Topics

1. **NZFH early prevention networks in Germany, 2006-2017 – origins and outcomes.**  
   Dr Rupert Linder, OB-GYN and Psychotherapist in private practice, Birkenfeld, Germany

2. **The day-to-day working and role of OB-GYNs and health professionals in a multi-profession, early prevention network in the city of Pforzheim.**  
   Dr Thomas Bernar, Chief Physician, Obstetrics and Gynecology, Helios Maternity Clinic, Pforzheim

3. **The holistic philosophy of midwifery and the key role of midwives in an integrated team.**  
   Ms. Trude Thommesen, Board Member, Northern European Region, International Confederation of Midwives

4. **The WHO/UNICEF Nurturing Care Framework and the CEPPs SisterCities Initiative – pathways for global implementation.**  
   Ms. Valerie Unite, Founder & Executive Director, CEPPs Global Initiative
NZFH early prevention networks in Germany, 2006-2017 – origins and outcomes
Dr. Rupert Linder

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• The origins of the multiprofessional cooperation of Early Care and Health Care

• Change of the system from intervention to prevention in the 90s

• Involving independent sponsors into the 1st and 2nd line of youth welfare
• Start as a pilot study of **good start to life** in Pforzheim 2006 – 2008 (Guter Start ins Kinderleben) – first town in Baden-Württemberg

• For early encouragement of parent’s educational and relational competences in precarious life and risk situations especially prevention of neglecting and child endangerment
• Law for Cooperation and Information in Child-Protection, Jan 1st, 2012 Gesetz zur Kooperation und Information im Kinderschutz (KKG)

Only 4 paragraphs:
Child protection and public responsibility,
Information of parents about supporting aids,
Introduction of public networks,
Procedures for health professionals in endangerment of child‘s welfare threatening
Early childhood and family assistance in Pforzheim

General coordination
- Information, communication, consulting, system development
- Youth welfare office of the city of Pforzheim (Mrs. Poscharsky)

Counseling service
- Advise to families and professionals on early childhood assistance
- Youth welfare office of the city of Pforzheim (Mrs. Speck)

Baby welcome package
- Welcome visit to all families with newborn babies including a welcome letter of the Lord Mayor, together with practical hints
- Information as well as connection aids in the respective family centers
- Family centers

Midwife consultation
- Pro Familia – Midwife information and information to various topics on early childhood
- Family consultation
- Family centers

Network of early childhood assistance and child protection
- With different participants from youth welfare and health care since Dec. 2006

Pregnancy counseling centers
- Information, support, contraception and pregnancy counseling

Family godparents
- Accompanying and relieving families by honorary staff
- Kinderschutzbund

Collaboration with various clinics
1. Children’s hospital Pforzheim
2. Gynecological clinic Helios
3. Gynecological clinic Siloah
4. Social pediatric center Maulbronn
5. Center for Psychiatry in Hirsau

Center for remedial teaching
- Caritasverband

Family godparents
- Caritasverband
Abb. 28: Entwicklung der Einwohner ausgewählter Nationalitäten im Zeitvergleich (Zahl der Personen)

Enzkreis: 28,3 %

21,3 %

60,8 %
Abb. 16: Anteil der unter 18-Jährigen an der Stadtteilbevölkerung

Abweichung vom Stadtwert (17,5 %) in %-Punkten

- 1,5 und mehr
- 0,5 bis 1,5
- 0 bis -0,5
- -1,5 bis unter -0,5
- unter -1,5

1 Oststadt
2 Innenstadt
3 Weststadt
4 Südweststadt
5 Au
6 Südstadt
7 Buckenberg
8 Nordstadt
9 Brötzingen
10 Dillweissenstein
11 Wörth
12 Hohenwart
13 Büchenbronn
14 Huchenfeld
15 Eutingen
Netzwerk Frühe Hilfen und Kinderschutz

Teilnehmer jew. 35-40

2-3 Termine Jährlich

wechselnde Sitzungsorte Jugendhilfe und Gesundheitshilfe

Pro familia (PSPH § 30/31 SGB VIII § 219 Beratung)

Diakonisches Werk Baden / Pforzheim (§ 219 Beratung, Sucht-beratung, Familienzentrum West, Rufbereitschaft in Kooperation mit der Fa. Lichtblick GmbH)

