



European Academy of Paediatrics

Paediatric Section of U.E.M.S.
Union Européenne des Médecins Spécialistes



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EAP Contribution to WHO Nurturing Care Framework

The European Academy of Paediatrics (EAP) is the UEMS (European Union Medical Specialists Paediatric Section) and as such, is the official voice of children, families and paediatricians throughout Europe.

With delegates from 40 countries, EAP represents national paediatric societies and professional organisations of the European Economic Area countries as well as the National Associations of Medical Specialists of the Associated European members and observer countries. In addition, European Specialist/Scientific societies are also part of the EAP.

EAP seeks to promote the health of children and young people across the European continent as well as operating at the European level to defend and promote the interests of Medical Specialists. EAP is a member of ISSOP. It aims to improve standards in training, service and research and is an influential advocate of children, youth and the medical profession in the political arena. EAP receives input from its trainee network (Young EAP), which currently consists of national trainee representatives from 25 European countries.

Early childhood is a period of enhanced sensitivity to experiences that promote and influence development. Nurturing care and protection received from parents, family and the community are crucial for providing promotive experiences, and have lifelong and intergenerational benefits including improved health and wellbeing, increased ability to learn, greater achievements later in life and overall quality of life. Health sector services have extensive reach to pregnant women, newborns, young children and their families, and therefore can play a role in any of the components described in the Framework. Paediatricians across Europe have the responsibility to safeguard newborns, toddlers and young children and support and enable parents and caregivers to be effective in caring for their children.

The EAP and Young EAP would like to stress that:

- In order to advance early childhood development in Europe, paediatricians should be equipped to play a key role both in the education of parents and other caregivers, as well as in the implementation of health-promotion, preventive and curative interventions in clinical practice;

- Training aspects include the acquisition of clinical paediatric expertise related to Nurturing Care for newborns (including premature neonates), growth and development, nutrition, social factors, safeguarding, infectious disease prevention and the detection and management of childhood illness. In addition, paediatricians should have the skills to care for particularly vulnerable groups of children, like migrant children;
- In addition, training should include the acquisition of skills related to the collaboration with other professionals that are not necessarily part of the health sector and taking leadership in improving current health systems:
- As Nurturing Care requires action beyond single sector interventions, an integrated and multi-disciplinary approach to service development and professional training and expertise is needed:
- Finally, adequate long-term outcome monitoring for Nurturing Care interventions should be put in place at the European level.

With regard to the Framework, this means that:

- (1) EAP and Young EAP feel that long-term monitoring is currently missing in the Framework.

Across Europe, wide differences exist in perinatal health outcomes and social factors have been reported to influence a wide variety of child health and developmental outcomes. Documenting health outcomes is important as it allows for the evaluation of differences between populations, interventions and national policies. Unfortunately, for several other potential outcome measures for Nurturing Care interventions, no monitoring currently exists. In addition, current monitoring is mostly based on national resources (with central funding provided by European ad hoc projects), which may not be sustainable in the long-term. We would therefore like to plead for long-term European monitoring.

- (2) EAP and Young EAP recommends that the section on training and curricula of professionals working with young children and families (page 34) is further strengthened.

The roles, responsibilities and core competencies of paediatricians in Europe are written down in the Common Trunk Curriculum (which can be found here: <http://eapaediatrics.eu/wp-content/uploads/2015/12/Agreed-Common-trunk-curriculum-training-LAST1.pdf>). This paediatric syllabus has been approved by the European Union of Medical Specialists (UEMS) and recommends a 3-year common trunk followed by 2-3 years specialist training as a primary care/community paediatrician, secondary care hospital based general paediatrician or a tertiary care subspecialist. With regard to Nurturing Care, we recommend that the aspects outlined in the Table are part of all paediatric curricula across Europe, and trained in both hospital and primary care community settings.

Training aspects related to Nurturing Care are not limited to newborn care, assessment of growth and development and immunizations. For example, it is crucial that paediatric trainees know the effects of socioeconomic factors and poverty on child health. One in four children in the European Union is currently at risk of poverty or social exclusion. Poverty increases the likelihood and severity of leading causes of disease and mortality in children (like prematurity, obesity, asthma, failure to thrive and trauma due to accidents) and has a critical impact on overall wellbeing (such as exposure to emotional

trauma, child abuse or neglect, and violence). The negative effects of poverty on child health and wellbeing are preventable, either by keeping children out of poverty, preserving the health and well-being of children who live in poverty, or restoring optimal wellbeing for children who have already experienced its negative consequences. Paediatricians across Europe should be able to screen for and act on risk factors for poverty. Paediatricians should also have the skills to care for particularly vulnerable groups of children, like migrant children who have been reported to have specific health needs.

Importantly, the training of future paediatricians should go beyond the acquisition of knowledge and skills related to paediatric expertise. For example, paediatricians should be able to work together with other professionals that are not necessarily part of the health sector (like schools, child care facilities and social workers). In addition, as new evidence regarding effective interventions related to Nurturing Care continues to emerge, trainees should acquire the skills to contribute to the improvement of current systems (adding value) and involve other professionals in necessary systems changes.

Nurturing care requires action beyond single sector interventions. For example, while nurturing care interventions usually begin at birth, several interventions during the period from preconception to birth have significant effects on child development, growth, mortality, morbidity and disability. Therefore, it is essential that paediatricians work together with midwives and obstetricians and gynaecologists to provide proper antenatal care and to assess and manage foetal health and growth. In addition, as other health care professionals, like general practitioners and family doctors, also care for children, an integrated and multi-disciplinary approach is essential to further improve the health and wellbeing of young children in Europe. Importantly, this should also include setting out a clear framework for training needs for professionals who will be working in these integrated teams, as outlined in our paper about basic training requirements for health care professionals who care for children that will soon be published. Therefore, collaboration needs to be about effective integrated service development, as well as professional training and expertise, across sectors.

Table: Nurturing Care: core training requirements

1. Nurturing care for newborns including premature neonates

- Know about antenatal and perinatal effects on neonatal outcomes
- Optimize birth facilities
- Manage birth complications
- Provide immediate newborn care
- Know how to prevent and treat neonatal disease
- Know about neonatal nutrition and feeding, including positive effects of early initiation of breastfeeding
- Offer an immunisation program

2. Growth and development

- Demonstrate an understanding of growth, development, health and wellbeing in children
- Know common patterns of developmental abnormality
- Know current neonatal and childhood screening tests used in national child health visits
- Know screening and diagnostic assessment tools for developmental delay
- Be able to perform basic assessment of hearing and vision

- Know factors affecting normal growth and causes of poor weight gain in infants and young children

3. Nutrition

- Be able to recommend appropriate nutritional requirements at different ages
- Know the health implications of restricted diets

4. Social factors

- Know the key social determinants of child health and wellbeing
- Know the effects of family composition, socioeconomic factors and poverty on child health
- Be able to work together with schools
- Know the effects of community assets and resources on preventing illness, injury and related morbidity and mortality

5. Safeguarding

- Be able to recognize and assess suspected physical, emotional and sexual abuse
- Differentiate intentional neglect from deprivation associated with poverty or low education
- Manage children in need of care or protection

6. Infectious disease prevention

- Know the principles of infection control
- Know the principles of immunisation and promote this

7. Detection and management of childhood illness

- See various chapters in the Syllabus