



Република Србија
МИНИСТАРСТВО ЗДРАВЉА



SOUTH-EASTERN EUROPE
HEALTH NETWORK



АГЕНЦИЈА ЗА АКРЕДИТАЦИЈУ
ЗДРАВСТВЕНИХ УСТАНОВА СРБИЈЕ



Maternal and neonatal health care integrating baby and mother friendly standards in Serbia

Dragana Lozanović, Borisav Janković
Institute of Mother and Child Health Care
of Serbia



Demography, census

2002

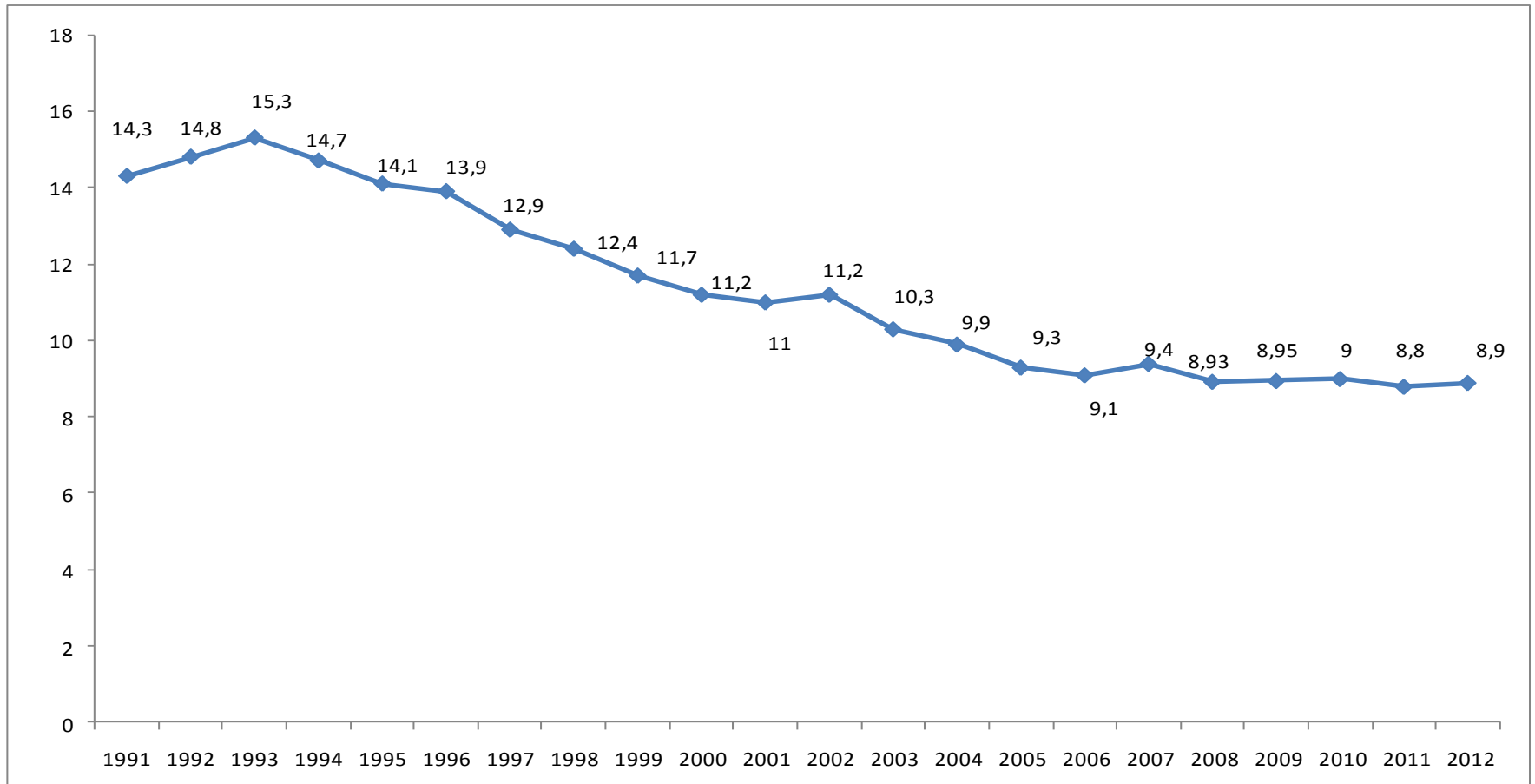
2012

No. of inhabitants	7.498.001	7.199.077
% women of fertile age	24	22,9
% children up to 19 years	22,3	20,9 (20,7)
Average age of woman at first childbirth		27.7
Fertility rate		1.4
Average age	40,6	41,2
Life expectancy at birth		74,8

➤ **Source:** *Statistical Office of the Republic of Serbia*

Perinatal mortality

Perinatal mortality rate in the Republic of Serbia 1991-2012



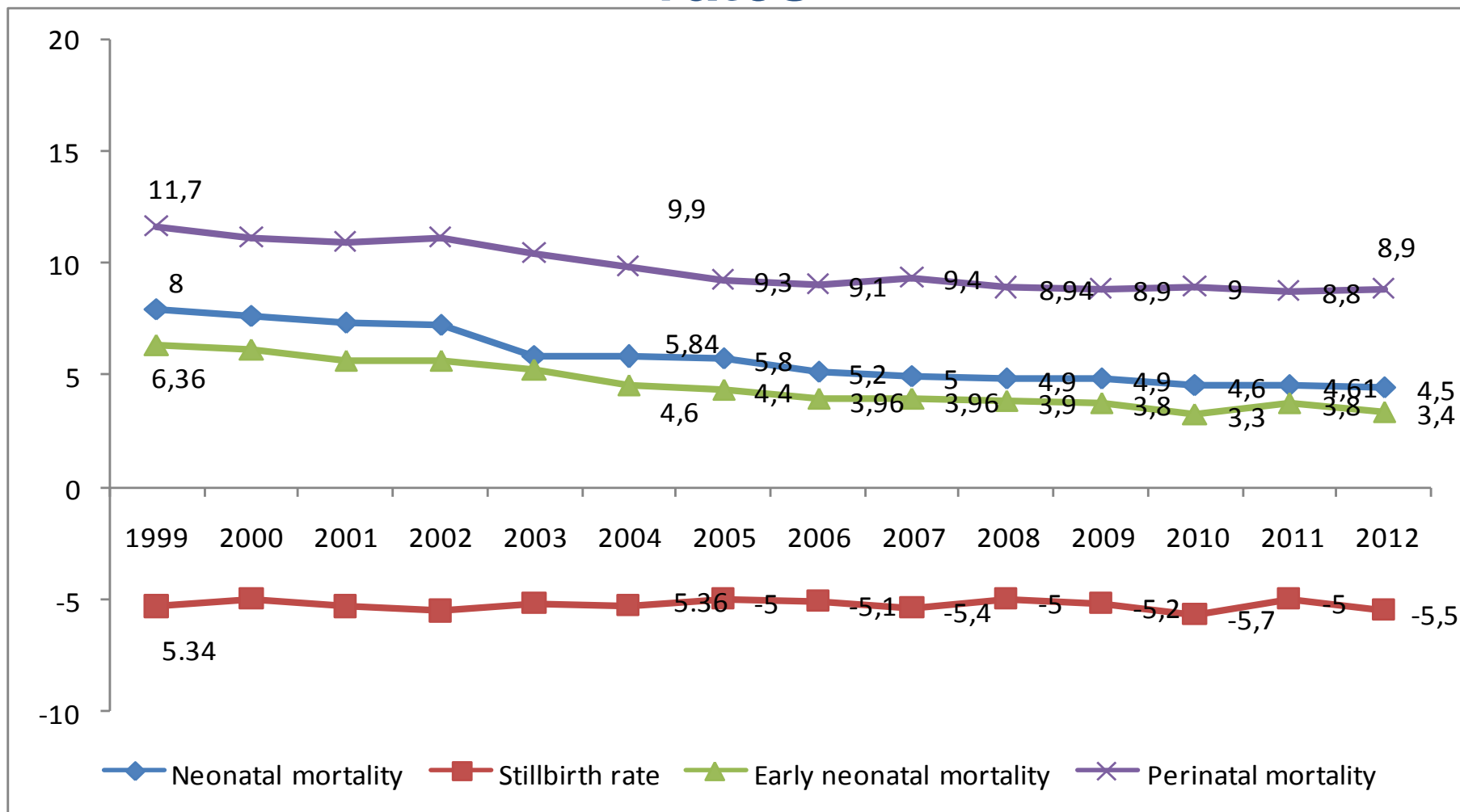
Source: *Institute of Public Health of Serbia "Dr Milan Jovanovic Batut"*