Gesundheitsamt Pforzheim – Enzkreis Öffentl. Gesundheitshilfe

Qualitätszirkel Substitution (Im Kontext AG Drogen)

Siloah-Krankenhaus Geburtshilfe

Qualitätszirkel Substitution (Im Kontext AG Drogen)

Facharzt f. Psychiatrie Dr. Linnebach v. Wedel

Krankenkassen AOK, BEK, TK, Gmünder Ersatzkasse, IKK, DAK bei besonderen Themen

Berufsverband der Frauenärzte Vertreter der niedergel. Ärzteschaft

Berufsverband der Kinderärzte

Klinikum Pforzheim – Klinik f. Kinder u. Jugendliche

Centraalklinik – Gynäkologie

Klinikum Pforzheim Geburtshilfe

Kindergarten Maulbronn Pädiatrisches Zentrum

Berufsverband der Hebammen BDH

Zentrum für Psychiatrie Klinikum Nordschwarzwald Kinder- und Jugendpsychiatrie und Suchtklinik

Deutscher Kinderschutzbund Pforzheim-Enzkreis (SPPH / Beratung / Eltern-Spielgruppen, Suchtprävention KISTE, Familienhebammen)

Ohlebusch-Beratungsstelle (Beratung, Therapie u. Prävention im Kontext sexualisierter Gewalt)

AG Drogen (Beratung und Betreuung, ambulante Therapie)

Fachberatung Kita

Gesamteleternbeirat

Familienzentrum Au

Familienzentrum Ost

Familienzentrum Nord

FZ West LukasZentrum

Landratsamt Enzkreis Vertreten durch JA-Leitung (Zusammenarbeit des Runden Tisches)


Stadt Pforzheim Jugend- u. Sozialamt Sozialer Dienst (Öffentlicher Träger der Jugendhilfe einschließlich Jugendhilfeplanung)

Beratungsstelle f. Kinder, Jugendliche u. deren Familien (Beratung § 28 SGB VIII u. div. Gruppenarbeit)

Caritasverband mit Heilpäd. Zentrum / Frühförderung Familienhebammen Risikosprechstunde

Arbeitsstelle Frühförderung Schulamt

Polizeidirektion PF - Kriminalprävention

Gesundheitshilfe Jugendhilfe Weitere Koop. partner Gesundheits-/Jugendhilfe
Family midwives
family children nurses
Sensitivity trainings

Networking of about all 45 institutions
24/7 emergency telephone

social ward round in children hospital
and in the delivery hospitals
THE PRENATAL BABY …
A WORLD TO DISCOVER!

Dr. Gabriella Ferrari
Association “9 mesi ed oltre”
www.9mesiedoltre.it
Founded The Prenatal University where, according to his observations on consistent tactile feedback of the foetus, it learns to "pay attention" and to improve a range of intellectual abilities.

The first lesson (around the fourth month of gestation) focuses on teaching parents to respond to the child's kick with pressure applied with the hand at the point where the kick was felt, as if pushing the foot away.

After a while, when giving the tummy a pat, the baby will respond with a kick, and when giving two pats, the baby responds with two kicks.

In the seventh month of gestation the foetus is taught a few words, PAT, RUB, SHAKE, which are spoken against the tummy, whilst carrying out the corresponding action.

The 33 BABIES SUBJECTED TO THESE EXERCISES SHOWED SIGNS OF SPEAKING EARLIER, BEING MORE ALERT AND BEING ABLE TO RAISE THEIR HEAD IN ADVANCE OF THE CONTROL GROUP.

At school age, these same babies achieved better academic results and were socially more competent than their counterparts.
• 2007 Founding of the National Centre for Early Prevention – Nationales Zentrum Frühe Hilfen (NZFH)

with the goal to enforce preventive child-protection and support professionals building up a system of Early Prevention in Germany
NZFH was set up as part of an governmental programme of the Ministry for Family Affairs. It supports research-based knowledge and the systematic embedding of early prevention by generating knowledge and making this available to all political entities in the whole country (almost 600).

