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Summary and Final Recommendations

International workshop on data collection with regard to postpartum care and infant and young child feeding 8 December 2022 from 9 to 12.30 AM CET (online)

Participants

1.	Canibal Hynek	Hospital Havířov, Head of Children's Ward, neonatologist
2.	Duškov Tereza	Office of the Government of the Czech Republic, Head of the Office of the Government Commissioner for Human Rights
3.	Hažlinská Veronika	Ministry of Health of the Czech Republic, Department of the Deputy Minister (NAM)
4.	Horáčková Pavla	General practitioner for children and adolescents
5.	Hradecká Lucie	Office of the Government of the Czech Republic, Secretary of the Working Group on Obstetrics and Midwifery (i.e. on maternity care)
6.	Hruban Lukáš	University Hospital Brno, Obilní trh, Head of Gynaecology and Obstetrics Clinic
7.	Jírová Jitka	Institute of Health Information and Statistics of the Czech Republic, analyst of health records
8.	Juren Tomáš	University Hospital Brno, member of the Committee of the Czech Neonatological Society (COI, invited without consultation with the organizers)
9.	Kameníková Miloslava	University Hospital Brno, Brno Maternity Hospital, Chief Midwife
10.	Kramná Miloslava	NGO APERIO – Society for Healthy Parenting
11.	Majerčíková Aneta	Vice-chairwoman of the Working Group on Obstetrics and Midwifery, chairwoman of SpoKojení, z. s. – member organization of the International Baby Food Action Network
12.	Mughal Muzna	World Health Organization, European Office for Prevention and Control of Noncommunicable Diseases (NCD Office)
13.	Musilová Marta	Office of the Government of the Czech Republic, Department of Gender Equality, Unit of Cross-cutting Agendas
14.	Pavlíková Markéta	Working Group on Obstetrics and Midwifery, Charles University - Faculty of Mathematics and Physics, Department of Probability and Mathematical Statistics
15.	Pavlovic Josef	Ministry of Health of the Czech Republic, Deputy minister
16.	Rollins Nigel	World Health Organization, Department of Maternal, Newborn, Child and Adolescent Health and Aging
17.	Šimáčková Laurenčíková Klára	Office of the Government of the Czech Republic, Government commissioner of human rights

18.	Šmídová Diana	Office of the Government of the Czech Republic, Secretary of the Committee on the Rights of the Child
19.	Williams Jullianne	World Health Organization, European Office for Prevention and Control of Noncommunicable Diseases (NCD Office)
20.	Zikán Michal	Charles University - First Faculty of Medicine and University Hospital Bulovka, Head of Department of Gynaecology and Obstetrics

Program

	Introduction
1.	<ul style="list-style-type: none"> - Keynote speech by Klára Šimáčková Laurenčíková, the Government Commissioner for Human Rights - Keynote speech by Josef Pavlovic, the Deputy Minister of Health of the Czech Republic
	Block I: Definition of Indicators
2.	<p>What does the administration need?</p> <ul style="list-style-type: none"> - Requirements from the Gender Equality Strategy for 2021 – 2030, Lucie Hradecká, Office of the Government of the Czech Republic - Requirements of the Ministry of Health, Representative of the Ministry of Health of the Czech Republic – J. Pavlovic and V. Hažlinská <p>Current data collection, evaluation and publication</p> <ul style="list-style-type: none"> - J. Jírová, Institute of Health Information and Statistics of the Czech Republic <p>WHO/UNICEF Indicators, BfHI 2018</p> <ul style="list-style-type: none"> - J. Williams, World Health Organization - N. Rollins, World Health Organization
	Block II: Practical experience of health workers
3.	<p>Maternity Hospitals</p> <ul style="list-style-type: none"> - H. Canibal, The Havířov Hospital - L. Hruban, M. Kameníková a T. Juren, University Hospital Brno - M. Zikán, University Hospital Bulovka <p>Paediatricians</p> <ul style="list-style-type: none"> - P. Horáčková
	Block III: What are we missing in the Czech Republic?
4.	<ul style="list-style-type: none"> - M. Kramná, APERIO – Society for Healthy Parenting - M. Pavlíková, biostatistician - A. Majerčíková, SpoKojení, member of IBFAN
	Summary and Final Recommendations
5.	<ul style="list-style-type: none"> - L. Hradecká, Office of the Government of the Czech Republic

