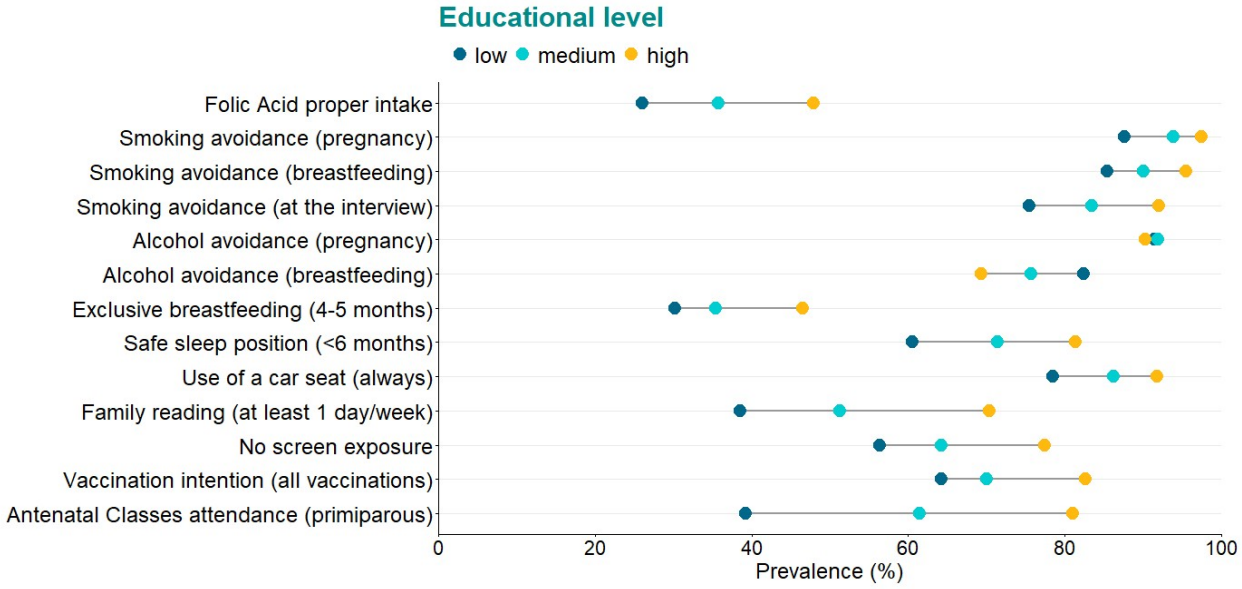
Compared to 2022, the intention to have all recommended vaccinations has decreased slightly (74.4% vs 76.1%), as has the proportion of undecided mothers (4.2% vs 6.5%). The proportion of mothers reporting that they intend to have their child receive only the mandatory vaccinations has increased (21.2% vs 16.4%).

The data highlight the need to continue informing parents so that they can make informed choices about disease prevention measures and the benefits and risks of the vaccinations provided for in our Country.