It is building up effective and sustainable support service for parents-(to-be) and their children. It promotes and coordinates research and renders knowledge to all people and institutions involved.
Perinatal Center

- Care of high-risk and physiological pregnancies and labor
- Enabling of physiological births also in high risk
- Intensive collaboration with children clinic and neonatologists
- Intensive collaboration with pediatric surgeons
- Spontaneous labor even at breech position, twins, and preterm birth
- Low C-section rate (23%)
- ALWAYS bonding, even at extreme premature births

Measures and Activities

Knowledge platform
- Research | Monitoring
- Models
- Development of criteria
- Learning from problematic child protection processes
- Essentials / Recommendations

Communication
- General public
- Specialist public

Transfer
- Congresses, Conferences
- Workshops
- Information
- Counseling

For more information about NZFH see www.fruehehilfen.de
PFORZHEIM STUDY

2 Reasons:

Severe devastation 1945
(bombing by the RAF Febr. 23rd)
highest ratio of deaths among all German cities
18000, one 3rd of the then population
>70% of all buildings destroyed
There are no prospective multigenerational studies yet

Pforzheim, February 23rd, 1945
PFORZHEIM STUDY

and:

Very high immigration of often traumatized refugees (highest ratio of people with migration background in Baden-Württemberg – more than 53%)

So:
Coincidence of populations traumatized 2 – 3 generations ago and recently.
Pforzheim Study

Gerlinde Metz and Tanzi Hoover, Lethbridge, Canada
David Olson; Edmonton, Canada
Thomas Bernar, Brigitte Joggerst, Markus Haist, Rupert Linder,
Thomas Schuster, Ingo Thalmann, Michael Wagner,
all Pforzheim/Enzkreis
INTRODUCTION
Contemporary epigenetic research shows that stress may alter neurodevelopment and metabolic health due to disruption in an individual’s hypothalamic-pituitary-adrenal (HPA) axis influencing subsequent generations. Offspring exposed to ancestral stress may be at risk for anxiety, depression, autism, ADHD, and schizophrenia (Franklin et al., 2012). Previous research is based on cohorts that were subject to starvation/plenty, or on animal models in which stressors were laboratory based. It is presently unknown whether a psychological stress such as war trauma, result in overt physiological stress, still produce transgenerational psychological and physiological disorders. The city of Pforzheim, Germany, is uniquely suited for the study of ancestral stress due to severe destruction in World War II on February 23, 1945.

Theory: Transgenerational epigenetic inheritance. Adverse experience can alter gene expression and under some circumstances have transgenerational influences.

Hypothesis: We expect that the bombing of Pforzheim results in recognizable psychological and physiological effects.

PRELIMINARY DATA
Preliminary data shows that Pforzheim has higher rates of low/very low birth weight per 1,000 births, and children obesity rates for ages 4 to 5 are higher than the rest of Germany. Male suicide rates, and school entrance language ability needs are significantly higher than the national average.

EXPECTED RESULTS
By combining psychological, physiological, metabolic and epigenetic analysis of personal and ancestral adverse experiences, we anticipate the introduction of physical and psychological abnormalities, changes in DNA methylation, miRNA expression in placenta that are predictive of later offspring health outcomes.

CONCLUSIONS & FUTURE DIRECTIONS
• We anticipate that personal and ancestral adverse experiences introduce biological signatures of chronic stress that significantly determine health outcomes in generations of offspring. This study will suggest tools to increase stress resilience and support maternal and fetal health.
• Explore the effects of introducing a resilience-enhancing strategy; such as, a narrative therapy technique (directive and non-directive reflective writing assignments) to mitigate the effects of stress on mothers and children.

ACKNOWLEDGEMENTS
Canadian Institutes of Health Research
National Sciences and Engineering Research Council of Canada
Direct Influence vs. Epigenetics

Zucchi et al., PLOS ONE, 2014
To take home:

In primary prevention start supporting families from the very beginning

Include and network with all professional groups
To take home:

In primary prevention start supporting families from the very beginning

Include and network with all professional groups of the social care system
To take home:

In primary prevention start supporting families from the very beginning

Include and network with all professional groups of the social care system and the medical system
Thank you for listening!