Neonatal, perinatal, infant and children up to 5 years mortality rates (per 1.000 livebirths, 1999-2009.) and MDG for 2015



Source: Statistical Office of the Republic of Serbia

Stillbirth, and neonatal, perinatal mortality rates



Source: Statistical Office of the Republic of Serbia

Selected health care indicators

	2012	MDG
Perinatal mortality rate	8.9	6.5
Neonatal mortality rate	4.5	3
Maternal mortality rate	14.9	
Infant mortality rate	6.2	4.5
0-5 years mortality rate	7	5

Source: *Statistical Office of the Republic of Serbia*

The reasons for the revitalization of BF

- **EXTERNAL EVALUATION PROGRAM BFHI, September-October 2009**

"EVALUATION OF THE INITIATIVE FOR BABY FRIENDLY HOSPITAL IN SERBIA FROM 1995 TO 2008"

- Dr Genevieve Becker

- Dr Elizabeth Zisovska

84% of maternity facilities (49 facilities) were certified as BF global criteria, 2005

However, Baby-friendly awards expire.

Second BFHI criteria (to have over 80% trained staff)- no evidence from 2003

Revitalization support of BF

- National Expert Commission for the Health care of Women, Children and Youth of the Republic of Serbia (2008):
 1. NATIONAL HEALTH PROGRAM OF WOMEN, CHILDREN AND YOUTH AND ACTION PLAN - REGULATION ON THE NATIONAL HEALTH PROGRAM OF WOMEN, CHILDREN AND YOUTH ("Off. Gazette of the RS", no. 28/2009)
 2. PROFESSIONAL- METHODOLOGICAL INSTRUCTIONS FOR THE IMPLEMENTATION ON THE NATIONAL PROGRAMME ON HEALTH OF WOMEN, CHILDREN AND YOUTH IN THE REPUBLIC OF SERBIA, 2011.

Formed bodies for making BF +

MoH, Institute of Public Health of Serbia "Dr Milan Jovanovic Batut" and the UNICEF Office and MCHC, 2009

Special working group to develop a methodology for institutionalizing and action plan for the implementation of "Baby friendly plus" program in 2009

The National Coordination Team, 2011

BABY FRIENDLY PLUS PROGRAM

- Action plan for the implementation of standards for health care tailored to the needs of mother and child
- Health care services that are tailored to the needs of the mother and child, 2011 - Adopted 2012
- National Coordination Body has proposed the establishment of the National Committee for breastfeeding and the appointment of the National Coordinator

National Standards of health care adjusted to mother and child needs (2)

- MoH formed National Expert group for revitalisation of BF and MF initiative, BF+ and making National Standards, 2011
- **Based on the objectives and recommendations of:**
 - Evaluation of WHO initiative and UNICEF BFH initiative, 2009
 - National programme for health care of women, children and adolescent (2009)
 - National MDG
 - Decrease of % exclusive breast feeding children
- **Adopted in 2012. – Committee of the Ministry of Health for women, children and youth health care**

Objectives of National Standards adjusted to the health care needs of the mother and child

General objective:

Preserving and improving the health of mother and children through the promotion of breastfeeding

Specific objectives:

- All mothers were informed about the benefits of breastfeeding, the support and training for nursing is being given**
- At least 80% of infants are exclusively sucking during the first 6 months and then continue breastfeeding with complementary foods until at least the end of the first year or longer**
- All health care facilities implement a strategy "Ten Steps to Successful Breastfeeding"**
- International Code of Marketing the artificial food for infant is being adopted and implemented**

National Standards of health care adjusted to mother and child needs (2)

- **BFHI - Baby friendly Hospital Initiative**
Baby-friendly Hospital Initiative, 10 steps to successful breastfeeding
- **Baby-friendly standards и Mother-friendly standards**
Health care standards adjusted to the needs of babies and mothers
- **Baby-friendly plus standards**
Standards adjusted to the needs of mothers and babies (including sick newborn)

Goals of standars

EVERY newborn ENABLE best start in life

- Inform all pregnant women, new mothers and families about the importance of breastfeeding, common room mothers and newborns in maternity, early stimulation
- Train mothers to establish, technique and maintenance of exclusive breastfeeding up to 6 months.
- Educate and motivate health workers to be committed to this mission, to support and guide the natural nutrition in every contact with prospective parents and the maternity
- Ensure consistent compliance with the Code **prohibiting advertising of breast milk** substitutes

Basic assumptions

- **Standard** is the desired level of performance that can be achieved and that can be compared with the current level of performance
- **Criterion** presents clear steps, ie. activities to be undertaken in order to meet the standard. Criterion reflects the description of the optimal value
- evidence
- Indicators- for monitoring
- **Standards** are available accessible to all pregnant women, new mothers and newborn children

Course : Encouraging natural nutrition

<p>Standard 1 - The right of a pregnant woman and her family to complete information about the importance and benefits of breastfeeding and a common room with a newborn.</p>	<p>Step 1: Each health facility which provides health care for mother and child needs to prepare and clear highlight policy-documents, and inform all staff about the matter</p> <p>Step 2: Educational activities - train all staff with the skills necessary for the implementation of the program</p>
<p>Standard 2 - The right of mothers to privacy and the right to the presence of people close to childbirth</p>	
<p>Standard 3 - During all births to mothers provide support on breastfeeding and a common room with newborn.</p>	<p>Step 3: Inform all pregnant women about the benefits of breastfeeding and successful way of establishing and maintaining lactation</p>

Course : Encouraging natural nutrition

Standard 4 - All deliveries are carried out according to current national guidelines	
Standard 5 - All mothers are enabled close contact with the newborn in the delivery room	Step 4: Contact "skin to skin", Help mothers initiate Breastfeeding half an hour after the birth of the child, At the latest within two hours, When cesarean section after 6 hours,
Standard 6 - With every newborn in accordance with the degree of vitality at birth apply all measures and procedures respecting national guides about importance and benefits of breastfeeding and a common room with a newborn.	Step 5: Demonstrate and train mothers how to breastfeed and how to maintain lactation even in cases where the mother and infant is necessary to separate
Standard 7 – All mothers, including women delivered by Caesarean Section, entitled to be placed in the same room with their newborn children	Step 7 Common room mother And the baby in the same room 24 hours a day

Course : Encouraging natural nutrition

Standard 8 - All newborns are entitled to the breast milk feeding including sick newborns	Step 6 Do not give a newborn baby food or liquid other than breast milk, except where indicated
Standard 9 - All mothers are able to have a visit at the scheduled time and in an appropriate manner (space for visits) in a maternity hospital or institution for treatment of sick children	
Standard 10 - Adhered to a International code of marketing of breast milk substitutes in all health facilities	Step 8 Encourage breastfeeding on demand day and night Step 9 To promote breastfeeding without the use of bottles, teats and with the introduction of complementary feeding
Standard 11 - Every mother after leaving the maternity ward has received support to continue exclusive breastfeeding up to 6 mnts	Step 10: Support for mothers after leaving the hospital and encouraging the establishment of centers for breastfeeding support

What is done with the aim to support the BF

3. National guide for doctors in primary health care: "Health care for women during pregnancy," EB the guidelines

4. "Strengthening capacity to improve the health of mothers and babies in South East Europe" 2005-2009: recommendations / guidelines,

- General principles of communication among pregnant women, new mothers and their families

- Normal childbirth

- General principles of care and treatment in the maternity

5. Guide to primary and specialized care for newborns, 2011


ПЕДИЈАТРИЈСКИ ГЛАСНИК
 Београд, децембар 2011.