Summary

Breastfeeding is a key determinant in promoting public health for women, babies and their families and reducing health inequalities. In the Czech Republic, a majority of women initiates breastfeeding following birth (96,1 % in 2020). However, the proportion of fully breastfed children at the moment of departure from maternity hospitals has been declining since 2003 when 90 % of children were fully breastfed. It has reached a new highly alarming minimum in 2020 (only 73,4 % of fully/exclusively breastfed children¹). In 2020, only 35 % of children that were delivered by caesarean section and only 43,91 % of children that were prematurely born were exclusively breastfed. 22,1 % of all children born in hospital were supplemented with something other than breastmilk. The Ministry of Health estimates that less than 20 % of children are exclusively breastfed at 6 months of age. Yet, the WHO has a target for 50 % of babies to be exclusively breastfed during first 6 months of age that is to be met by 2025.

The government Gender Equality Strategy for 2021-2030 (the “2021+ Strategy”)² therefore requires to **fully implement the WHO/UNICEF program Baby-friendly Hospital Initiative as updated in 2018** (the “BfHI 2018”) **and continuously monitor the results of the program in the Czech Republic**. According to the government resolution no. 731 of 23rd August 2021, the strategy for BfHI 2018 implementation should be submitted to the government in June 2023. An inter-ministerial coordination body for nutrition of infants and young children should be created, methodological guideline for breastfeeding support addressing health care providers should be in place, including guidelines for uninterrupted and continuous skin-to-skin contact between mother and baby immediately after birth for at least one hour and then for the whole stay in hospital, and for kangaroo mother care in case of premature children and children with low birth weight. Furthermore, the implementation of the International Code of Marketing of Breastmilk Substitutes and the relevant subsequent World Health Assembly resolutions is scheduled.

¹ Note that the definition of indicators has slightly changed in autumn 2020 – data are now collected about exclusive, not full breastfeeding. See Institute of Health Information and Statistics of the Czech Republic: *Information System Newborns (IS NAR)*, version 033_20201022, 22 October 2020. Available at: <https://www.uzis.cz/res/file/registry/nrrz/nrrz-nar-metodika-033-20201022.pdf>.

² Available in English at <https://www.vlada.cz/assets/ppov/gcfge/Gender-Equality-Strategy-2021-2030.pdf>.

In order to identify other specific gaps, to take appropriate steps and to be able to measure efficiency of ongoing and envisaged interventions, **the administration needs quality data**, i.e. data that are:

1. **complete and timely** - i.e. there is sufficient information available when required to make decisions about postpartum care and infant and young child feeding and to target resources to improve health-system coverage, efficiency, and quality; timely data are available when it is required and may be updated in real time to ensure it is readily available and accessible;
2. **consistent and reliable** – i.e. data should be plausible in view of what has previously been reported; data remain consistent on repeated measurement;
3. **accurate** – i.e. data faithfully reflect the actual level of service delivery that was conducted in the health facility.³

Furthermore, in order to be able to compare the data with other countries, it must be **collected according to defined parameters and correspond to established international indicators**.

According to the measure 4.1.2 of the 2021+ Strategy (in a chapter on Institutions), the data for individual areas of the 2021+ Strategy should be **systematically evaluated** and the relevant actors should cooperate in order to **optimize collection, provision and publishing of the data**.