Dr. Rupert Linder

Specialist for OBGYN, Psychosomatics and Psychotherapy
Prenatal Psychology
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www.dr-linder.de
The day-to-day working and role of OB-GYNs and health professionals in a multi-profession, early prevention network in the city of Pforzheim.

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Thomas Bernar, M.D., Specialist in Obstetrics and Gynecology, Helios Hospital Pforzheim, Germany
Learning objectives Topic 2 Dr Thomas Bernar

By attending this presentation the attendees will learn:

• Multiprofessional cooperation of physicians, midwifes, nurses and Early Care Specialists

• Enabling of physiological births even in high risk situations

• Joint prepartum evaluation of future mothers by midwifes and doctors

• Internal and external cooperations

• Well-established postnatal cooperation with the Early Care System on the postnatal and NICU wards
Perinatal center Level 1 Pforzheim

• Care of both physiological and high-risk pregnancies and labor
• Facilitation of physiological births in high-risk patients
• Intensive collaboration with pediatricians and neonatologists
• Intensive collaboration with pediatric surgeons
• Spontaneous labor of fetuses in breech position, twin gestations and preterm fetuses
• Low C-Section rate (23%)
• ALWAYS enabling bonding, even in the case of extreme premature births
Interdisciplinary maternofetal center Pforzheim

Births

Preterm babies < 1500g
Prenatal diagnosis and treatment

- Ultrasound
- Detection of fetal malformations
- Fetal echocardiography
- Amniocentesis (AC)
- Chorionic villus sampling (CVS)
- Chordocentesis
- Intrauterine transfusions

**Prenatal diagnostic interdisciplinary consultations with neonatologists and pediatric surgeons**
Care of high-risk pregnancies and birth

- Pregnancy-induced hypertension (PIH), preeclampsia, HELLP syndrome
- Intrahepatic cholestasis of pregnancy (ICP), acute fatty liver of pregnancy (AFLP), thrombocytopenia
- Insulin-dependent gestational diabetes (IGDM)
- Multiple pregnancy, Twin-to-twin transfusion syndrome (TTTS)
- Small for Gestational Age (SGA), intrauterine growth restriction (IUGR)
- Very low birth weight (VLBW), extremely low birth weight (ELBW)
Care of high-risk pregnancies and birth

- Premature birth, premature rupture of membranes (PROM)
- Breech Presentation, breech birth, external cephalic version (ECV)
- Amniotic infection syndrome (AIS)
- Placenta praevia, acreta, increta, percreta, placental abruption
- Postpartum hemorrhage (PPH)
Family room on the postnatal ward „Familienzimmer“
Internal cooperations

Midwife

• Joint intake evaluation and birth planning
  in the maternity clinic by obstetricians and midwives
• Regular joint team meetings of obstetricians and midwives
• Team conferences regarding pathological births

Doctors

• Perinatal conferences every 14 days
• Interdisciplinary evaluation of all premature babies and birth complications
  by pediatricians, neonatologists, obstetricians and midwives
• Evaluation by pediatric surgeons, when necessary
Joint prepartum intakes in the maternity clinic with obstetricians and midwives

- Patient’s wishes for the delivery
- Discussion of fears
- Experiences with previous births
- Risk assessment and birth planning
Risk assessment and birth planning

• „Mutterpass“
• Vaginal birth after cesarean section
• Breech Presentation, breech birth, external cephalic version (ECV)
• Mode of delivery for twins
• Insulin-dependent gestational diabetes (IGDM)
• Small for Gestational Age (SGA), intrauterine growth restriction (IUGR)
• Placental pathology
Interdisciplinary maternofetale center Pforzheim

- Interdisciplinary case discussion (Perinatal conferences)
  - Obstetrics including midwives
  - Neonatology including child nurses
  - if necessary, discussions with human genetic specialists, pathologists, hygiene specialists, pediatric surgeons and anesthesiologists
- Interdisciplinary guidance of parents

Maternal & Infant Health as an entry point to Early Childhood Development (ECD)
Cooperation with Children's Hospital

- ALWAYS bonding, even for extreme premature births
- Training the parents of premature children

Maternal & Infant Health as an entry point to Early Childhood Development (ECD)
External cooperation partners

• Gynecologists
  - prepartum check-ups
  - postpartum follow-up examinations
• Regular exchanges with external cooperation partners (physicians and clinics)
  - Meetings
  - continuing medical education (CME)
• Multidisciplinary quality circle (Rupert Linder, Petra Poscharsky)
• Midwives
• Early Care
External cooperation partners, Midwives

Maternal & Infant Health as an entry point to Early Childhood Development (ECD)

- „Parent school“
- Prenatal Care
- Prenatal classes
- Postpartum care with home visits
Multi-professional, early prevention network in the city of Pforzheim and Enzkreis.