ЗАШТО И КАКО УНАПРЕДИТИ ДОЈЊЕ
Знајчибор, 7. јуна 2011.

Доклад о стању педијатријских служби у Србији и о мерама за побољшање квалитета здравственог заштите деце у Србији је издати у октобру 2011. године. Овај доклат је припремио Центар за истраживање и развој у области здравља деце у Србији, у сарадњи са Министарством здравља Републике Србије. Доценти др. Јелена Јовановић и др. Јелена Јовановић су аутори овог доклада. Доклад је припремио Центар за истраживање и развој у области здравља деце у Србији, у сарадњи са Министарством здравља Републике Србије. Доценти др. Јелена Јовановић и др. Јелена Јовановић су аутори овог доклада.

18-21

Овај издавачки број је припремио Центар за истраживање и развој у области здравља деце у Србији, у сарадњи са Министарством здравља Републике Србије. Доценти др. Јелена Јовановић и др. Јелена Јовановић су аутори овог доклада.



Vodič za trudnice



Београд, 2009.

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Водич за бабице и лекаре


ФИЗИОЛОШКИ ПОРОЂАЈ



Београд, 2009.

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ВОДИЧ
 ЗА ОСНОВНО И СПЕЦИЈАЛИЗИВАНО
 ЗБРИЊАВАЊЕ НОВОРОЂЕНЧЕТА



Београд, 2009.

Република Србија
 МИНИСТАРСТВО ЗДРАВЉА

Водич за бабице и лекаре

**ОПШТИ ПРИНЦИПИ
 НЕГЕ И ЛЕЧЕЊА
 У ПОРОДИЛИШТУ**



Београд, 2009.

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**ЗДРАВСТВЕНА ЗАШТИТА
 ЖЕНА У ТОКУ ТРУДНОЋЕ**

*Nacionalni vodič za lekare
 u primarnoj zdravstvenoj zaštiti*

Пројекат Европске Уније и Европске Уније за развој и обнову здравља

Република Србија
 МИНИСТАРСТВО ЗДРАВЉА

СТРУЧНО-МЕТОДОЛОШКО
УПУТСТВО
 за спровођење Уредбе
 о Националном
ПРОГРАМУ
 здравствене заштите
 жена, деце и омладине



Београд, 2009.

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Водич за бабице и лекаре

**ОПШТИ ПРИНЦИПИ
 КОМУНИКАЦИЈЕ**
 СА ТРУДНИЦАМА,
 ПОРОДИЦАМА И ЊИХОВИМ
 ПОРОДИЦАМА



Београд, 2009.

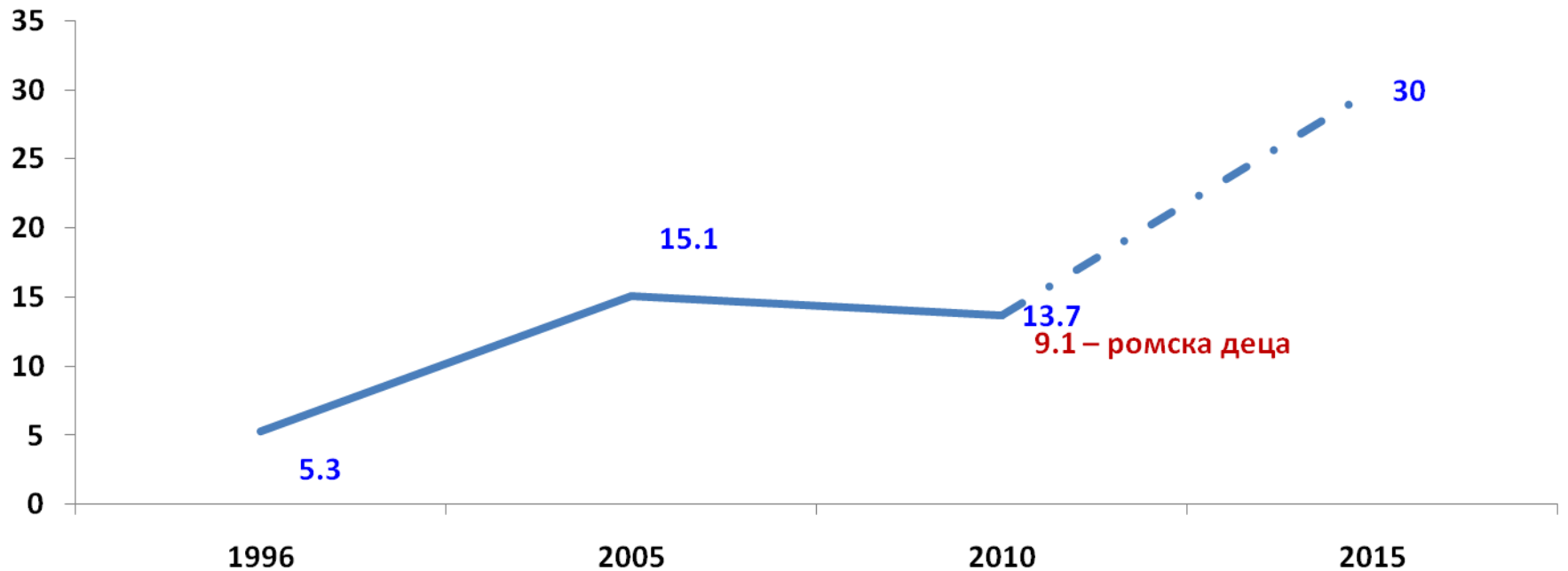
- XIV Seminar of Pediatric school in 2011, the Association of Pediatricians
- Symposium 2012 - Improving nutrition –Applying standards of care tailored to the needs of mother and child
- Project “Co-ordination of the implementation of national standards” "Baby friendly plus“
 - National Paediatric Association, MoH and MCHCI- 2012-2013,
 - 8 courses "Encouraging natural feeding"
- - 221 participants

Natural nutrition - 21st century standard- 4 courses with 137 participants
- Encouraging natural nutrition -National Millennium Development Goal

Why is the promotion of breastfeeding important? (1)