International indicators for assessing infant and young child feeding

In 2021, WHO and UNICEF published a **revised set of Indicators for assessing infant and young child feeding practices in children 0-23 months of age (the “WHO Indicators”)**⁴. It includes 6 breastfeeding indicators (incl. early initiation of breastfeeding, exclusive breastfeeding for the first two days after birth and under 6 months, mixed feeding under 6 months and continued breastfeeding 12-23 months), 9 complimentary feeding indicators and 2 other indicators (incl. bottle-feeding 0-

³ For further information on data quality see e. g. WHO: *Data Quality Review: A toolkit for facility data quality assessment. Module 1: Framework and metrics*. Geneva: 2017.

⁴ See WHO/UNICEF: *Indicators for assessing infant and young children feeding practices: definitions and measurement methods*, Geneva: 2021.

23 months). The WHO Indicators contain recommendation of measurement methods and specify which indicators should be the most precise.

The BfHI 2018 program includes another **set of indicators for monitoring** in its appendix. While most indicators are derived from interviews with mothers and clinical staff or from existing documents relating to infant feeding policy, there **are two sentinel indicators** which are a bare minimum that should be collected from clinical records of the hospital: (1) the percentage of term infants who were put to the breast within 1 hour after birth, (2) the percentage of infants (preterm and term) who received only breastmilk (either from their own mother or from a human milk bank) throughout their stay at the facility.⁵ In addition, it is recommended to use the **reporting on rates of skin-to-skin contact** between mother and baby to highlight the importance of this practice.⁶ Furthermore, The BfHI 2018 program requires periodic assessment of the data (at least every 5 years but preferably more often) and the publication of the data is recommended as one of possible incentives to comply with the program.⁷

The Global Breastfeeding Collective introduced an updated **Global Breastfeeding Scorecard** in 2022. It contains a set of indicators for seven policy priorities, among others donor funding (USD) per live birth, percent of caregivers counselled on infant and young child feeding, percent of districts implementing community breastfeeding programs etc.⁸ **The World Breastfeeding Trends Initiative** (the “WBTI”) developed by the International Baby Food Action Network (the “IBFAN”) is another example of internationally recognized set of indicators in infant and young child feeding and it offers a thorough assessment to the breastfeeding support in each participating country. Based on the WHO/UNICEF *Global Strategy on Infant and Young Child Feeding*,⁹ it includes indicators such as median breastfeeding; how much the government is spending on breastfeeding and infant and young child feeding

⁵ See WHO/UNICEF: *Appendix: Indicators for monitoring. Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: implementing the revised Baby-friendly Hospital Initiative 2018*. Geneva: 2018.

⁶ See WHO/UNICEF: *Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: implementing the revised Baby-friendly Hospital Initiative 2018*. Geneva: 2018, p. 31.

⁷ *Ibid*, p. 29-31.

⁸ See Global Breastfeeding Collective: *Global Breastfeeding Scorecard*. Available at: <https://www.globalbreastfeedingcollective.org/global-breastfeeding-scorecard>.

⁹ See WHO/UNICEF: *Global Strategy on Infant and Young Child Feeding*, Geneva: 2003.

interventions; how many hospitals offering maternity services have been designed/accredited/awarded/measured for implementing 10 steps to successful breastfeeding (from the BfHI 2018 program) within past 5 years; to how many facilities and personnel the standards and guidelines have been disseminated; how many women receive counselling services for initiation of breastfeeding and skin to skin contact within an hour after birth and for exclusive breastfeeding at hospital or home.¹⁰

Specific data are to be collected with regard to the International Code of Marketing of Breastmilk Substitutes via **NetCode Protocols**¹¹ created by WHO, UNICEF, IBFAN and other relevant stakeholders. The regular use of NetCode Protocoles is envisaged by the 2021+ Strategy (measure 4.6.9 in a chapter on Health).