- Social educational visit at the two birth clinics and the children’s hospital
- Information about additional support
  - “Baby welcome package”
  - Early childhood assistance in 6 regional family centers (including midwife consultations and home visits)
  - Family godparents (accompanying and relieving families by honorary staff)
- Social service for inpatients (assistance with household chores, family assistance)

Better prevention of child neglect and child endangerment
Are services from the field of "early care" required?

- At least one special social burden
- Mother ≤18 years at the time of birth
- more than one child to be cared for by a mother under ≤20 years of age
- unwanted pregnancy
- single parent
- signs of serious conflicts or violence in the current partnership
- known mental illness of the mother / psychiatric pre-treatment
- nicotine consumption ≥20 cigarettes a day
- signs of alcohol problems / drug use in mother or partner
- financial distress
- social / linguistic isolation (no contact persons available in everyday life)
Are services from the field of "early care" required?

- Several missed pregnancy examinations
- Child requires significantly increased care that threatens to exceed the possibilities of the family
  - Premature birth; Multiple births; chronic disease; significant developmental delay
- Observable significant difficulties of the primary caregiver in the acceptance and care of the child
  - Uninterested in the child; makes negative statements about the child; acts passive, unmotivated, psychologically conspicuous; overlooks clear signals from the child
- Main caregiver describes strong anxiety, feeling burdened or rejected by the child
Key Messages

• Prenatal joint intake evaluations by midwives and obstetricians in the clinic; provision of prenatal diagnosis and joint evaluation by neonatologists and pediatric surgeons leads to better risk assessment of pregnancy and childbirth

• Delivery provided by a highly professional team of specially trained obstetricians, neonatologists and midwives leads to a high level of safety and patient satisfaction in obstetrics and a low Cesarean section rate

• Co-operation with the “Early Care Specialists” through social educational visits on the postnatal ward and on the neonatal intensive care unit (NICU) leads to a better prevention of child neglect and child endangerment
Thank you for listening!

• Dr. med. Thomas Bernar
• Specialist in Obstetrics and Gynecology
• Focus on Obstetrics and perinatal medicine

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• Thomas.Bernar@helios-gesundheit.de
The holistic philosophy of midwifery and the key role of midwives in an integrated team

Ms. Trude Thommesen
Board Member, Northern European Region
The International Confederation of Midwives, ICM

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• Middle aged, not too young and not too old
• In good health
• Sober, noble and caring, not reluctant to feelings
• Her mind must be moody and friendly
• A midwife has an extremely important and honorable occupation in being the helper of nature
• A woman's hand, a hawk's eye and a lion's heart
ICM International Definition of the Midwife

A midwife is a person who has successfully completed a midwifery education programme that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education; and is recognized in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery and use the title ‘midwife’; and who demonstrates competency in the practice of midwifery.
ICM International Definition of Midwifery

Midwifery is the profession of midwives; only midwives practise midwifery. It has a unique body of knowledge, skills and professional attitudes drawn from disciplines shared by other health professions such as science and sociology, but practised by midwives within a professional framework of autonomy, partnership, ethics and accountability.
‘Care during childbirth from an attendant with midwifery skills is the single most effective way to reduce maternal death’

(WHO, ICM, FIGO 2004)

‘The prototype of the skilled attendant is the licensed midwife’

(WHO Annual Report 2005, chapter 4)
Five priorities that require immediate attention to achieve SDGs 3 & 5

1. Prioritize **quality maternal** health
2. Promote equity through universal coverage of **quality maternal health** services
3. Strengthen **health systems** by optimizing the health workforce
4. Guarantee **sustainable financing** for maternal- perinatal health
5. Accelerate progress through **evidence, advocacy** and **accountability**

This will result in benefits for women and their newborns and extend to children, families, community; both for this and also for the coming generation.
Why is care from a midwife essential for women and families?