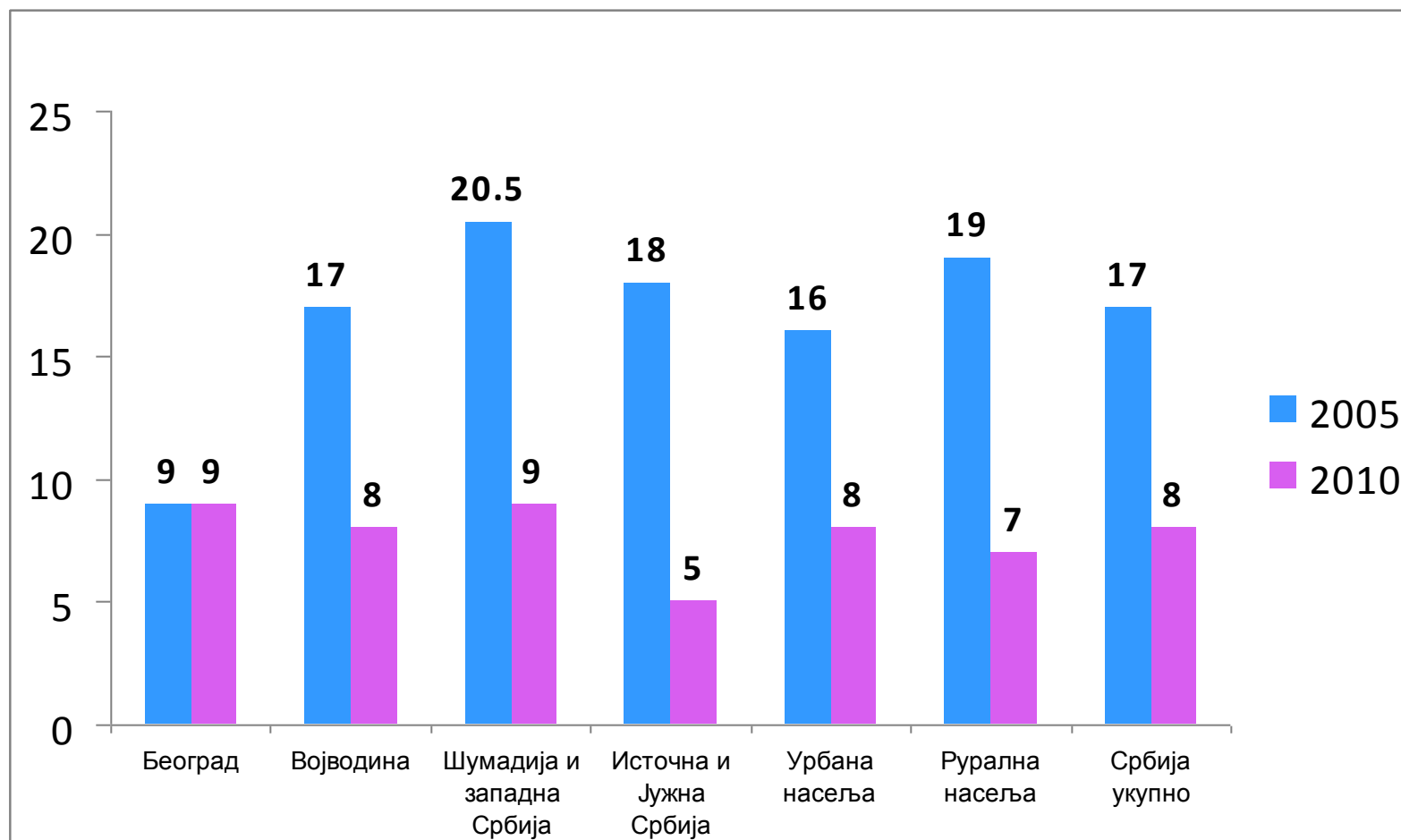
Coverage of children exclusively breastfed from birth to six months in Serbia in 1996, 2005 and 2010 and the Millennium Development Goal 2015th

The situation is better in urban areas and among educated mothers



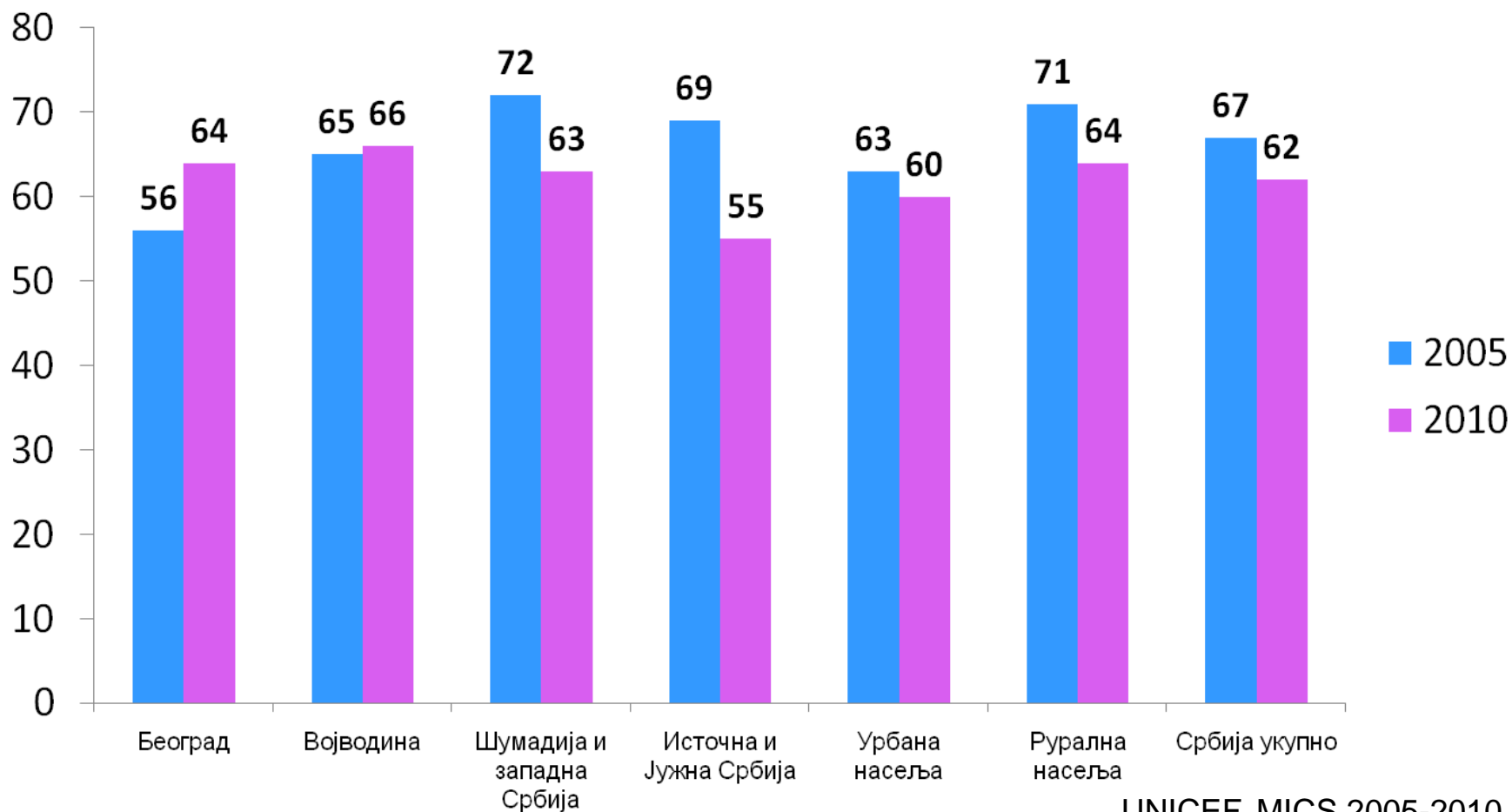
Why is the promotion of breastfeeding important? (2)

Breastfeeding initiated within the first hour, in 2005 and 2010, Serbia (%)