Health inequalities captured by the Surveillance

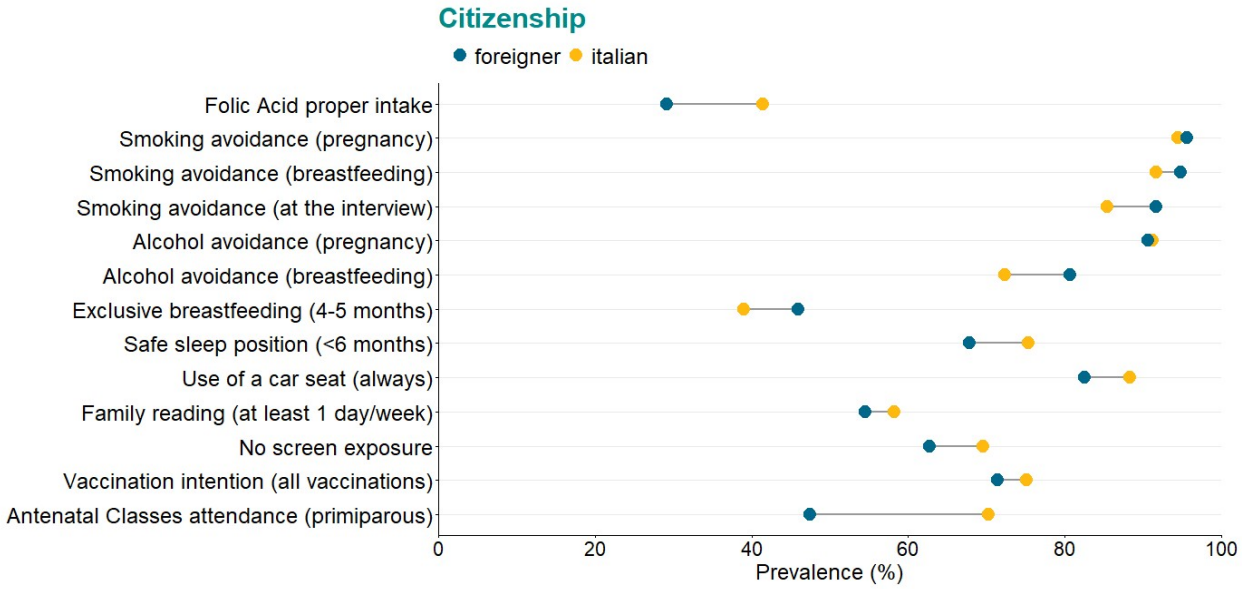
This section provides an in-depth analysis of the results emerging from the data collection on differences in adherence to recommendations regarding the first 1,000 days of life, according to mothers' educational level and citizenship, economic difficulties and geographical area.

Figure 7. Prevalence by mother's educational level (%)



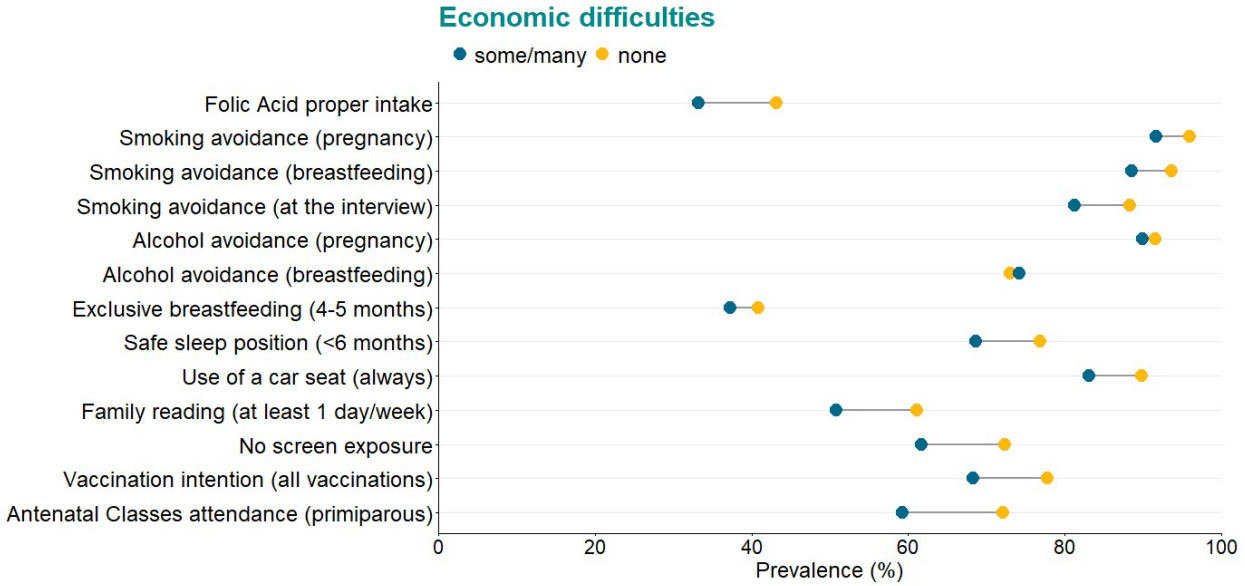
Except for alcohol during pregnancy, differences by educational level are observed for all indicators. Prevalence increases as educational level rises, with particularly marked differences for folic acid intake, family reading, placing the infant in safe sleep position, and ACs participation. The prevalence of alcohol avoidance during breastfeeding is higher among mothers with medium and low levels of education.