• Midwives are the **key care providers** during pregnancy, childbirth and the postnatal period

• Together with a multidisciplinary team midwives can undertake the role of lead professional for low-risk pregnant women, and as a professional coordinator role for high risk pregnant women

• Women who receive midwife-led care **have lower rates of interventions** in childbirth, such as instrumental vaginal deliveries, epidural and episiotomy
Why is care from a midwife essential for women and families? (cont)

- Women who receive midwife-led care have a lower risk of preterm birth and of losing their baby in the pregnancy or in the first month postpartum.

- Women who receive midwife-led care experience improved continuum of care during the antenatal intrapartum and postnatal period and have a higher level of maternal satisfaction.

- The midwife plays a special role and relation to the woman and her family and provides an enabling environment for the new family.
When educated to international standards and within a fully functional health system, midwives can provide 87% of the essential care for women and newborns.

Midwives have the potential to reduce maternal and newborn mortality by two thirds.

The Lancet Health Series has stated that even a 25% increase in midwifery in developing countries would result in a 50% reduction in maternal deaths.
• **The International Confederation of Midwives** (ICM) supports, represents and works to **strengthen professional associations of midwives** throughout the world

• ICM draws on a geographically, culturally and socially diverse set of perspectives to fulfil our mission to **strengthen midwifery globally**

• ICM will continue to build a reputation of expertise and excellence where quality midwifery care is **respectful**, focused on the **needs of women and their newborns**, with care provided by **skilled, knowledgeable and compassionate midwives** who maintain women's human rights
Vision

ICM envisions a world where every childbearing woman has access to a midwife’s care for herself and her newborn.
Mission

To advance the profession of midwifery globally by promoting autonomous midwives as the most appropriate caregivers for childbearing women and in keeping birth normal, in order to enhance the reproductive health of women, and the health of their newborns and their families.
Thank you for your attention
References

1. The International Confederation of Midwives website & ICM Strategy 2017-2020
   https://www.nes.scot.nhs.uk/media/1891153/core_role.pdf
5. The Lancet Series on Midwifery
The WHO/UNICEF Nurturing Care Framework and the CEPPs SisterCities Initiative – pathways for global implementation
Ms Valerie Unite

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Learning objectives Topic 4 Valerie Unite

By attending this presentation the attendees will learn:

• That Early Childhood Development (ECD), as defined by the WHO and UNICEF in 2016, has expanded to include the pre-natal period, and why this expansion has occurred.

• The universal endorsement of ECD across the UN 2030 Sustainable Development Goals, and the expectations this places on Health Professionals.

• Some concrete actions Health Care Professionals can take locally to contribute to UN SDG 2030 Targets’.
Topic 4 Outline

1. Why such a focus on ECD?
2. 2016 The ‘Coming of Age’ of ECD
3. Implementing ECD, ‘What Works’ – Country Case Studies
4. Implementation Tools and Roadmaps
5. UN SDGs, Partnerships and Networks
6. The Health Sector showing the way to achieving SDG Targets
7. Q & A
The Social Rationale for early intervention in ECD

A poor start in life can lead to poor health, nutrition, and inadequate learning, resulting in low adult earnings as well as social tensions.

Source: Advancing Early Childhood Development: from Science to Scale

Adverse Childhood Experiences (ACE) can take many forms and begin in utero. The effects are lifelong and include poor health, violence and criminal behaviour. The effects are inter-generational.

Read more: CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study
The enduring effects of abuse and related adverse experiences in childhood

‘Investing in early childhood development is one of the best investments a country can make to boost economic growth, promote peaceful and sustainable societies, and eliminate extreme poverty and inequality.’

Executive Summary, Nurturing Care Framework, PMNCH, May 2018
The Scientific Rationale for early intervention in ECD

Brain Development
‘The period from pregnancy to age 3 is the most critical, when the brain grows faster than at any other time; 80% of a baby’s brain is formed by this age.