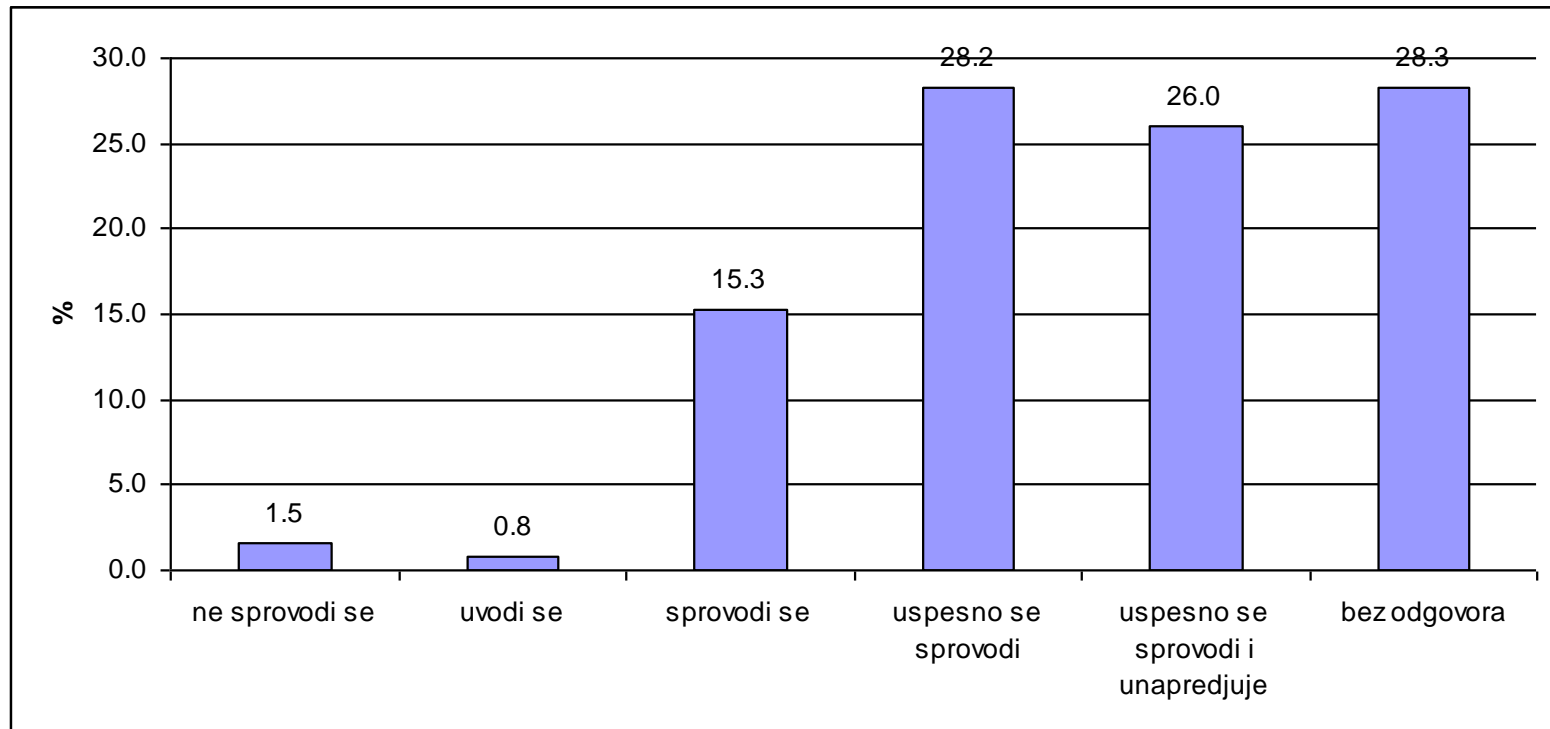
Why is the promotion of breastfeeding important? (3)

Breastfeeding initiated within the first day, in 2005 and 2010, Serbia (%)



Course : Encouraging natural nutrition

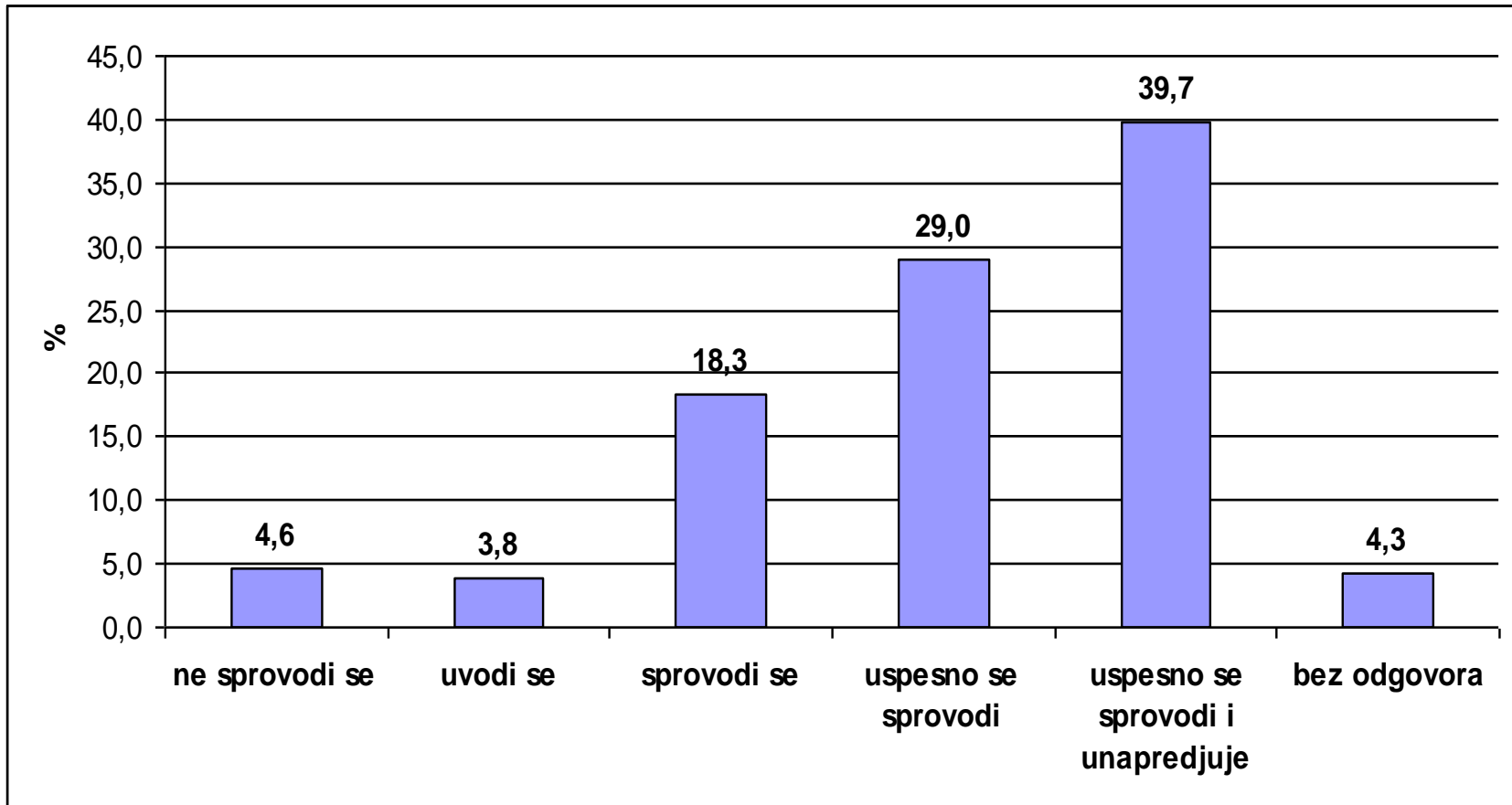
Staff will follow the strategy in 10 steps



