# 1.6 CHILD HOSPITALIZATION AND INITIATIVES FOR IMPROVEMENT

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Today we consider each child as the value, not only as transitional phase to adult. We can't deny that modern medicine has helped many children to survive and to avoid morbidity. However, advances in health care have not always been accompanied by attention to the child's overall well being including sufficient concerns about their anxieties, fears and suffering. Although the first book about child diseases by Paolo Bagellardi de Flumine originated in 1472 in Padova, Italy, it was a long time before the establishment of hospital treatment became a normal procedure for children. In the beginning the children were hospitalized together with adults in the same wards. Only children older than 2 years of age of low socio-economic status were put in the hospitals. In these hospitals the conditions and hygienic levels were very bad. The first child hospital was established in 1802 in Paris, France. After that it was a period of 26 years till the opening of the second child hospital in 1828 in Vienna, Austria. London, United Kingdom got its first child hospital in 1852. The hospital is a medical institution but also a social one. In Dubrovnik, Croatia as early as 1432 the first world orphanage was established as the institution of advanced organized community of the Dubrovnik Republic. Over time, child hospitals spread all over the world. The conditions in the hospitals were dependent on the overall standards and economic conditions of their specific locations. But globally we can say that many unfavorable conditions and practices were common even in the wealthy countries. The advances in medical and surgical knowledge have not always been accompanied by equivalent attention to the child's broader physical and psychosocial needs - the needs of the child as a complete person. Some of the examples of everyday hospital practices toward children include: separation of the child from the parents after admission to the hospital - particularly during invasive procedures, failure to control pain because of misplaced fears of addiction, the use of devices such as straitjackets, straps, or ties to secure a conscious child for invasive procedures. Hospitals also created an environment that is frightening to the child, practiced inadequate sharing of information and other concerns with child and parents, and avoided any consultation with the child and parents regarding diagnostic and technical procedures. But in the 20$^{th}$ century "century of the child" the situation slowly changed. Several documents of global importance forced this change. In 1957 the Declaration of child rights was adopted. At approximately the same time, we can find the first critical analysis of child treatment in hospitals such as the Platt Report from the United Kingdom from 1959 (1). Although the Declaration doesn't have obligatory meaning, it was a great step. In 1989 the Convention on the Rights of the Child (2) was adopted. The European Parliament, in 1986, launched the Chart about child rights in the hospital.

**The Baby-Friendly Hospital Initiative**

The best known initiative to improve conditions for children in hospitals is the Baby-Friendly Hospital Initiative (BFHI) (1). The Baby-Friendly Hospital Initiative was launched in 1991. It is an effort by UNICEF and the World Health Organization. The aim of BFHI is to ensure that all maternity wards become centers that support breastfeeding. The process is controlled by the national breastfeeding authorities using the Global Criteria. Since the

beginning of the BFHI initiative more than 15,000 facilities in 134 countries have been awarded this prestigious status. A maternity facility which has implemented the 10 specific steps can be designated "baby-friendly". This term may be used only by maternity services that have passed external assessment according to Global Criteria for the BFHI. Other medical services, community activities, workplaces or commercial products may use terms such as "breastfeeding-friendly", "mother-child friendly" or "pro-breastfeeding".

These are "Ten steps to successful breastfeeding" (1).

1. Have a written breastfeeding policy that is routinely communicated to all health staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one half-hour of birth.
5. Show mothers how to breastfeed and maintain lactation, even if they should be separated from their infants.
6. Do not give newborn infants food or drink other than breast milk, unless medically indicated.
7. Practice "rooming in"-that is, allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them upon discharge from the hospital or clinic.

Data shows an increase in the number of mothers who breastfed their children as a result of receiving care in a baby-friendly maternity hospital unit. Another result of BFHI is the improvement of child health, especially in low income countries.

**Child Friendly Healthcare Initiative**

The other initiative is the Child Friendly Healthcare Initiative (CFHI) which entails healthcare provision in accordance with the Convention on the Rights of the Child (1).

Child Friendly Health Care Initiative Standards include:

1. Children will be admitted to and kept in hospital or other residential institution only when this is in their best interests (care in the community, collaborative child health care) -Articles 2,3,24.
2. The hospital/ healthcare facility will provide the highest attainable standard of care and treatment to new born and to children who attend or are referred (management and treatment) -Articles 2,6,24.
3. The environment will be secure, safe and scrupulously clean (safety) - Article 3.
4. Child and family centered care will be delivered in partnership with parents, in areas dedicated to children and young people that are child and family friendly, by staff with "children's" qualifications, or who are experienced. A parent/ career will be enabled to stay with their child and support them, especially during procedures (care delivery)- Articles 7,9.
5. Parents and children will be kept fully informed and involved in all decisions affecting their care (communication) - Articles 12,17.