Nurturing Care Framework, PMNCH, May 2018

Anxiety, Depression, and in-utero programming
‘Elevated prenatal anxiety (top 15%) was associated with a twofold increase in risk of a probable child mental disorder, 12.31% compared with 6.83%, after allowing for confounders.

These analyses support an in-utero programming hypothesis.’
‘The persisting effect of maternal mood in pregnancy on childhood psychopathology’ V. Glover et al., Imperial College, London

Gene Expression
‘Early prenatal or postnatal experiences and exposures influence long-term outcomes by chemically altering the structure of genes.

Known as epigenetic modification, these chemical signatures are written on top of the gene without actually altering the genetic code itself.

Early Experiences Can Alter Gene Expression and Affect Long-Term Development, J. Shonkoff et al. Center on the Developing Child, Harvard University
The Economic Rationale for early intervention in ECD

- About 250 million children under 5 will not reach their full potential
- Resulting in about 25% reduction in average adult earning potential
- Countries lose 2-3 times what they now invest in health or education

The Lancet Series on ECD Executive Summary; Advancing Early Childhood Development: from Science to Scale

- ‘The highest rate of economic returns come from the earliest investments in children.
- Society invests too much money on later development when it is often too late to provide great value.
- The graphic shows the economic benefits of investing early to reduce social spending for society.’

The Heckman Equation, James Heckman, Nobel Laureate in Economics,

- “If children haven’t developed the appropriate brain to receive education, it will be a waste of money.
- The brain must have developed well in utero.”

Professor Emeritus, Integrative Biology, Marian Diamond at the University of California, Berkeley

EARLY CHILDHOOD DEVELOPMENT IS A SMART INVESTMENT

The earlier the investment, the greater the return

The Lancet Series on ECD Executive Summary; Advancing Early Childhood Development: from Science to Scale
2016 – the ‘Coming of Age’ of ECD

• Prior to 2016 the focus of Early Childhood Development (ECD) was the period from 0-3 or 0-5 years (birth to the start of pre-school).

• The Lancet 2016 Series on ECD provided the scientific and economic evidence of the need for earlier intervention.

• It proposed intervention during pregnancy or even pre-conception, with ‘the Health Sector as the Entry Point’.

• ECD is now universally endorsed in the UN 2030 Sustainable Development Goals

• Implementation is supported by The WHO, UNICEF and the World Bank

• Health professionals are now seen as the primary actors!
• What does this mean?
• What concrete steps can we take to contribute to the UN SDGs?
10 years experience of ‘What Works’ in implementing ECD

• Examples of early Intervention ECD programmes operating for over 10 years
• Delivering a ‘Continuum-of-Care’ to mothers and young children.

Nationales Zentrum Frühe Hilfen

• Created in 2007 to coordinate multi-sector early intervention networks across Germany
• Over 600 cities and municipalities in all 16 States.
*National Centre for Early Prevention

Multi-sector networks are a common feature of all these initiatives, typically involving Health, Social Services, Child Protection and Education sectors.

The 1001 Critical Days

• UK parliamentary cross-party initiative launched in 2013
• Focus on 1001 critical days from conception to age 2
• Multi-sector networks operating in ‘Better Start’ cities.
The 1001 Critical Days

The Chile Crece Contigo (Chile Grows with You)

• National social protection policy started in 2007
• Supports families from pregnancy to age 4.
• Multi-sector networks operated by local municipalities
• Support over 1.9 million vulnerable children.
The CEPPs Seven Principles

- Defined in 2016 by a working group of OB/GYNs and professionals in Early Childhood Care
- Launched at the UN in New York in 2017.
- Seven ‘Common Sense’ Principles to guide implementation at local level.
- Evolved from practical experience of ‘what works’ in multi-sector ECD networks in a number of countries.
- Adapted for high-, middle- and low-income countries.
- CEPPs Statement of Support signed by City leaders as a commitment to ECD-friendly policies and practices.