Answers from 131 health centers in Serbia, 2011

Course : Encouraging natural nutrition

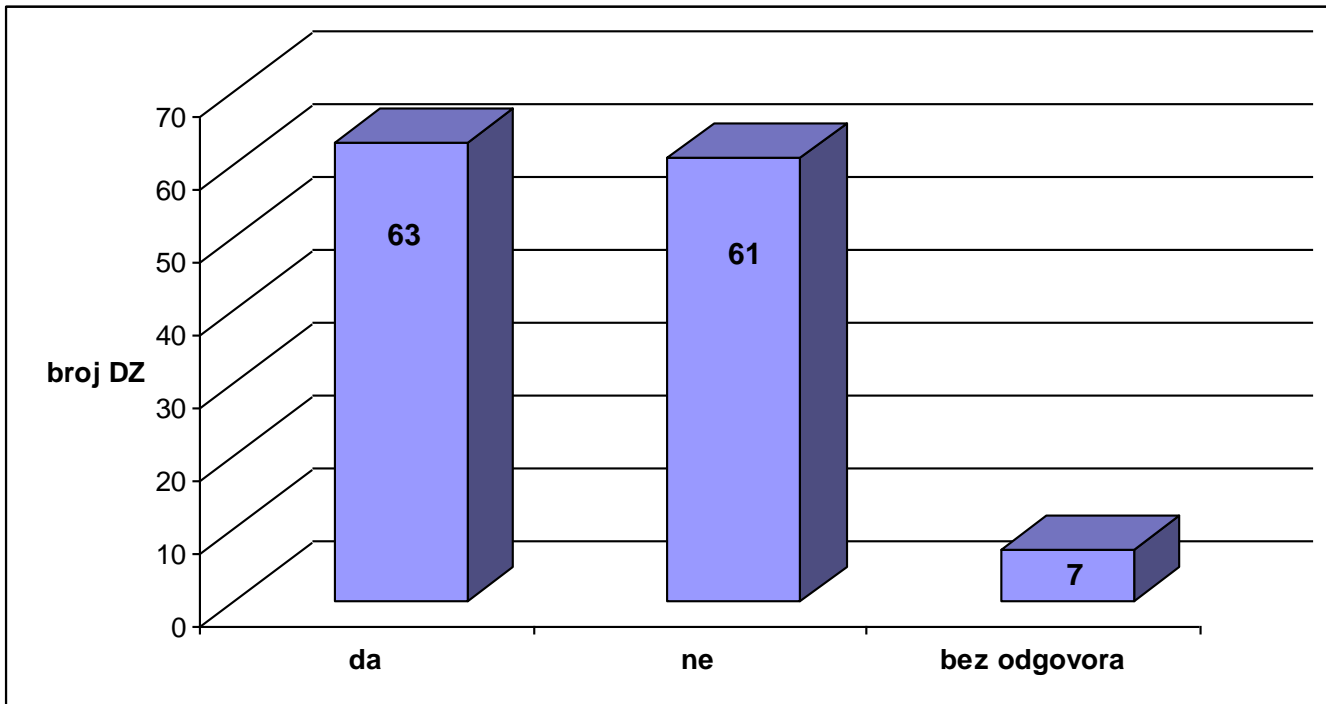
All staff is introduced with breastfeeding policy



Answers from 131 health centers in Serbia, 2011

Course : Encouraging natural nutrition

Is promotional material for milk formula available to mothers?



Answers from 131 health centers in Serbia, 2011

All institutions have mentioned that they promote breastfeeding

The latest data on breastfeeding in our population (1)



- **Infants who had first feeding in the first hour after birth:**
 - **50.8%**
 - **69.1% in Roma settlements**

The latest data on breastfeeding in our population (2)



Mostly, predominantly breastfed until 6. months

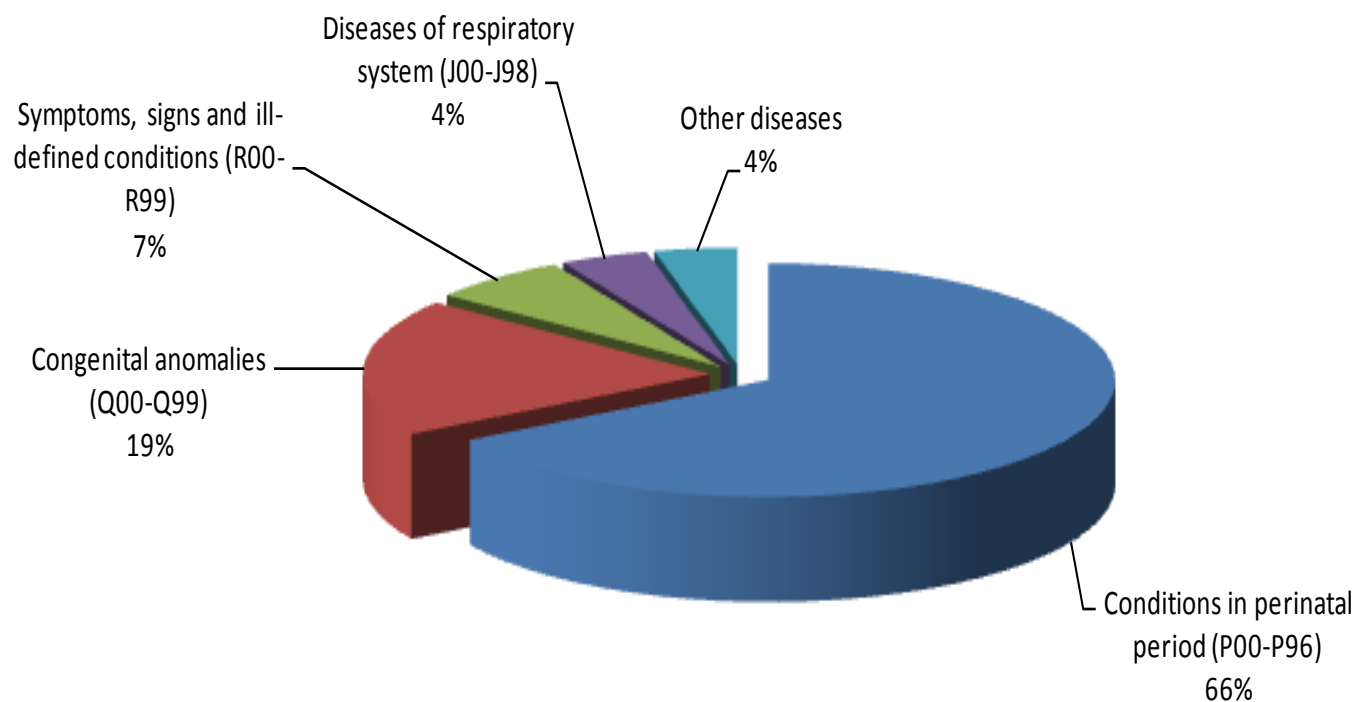
- 47,2% of children (in addition to breast milk were given drinks, and not formula milk)
- in Roma settlements, 60.6% of children predominantly breastfed

**-12.8% of children are
exclusively breastfed**

**-24% of mothers
continued breastfeeding
up to 1 year.**

**- 8.9 % of mothers
continued breastfeeding
up to 2 years**

Causes of infant mortality in Serbia, 2011 (ICD - groups)



P00-P96 – Conditions of mother affecting fetus or infant, Complications of pregnancy affecting fetus and infant, Slow growth of fetus, fatal malnutrition and prematurity, Other perinatal conditions