Current Czech Indicators, data collection and plans for the future

The Institute of Health Information and Statistics of the Czech Republic (hereinafter referred to as "IHIS") within the National Registry of Reproductive Health (NRRH) - Newborns Module - collects data on early attachment, bonding and exclusive breastfeeding at discharge/transfer of the child from the hospital. The module is sponsored by the Czech Society of Neonatology. Through the annual report on the activity of the health care provider, Provider (specialty): general practitioner for children and adolescents, data on full breastfeeding at 6 weeks, 3 months, 6 months, 12 months and the number of non-breastfed babies during the first year of life are collected. The module is sponsored by the Czech Society of Neonatology.

All data collection and subsequent evaluation is discussed with the sponsoring professional societies or interested groups (National Breastfeeding Commission, National Lactation Centre). However, health professionals participating in the workshop agreed that they lack feedback from the IHIS at the level of individual health providers and information on how they are doing compared to other providers (benchmarking). The methodological guidance of health professionals who collect the data is

¹⁰ See IBFAN: *WBTi Assessment Tool*, 2019. Available at:

<https://www.worldbreastfeedingtrends.org/uploads/resources/document/wbti-tool-2019.pdf>.

¹¹ See WHO: *NetCode toolkit for ongoing monitoring and periodic assessment of the Code*. Available at: <https://apps.who.int/nutrition/netcode/toolkit/en/index.html>.

also problematic (misunderstanding of the methodology and related reporting errors by GPs for children and adolescents in 2020).

Currently, the IHIS is preparing, among others, the publications Parent and Newborn 2016-2021 (at the moment only data up to 2015 are published), the Health Yearbook of the Czech Republic for 2021 and automatically generated excel reports for the National Reproductive Health Registry. There are also plans to publish open datasets in January or February 2023.

Main findings at the workshop

- 1. The Czech administration does not have the data it needs to make quality decisions about infant and young child feeding.**
- 2. Some key WHO and UNICEF indicators are missing to the extent that it is not possible to assess the implementation of the 2021+ Strategy in this area.**
- 3. The current definition of data is not fully aligned with WHO and UNICEF definitions (e.g. skin-to-skin contact).**
- 4. Follow-up of data collection and methodological guidance** of relevant health workers is missing, as well as **feedback to maternity hospitals and paediatricians** from the Institute of Health Information and Statistics of the Czech Republic (hence they do not know which area to focus on in improving the quality of care) and **information for care recipients** (an obstacle to informed decisions about the choice of care provider) and **the academic sector and civil society** (an obstacle to expert analysis and watchdog activities).
- 5. Institute of Health Information and Statistics of the Czech Republic does not sufficiently cooperate academic institutions and other relevant "watch-dog" civil society organisations willing to analyse data with quality.**

Final Recommendations

- 1. The collection of following essential data for the administration** should be ensured as soon as possible:
 - a. rooming-in 24 hours a day (BfHI 2018 indicator),

b. breastfeeding after 1 year of age (at least still at the 18-month check-up with the child and adolescent GP),

c. use of bottle feeding at 0-23 months of age.

It is also recommended to monitor breastfeeding at the first check-up with the paediatric and adolescent general practitioner after leaving the hospital, in order to check the accuracy of the data in the health facilities.

2. The following existing data **definitions** should be aligned with WHO and UNICEF definitions as soon as possible:
 - a. Bonding, i.e. skin-to-skin contact,
 - b. Exclusive breastfeeding within the stay at the hospital.
3. **Methodological guidance** to care providers (hospitals, paediatricians) in data collection should improve, particularly when indicators change.
4. **Regular feedback and benchmarking** for maternity hospitals and paediatricians should be ensured.
5. **Publication** of data at national, regional level and publication of anonymised data for individual hospitals should be regular and timely.
6. The Institute of Health Information and Statistics of the Czech Republic should **strengthen the cooperation** with the administration and relevant advisory bodies (Commission for Infant and Young Child Nutrition, Working Group on Maternity at the Government Council for Gender Equality), as well as with academic institutions and other relevant "watch-dog" civil society organisations.

In Prague on 23 December 2022 (recorded)

In Prague on 9 January 2023 (approved)