CEPPs Creating Healthier, Fairer and more Peaceful Societies
The Seven Principles

1. Provide Leadership
2. Promote Partnerships
3. Publish an Early Childhood Policy
4. Establish Infrastructure & Capacity
5. Share Knowledge & Best Practice
6. Adopt a Multi-sector Approach
7. Measure and Report on Achievements

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Sister City! CEPPs

The CEPPs SisterCities initiative
- Global support network for cities implementing ECD
- Cities in different countries sharing experiences of ‘What Works’
The Nurturing Care Framework

• Joint initiative by the WHO, UNICEF, and the World Bank

• In collaboration with the Partnership for Maternal, Newborn & Child Health (PMNCH) and the Early Childhood Development Action Network (ECDAN).

• It calls for ‘commitment at country level to national programmes driven by strong and sustained political commitment’.

Frameworks for Country and Local Level
• Nurturing Care Framework for country level
• CEPPs for local level (City or Regional)

Germany and Chile selected as Country Case Studies in ECD
• Success Factors Case Studies will be launched at the PMNCH Partner’s Forum in December 2018, in New Delhi, with extensive worldwide publicity.

Governments are making commitments but implementation will depend on partnerships with care providers at local level.
Multi-sector Partnerships and Networks are Key

SDG 17 Partnerships for the Goals

• ‘The SDGs can only be realized with a strong commitment to global partnership and cooperation’.

Multi-sector ECD Networks

• Similarly, providing a ‘Continuum-of-Care’ for mothers and young children can only be realised through multi-sector networks.
• Involving all levels of government, the private sector and civil society.
• Between high-, medium- and low-income countries.

National Governments are committed but are seeking partners to help create the multi-sector ECD networks at local level.

FIGO has established partnerships with international associations in the Health Sector, who together, are well placed to coordinate the formation of multi-sector local ECD networks worldwide.
How Health Care professionals can play a role at local level

Working only top-down it will take many years to establish the local ECD Networks and start delivering care to mothers and families in need...

The critical elements are now in place:
• A commitment from our governments
• A clear model and roadmap for action
• Strategic international partnerships

• Together we are now in a position to take action in our countries.
• To make a difference in the lives of millions of women, families and societies

By forming multi-sector ECD networks in our city or local area

We can’t wait 10 years for things to change!
The Health Sector Showing the Way in ECD Implementation

Strategic initiatives at country level need the help of professionals at local level. Together we can make a difference in the lives of millions of women and their families.

1. Share the idea
   - With other health care professionals
   - With professionals in other sectors (e.g. social services)
   - Form an ECD working group in your city

2. Connect with your national association
   - Register your interest
   - Connect with others in your profession
   - Join forces with other professions

3. Connect with CEPPs
   - Register your interest, and receive the latest news
   - Share experiences on discussion forums, webinars...
   - Find out about becoming a CEPPs Sister City

4. Engage with City Leaders
   - Health departments and decision makers in other sectors
   - Statement of Support by Mayor
   - Become a CEPPs Sister City
   - Start work on the 7 Principles

Support The Mother and Child Manifesto

The Seven CEP Principles
1. Provide Leadership
2. Promote Partnerships
3. Publish an Early Childhood Policy
4. Establish Infrastructure & Capacity
5. Share Knowledge & Best Practice
6. Adopt a Multi-sector Approach
7. Measure and Report on Achievements

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Key Messages

• ECD underpins a number of UN 2030 Sustainable Development Goals, and the Health Sector is now seen as the Entry Point

• Many countries have made commitments to the Nurturing Care Framework but are seeking implementation partners at local level

• FIGO, and its National Associations, in partnership with other Health Sector professional associations are ideally placed to play a lead role in the formation of multi-sector local ECD networks.

• CEPPs 7 Principles and CEPPs SisterCities provide a framework and tools for achieving this.

• Contact CEPPs for more information about next steps in your city or region
Contacts and Additional Information

Directory of CEPPs Partners and Supporters
https://ceppprinciples.org/get-involved/

Find out more about CEPPs
http://ceppprinciples.org

Follow CEPPs and share on Social Media
https://www.facebook.com/CEPPPrinciples
CEPPs@CEPPPrinciples

Contact: Valerie Unite
valerie@ceppprinciples.org

The Lancet 2016 Series on ECD
The Heckman Equation
Partnership for Maternal, Newborn and Child Health (PMNCH)
Nurturing Care Framework
Encyclopedia on Early Childhood Development
UN 2030 Sustainable Development Goals

“Thank you”