Source: Statistical Office of the Republic of Serbia



Standardisation and regionalization of neonatal health care system

Indicators of Perinatal Health Care in Serbia -resultates of Study -

Dragana Lozanović, senior consultants, Mr Sc Med
Prof. dr Borisav Janković
Jelena Martić

Institute for Health Protection of Mother and Child in Serbia "Dr Vukan

Cupic", Belgrade

Multi-Country Workshop on

Development of Accreditation Standards for Maternity Wards and Neonatal Departments

15 – 16 September 2014, Belgrade



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Improving The System of Perinatal Health Care

Priority:

The Republic Expert Committee for women, children and youth health care (RSK) and The Working group for perinatal health care

years of maintaining high rates of perinatal and neonatal mortality - still 2-4 times higher than the European average

Multi-country Workshop on
Development of Accreditation Standards for Maternity Wards and Neonatal Departments

15 – 16 September 2014, Belgrade

GOAL OF THE PROJECT

Overcoming the weaknesses in the standardization of neonatal care in order to increase the capacity of neonatal health care for appropriate care of healthy newborns and optimal treatment of sick newborns

SPECIFIC GOAL

- Defining the standards for three levels of neonatal care
- Identifying the complexity of care at every level

Standards whose application is assessed

- possibility of the presence of the father at birth
- Contact "skin to skin" immediately after birth
- allowing the first feeding
- rooming in mother and healthy newborn
- substitute with milk formula
- rooming in mothers and sick newborns
- visit a sick newborn and infant

Substitute for breast milk, Code

- Milk formula is given without medical indications and documentation, on the grounds that the mother does not have enough milk
- Examine the consistent application of the Code for advertising of breast milk substitutes, especially accepting donations formula milk, free distribution of mothers, as well as the promotion of the manufacturer

Contact "skin to skin" and first breastfeeding

contact "skin to skin" is being applied
not always associated with the first breastfeeding in
the delivery room or a few hours after birth

Rooming in mother and healthy newborn

it is common practice in all maternity wards

The presence of a father, partner / other person during labor

- The most common unfulfilled standard
- Achievement of this standard requires certain spatial adjustments and therefore may need more time for its full implementation.

Sick newborn babies

Enabling the benefits of breast milk a sick newborn and found the mother and child at risk or sick child in the same room also faces difficulties in achieving

58 Health care institutions (Maternity and childrens hospitals) Results of the survey

Maternity ranked towards the fulfillment of selected standards

- Maternity 2 General Hospital, 1 KBC and a outpatient, meet all relevant standards except for the presence of the father at birth.

- Rank the top 10 is from 73-66%

- Tertiary level for sick newborns

MCHC and the Institute for neonatology have limited access to a mother with a sick infant

The Global Breastfeeding Initiative brings paediatric experts and policy-makers together to tackle barriers to breastfeeding by 2015

November 30th, 2012. Madrid, Spain

Conclusions of the Summit (3)

decision-makers need to implement the conclusions of the National Working Group (coordinator) for the development of effective policies and campaigns to increase breastfeeding rates



keep the promise
Millennium Development Goals



National MDG 2015
↓
Perinatal Mt
< 6,5 / 1000 borned
Neonatal Mt
< 3,0/1000 liveborn



11-30-2014-11-20-2014

Health care system



Reaching desired reduction of child mortality requires **most intense:**

- Antenatal, Intrapartal, perinatal health care

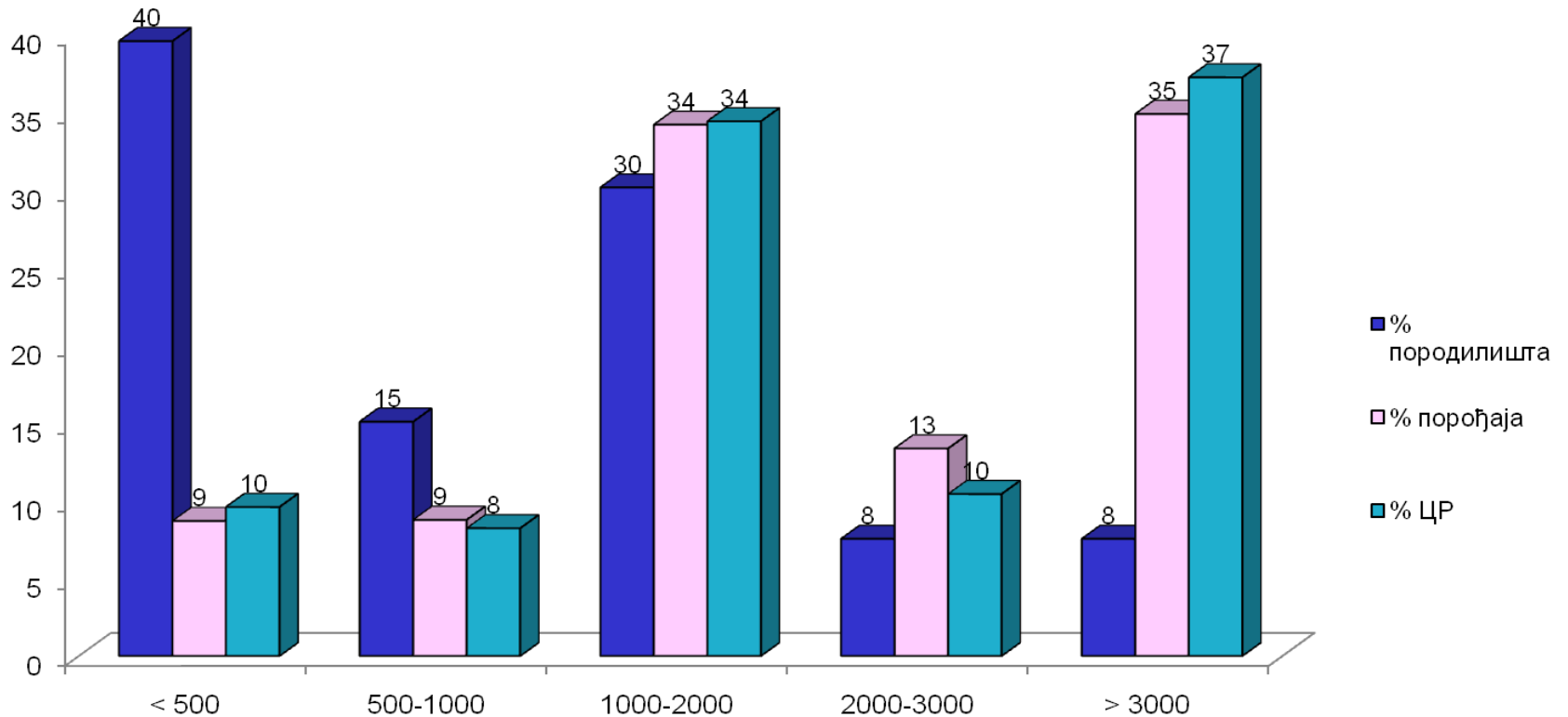
Capacity Building

- Continuing monitoring, evaluation and improving quality of care

- Vulnerable group inclusion into the health care system with monitoring their health status

% of maternity according to the number of births and the number of CR (n = 53)