6. Children will be approached without discrimination as individuals with their own age-appropriate and development needs and rights to privacy and dignity (rights/equity)- Articles 2,16,19,23,37.
7. The hospital or healthcare facility will have a multidisciplinary team to establish and maintain guidelines for the assessment and control of the physical and psychological pain and discomfort of children (pain) - Article 19.
8. When children are severely ill, undergoing surgery or have been given systemic analgesia and /or sedation there will always be healthcare stuff trained and experienced in the resuscitation of children immediately available, and the facilities to do this (resuscitation) - Article 6.
9. Children will be able to play and learn while in a hospital or other healthcare institution (play/learning) - Articles 28,29,31.
10. Healthcare stuff will be familiar with the signs and symptoms of child abuse and be capable of instigating appropriate and clearly defined procedures to protect the child (child protection)- Articles 19,20,32,33,34,39. Health will be promoted by example, education, immunization, growth and developmental monitoring/assessment and multidisciplinary collaboration when a pregnant woman or child is admitted to, or attends a hospital or healthcare facility (health promotion)- Articles 17,24,33.
11. The hospital or healthcare facility will comply with appropriate "best practice" standards on the support of breastfeeding and nutrition and will ensure that the nutritional needs of each child are met (breastfeeding and nutrition) - Article 3.

The medical service today as well as the whole range of healthcare professionals and volunteers should take special precaution in the protection of children from unnecessary suffering and the informed participation of treatment. Children deserve care for their souls and not only for their bodies. Additional staff training, a change in attitude and a redistribution of resources could all be useful steps to achieve child-focused treatment in medical facilities.

**APPENDIX**

**The Budapest Declaration on Health Promoting Hospitals**

**Part 1**
**Content and Aims for Hospitals participating in Health Promoting Hospitals - an International Network**

Beyond the assurance of good quality medical services and health care, a Health Promoting Hospital should:

1. Provide opportunities throughout the hospital to develop health-orientated erspectives, objectives and structures.
2. Develop a common corporate identity within the hospital which embraces the aims of the Health Promoting Hospital.
3. Raise awareness of the impact of the environment of the hospital on the health of patients, staff and community. The physical environment of hospital buildings should support, maintain and improve the healing process.
4. Encourage an active and participatory role for patients according to their specific health potentials.

5. Encourage participatory, health-gain orientated procedures throughout the hospital.
6. Create healthy working conditions for all hospital staff.
7. Strive to make the Health Promoting Hospital a model for healthy services and workplaces.
8. Maintain and promote collaboration between community based health promotion initiatives and local governments.
9. Improve communication and collaboration with existing social and health services in the community.
10. Improve the range of support given to patients and their relatives by the hospital through community based social and health services and/or volunteer-groups and organisations.
11. Identify and acknowledge specific target groups (e.g. age, duration of illness etc.) within the hospital and their specific health needs.
12. Acknowledge differences in value sets, needs and cultural conditions for individuals and different population groups.
13. Create supportive, humane and stimulating living environments within the hospital especially for long-term and chronic patients.
14. Improve the health promoting quality and the variety of food services in hospitals for patients and personnel.
15. Enhance the provision and quality of information, communication and educational programmes and skill training for patients and relatives.
16. Enhance the provision and quality of educational programmes and skill training for staff.
17. Develop an epidemiological data base in the hospital specially related to the prevention of illness and injury and communicate this information to public policy makers and to other institutions in the community.

**Part 2**
**Criteria for Hospitals participating as Pilot Hospitals in Health Promoting Hospitals - an International Network**

**Basic Recommendations**
1. Acceptance of the priniciples declared in the «Ottawa Charter on Health Promotion».
2. Acceptance of the document «Content and Aims for Health Promoting Hospitals»

**Specific Recommendations**

Acceptance of the criteria of the European «Healthy Cities» project as they relate to the hospital:

1. Approval to become a Health Promoting Hospital to be sought from the owner, management and personnel of the hospital (including representatives of unions, working council). A written submission will be required.
2. Willingness to cooperate and ensure the funding of programmes with an independent institution in relation to planning, consultation, documentation, monitoring and evaluation.
3. Evaluation to be undertaken annually in order to guide future action.
4. Willingness to develop an appropriate organizational structure and process, supported by project management to realise the aims of the Health Promoting Hospital.

5. Establishment of a Joint Project Committee (with representatives from the Pilot Hospital and institutions of research and/or consultation).
6. Nomination of a project manager by the hospital, who is accountable to the Joint Project Committee.
7. Provision of necessary personnel and financial resources as agreed by the Joint Project Committee.
8. Readiness to develop at least five innovative health promoting projects related to the hospital, the people who work within it, and the population served, with goals, objectives and targets for each project. Projects should be complementary to health promotion initiatives in primary health care.
9. Public discussion of health promotion issues and possible health promoting activities within the hospital by
   - Internal Newsletter
   - Public presentations within the hospital.
10. Provision of evaluation information at least annually to
    - the Joint Project Committee
    - the management
    - the staff
    - the public and to those who provide funding
    - other organisations, both local, national and international including WHO and the Coordinating Centre for the Network.
11. Exchange experience by networking with:
    - other hospitals
    - Health Promoting Hospitals - an International Network (participation in Business Meetings etc.)
    - National Network (group of nominated observers from different institutions with an interest in health).
12. Link the Health Promoting Hospital projects with congruent local health promotion programmes, especially those within the Healthy Cities Network.
13. Prospective running period of the model: 5 years.

This declaration has been issued at the 1st Business Meeting of the International Network of Health Promoting Hospitals.

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## *Recommended readings*

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