Figure 8. Prevalence by mother's citizenship (%)



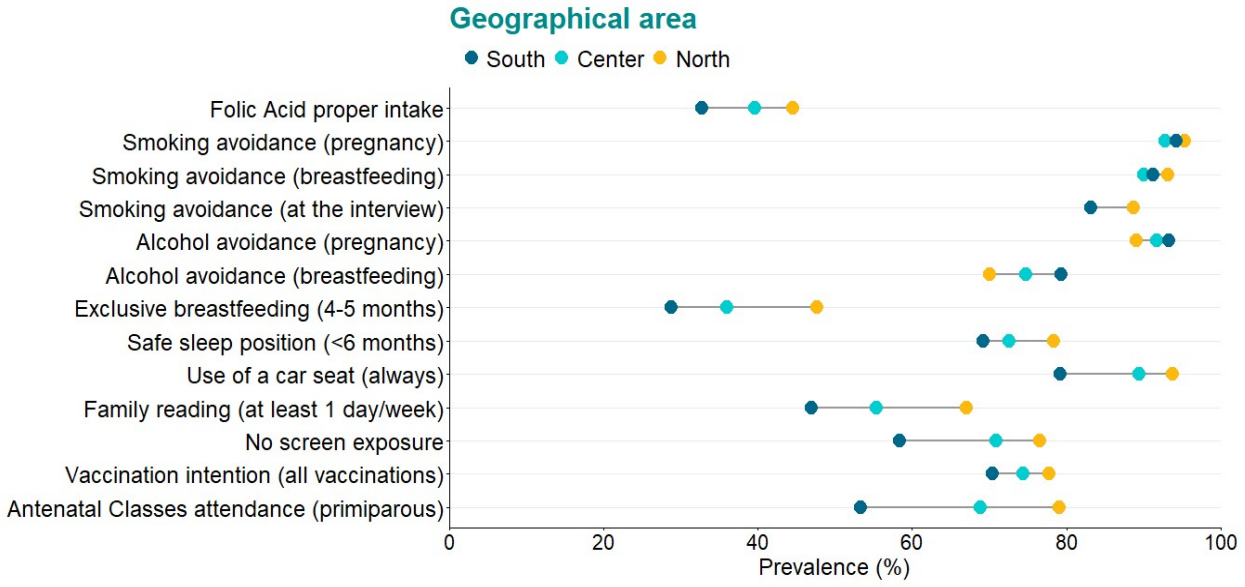
Mothers with foreign citizenship avoid smoking and alcohol consumption during breastfeeding more frequently and have a higher prevalence of exclusive breastfeeding at 4–5 months. Marked differences are observed in ACs attendance and in appropriate folic acid intake, with higher prevalence rates among mothers of Italian citizenship.

Figure 9. Prevalence rates by family economic difficulties (%)



Prevalence of adherence to good practices are lower among mothers reporting family economic hardship, with less marked differences for exclusive breastfeeding at 4–5 months and virtually none for alcohol avoidance.

Figure 10. Prevalence rates by geographical area (%)



Adherence to good practices, for most indicators, shows a decreasing geographical gradient from North to Centre to South, which is more pronounced for participation in ACs, family reading, exclusive breastfeeding at 4–5 months and no screens exposure.
The differences are negligible for smoking avoidance, whilst a reverse gradient is observed for alcohol avoidance, with greater geographical heterogeneity among breastfeeding mothers.

The Surveillance results show a strong relationship between mothers' sociodemographic characteristics and adherence to recommendations during the first 1,000 days of life.
The assessment of health inequalities is a priority for the planning of public health actions focused on programmes aimed at parents and the wider community, so that every child can fully realise their potential.

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