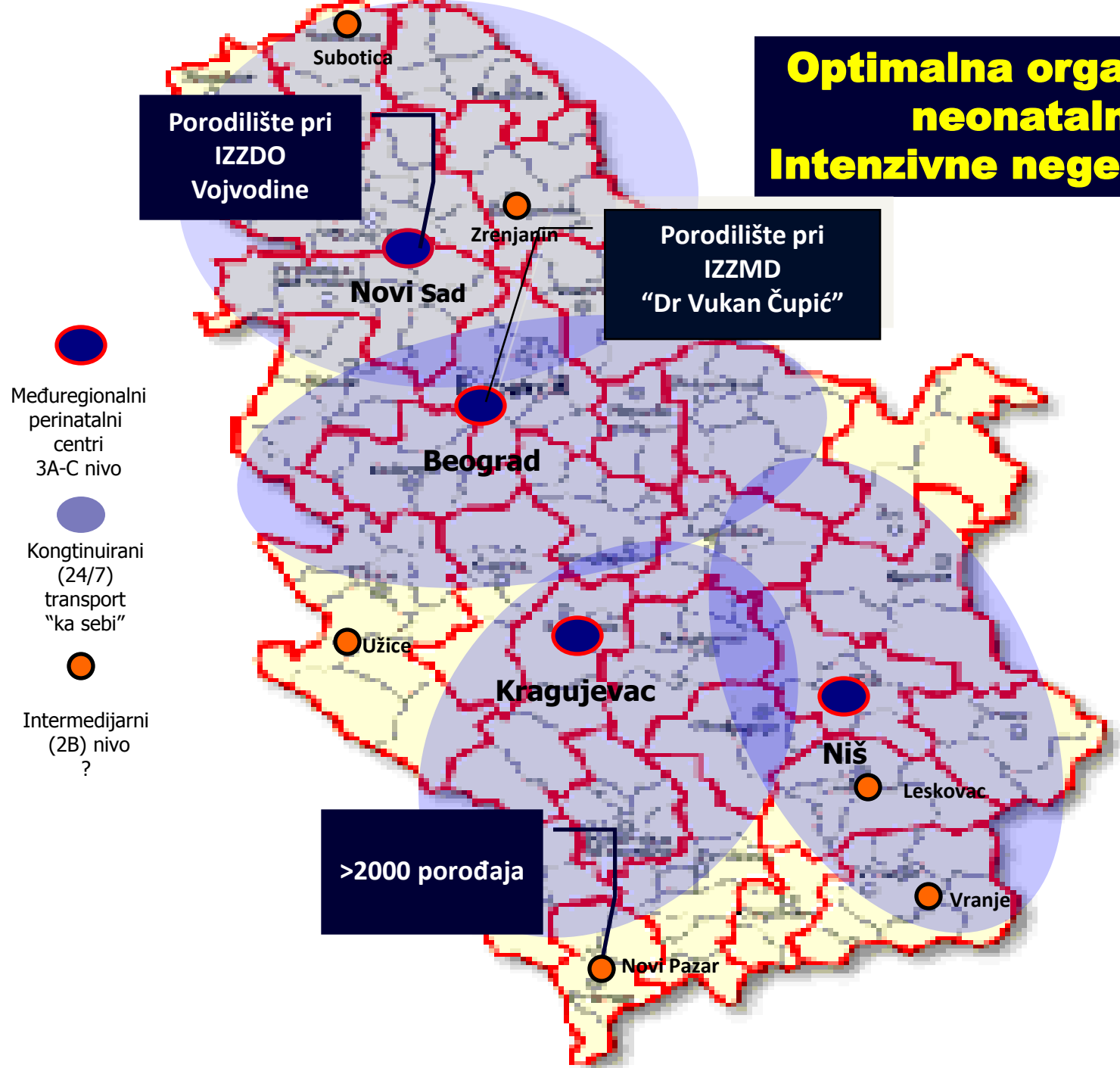
Category of maternity hospital	% of materinity	% of birth	% ЦР
< 500	39.6	8.7	9.6
500-1000	15.1	8.8	8.2
1000-2000	30.2	34.2	34.5
2000-3000	7.5	13.4	10.4
> 3000	7.5	34.9	37.3
	100.0	100.0	100.0



Transport “In utero”

Transport in utero must cover 80% of premature births, the survey shows that 50% patients with high-risk pregnancy, giving birth in tertiary centers

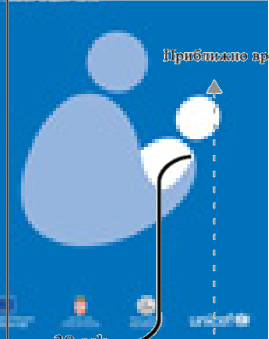
Optimalna organizacija neonatalne Intenzivne nege u Srbiji



Proposed measures

- Equalize, standardize services and improve quality at all levels, in all the territories
- Referral system (the system switching to a higher level of health care) to enable access to the definition of clear indications for referral

Алгоритам и опрема за реанимацију новорођенчета



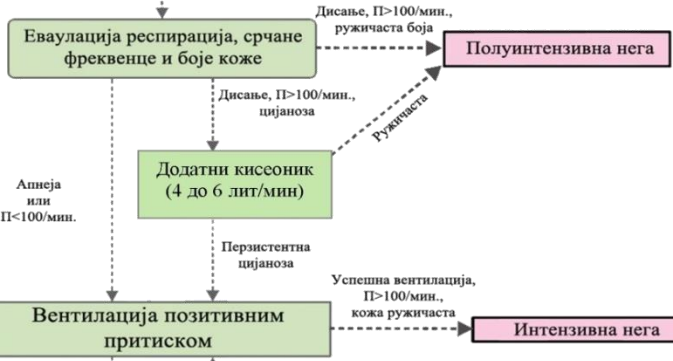
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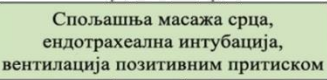
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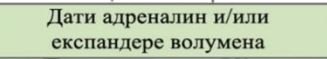


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Д



Стандарди прилагођени
потребама мајке и детета



Challenges in the implementation

- Breast milk and breast feeding are highly valued, but they are inconsistently implemented in practice in the health care facilities
- Importance of its implementation for survival, growth and development of the child is not completely adopted by the professionals and, therefore, insufficiently promoted and supported within the facilities
- Recognized in strategies, plans, laws and regulations, but without monitoring system

Possibilities for improving the implementation

- Recognize the importance among professionals – for development and survival of the child (reduction of perinatal and neonatal mortality),
- Incorporate completely the relevant laws and regulations,
- Incorporate the experience from Bosnia and Herzegovina into hospital accreditation standards
- Monitoring and intensification of measures for information and support of maternity wards
- Define the clear procedures – organization of work, which include information and education of mothers
- Exchange of experience between maternity wards – solution for personnel, spatial, organizational and other problems
- Spreading the evidence-based knowledge and practice to health workers and other population

Proposed measures

- Equalize, standardize services and improve quality at all levels, in all the territories
- Referral system (the system switching to a higher level of health care) to enable access to the definition of clear indications for referral

Conclusion

It is necessary to change the behavior and attitude of the society towards health, life and family!



Supporting mothers to breastfeed - gold medal





Suggestions of health workers in training courses for improving breastfeeding support in Serbia

Suggestions for improvement

1. Organize a school of parenting and psychophysical preparation for childbirth in health centers
2. Empower advisory work with pregnant women
3. Introduce the topic of promoting breastfeeding counseling for young
4. Education program need to be accredited education programs that include coordinated professional attitudes
5. Require special training of managerial staff in health facilities about the importance of breastfeeding and standards adapted to the needs of mother and child
6. Introduction of pregnancy books and booklets for children, according to developed countries
7. Clear separation level (healthy pregnancy-primary level, risk of pregnancy-tertiary level)
8. Ban free formula sold in stores, or more serious regulating their distribution on the market
9. Reconciliation of attitudes about the use of antibiotic prophylaxis, and other drugs (antiepileptic)
10. Advertise breastfeeding on television like campaigns against smoking