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Programme Committee

ITALY

Recommendation of the Executive Director
for an Apportionment for the Care of Premature Infants

1. In this paper the Administration recommends, subject to the availability of funds, an apportionment from the Europe Area allocation of \$40,000 to Italy, for the extension of the national programme for the care of premature infants. This extension phase of UNICEF assistance has been foreseen since 1951 and the broad lines of its expected development were outlined in document E/ICEF/R.224, the recommendation covering the initial phase of UNICEF aid. Paragraph 17 of that Recommendation stated:—"Future requests to help equip the remaining centres are likely to be put forward by the Italian Government at the next session of the Executive Board". The progress made in this programme has been recorded in successive Executive Director's Progress Reports.

2. On the basis of E/ICEF/R.224, the use of \$35,000 was authorized by the Board in October 1951, from an unexpended balance of funds previously allocated to Italy, to help create the first seven pilot centres in Italy, where personnel could be trained and experience gained in the modern methods of care for saving the lives of premature babies. In the course of 1953, with WHO Technical approval, a further \$20,000 were utilized from unprogrammed funds to consolidate the same Centres.

The Problem of Prematurity in Italy

3. The background for requesting aid in the development of services to care for prematures in Italy was given in E/ICEF/R.224. This document reviewed the problem of prematurity as it was believed to exist at that time. The initiation of the first UNICEF-aided premature programme and the close attention which the Regional Office of WHO has given to the Italian project, have made it possible to assess better the prevalence of premature births and their incidence in relation to infant mortality rates in different parts of Italy. The general situation today is the

/following:

following: there are no statistical data as such available on the incidence of prematurity in Italy. In restricted areas, as within the circumscription of a Maternity Hospital, some figures are available. In certain maternity hospitals in the northern part of the country, figures showing about 7% of the total number of live births have been recorded. In the south, figures are higher, more especially among illegitimate births (up to 16-17% in some areas).

4. With the above-mentioned figure of 7% in mind, it may be permissible to assume that 2% of all live births are under 2,000 gr. at birth and in need of specialized care. This percentage may not be quite accurate for Italy, but it is based on data from a neighbouring country, i.e. France, where the experience gained in the national programme for the care of prematures has permitted a close study of the prevalence of prematurity.

5. Bearing in mind the following official data on live births and based on the above method of calculation, the following approximate evaluation of prematurity can be made:

<u>Year</u>	<u>Live Births</u>	<u>Premature Infants</u>	
		<u>Under 2,500 gr. Birth Weight</u> 7%	<u>Under 2,000 gr. Birth Weight (2%)</u>
1948	1,005,851	70,400	20,120
1949	937,146	65,600	18,740
1950	908,622	63,600	18,710

6. The following figures extracted from the official statistics give some guidance as to the extent of the problem. The combined figure of the number of children who die during the first year of life from congenital debility, congenital malformations and prematurity, were for the whole country:

1948:	30,002
1949:	27,350
1950:	25,660

Although the absolute number of deaths from these causes is decreasing, so is the number of births, as just shown in para. 5. Thus the problem of prematurity remains as serious in relation to live births. In the above figures it should be assumed that deaths from prematurity and congenital debility constitute the majority of the cases, congenital malformation being a less important cause of death.

/7. From this

7. From this discussion it is justifiable to assume that the incidence of prematures, under 2,000 gr. at birth, is in the neighbourhood of 20,000 a year. The prematures between 2,000 and 2,500 gr. should be added to this number, but they do not generally require specialized care, although close attention must be given to each individual case.

8. Figures from official statistics on deaths from the three above-mentioned causes in some larger cities in 1950 are as follows:

<u>City</u>	<u>Deaths from con. debility, cong. malformation and prematurity, per 100,000 inhabitants</u>
<u>Northern Italy</u>	
Milan	28.0
Turin	29.6
Genoa	31.5
Bologna	31.6
Florence	33.0
Venice	34.9
Padua	56.7
<u>Central Italy</u>	
Rome	40.4
Naples	56.5
<u>Southern Italy</u>	
Palermo (Sicily)	69.6
Taranto	71.6
Cagliari (Sardinia)	94.1

These figures show a much higher incidence as one progresses south in the country.

9. The infant mortality rate has also shown a slowly falling tendency in the last years:

1949	74.	(47.1 to 110.1 according to the region)
1950	63.8	(38.7 to 100.9 " " " ")
1951	66.6	(41.1 to 120.4 " " " ")
1952	64.1	(39.4 to 106.2 " " " ")

Official figures for 1953 are not yet available.

10. The higher figures originate from the South. Diseases of the digestive and respiratory organs still take a heavy toll of infants under one year in these areas, whereas in Central Italy, and particularly in the north, there is a relatively higher neo-natal mortality in which prematurity plays an important role.

/Consequently

Consequently, most attention should be given at present to the care of prematures in regions where they run a minimum risk of being victims of current diseases during the latter part of infancy.

National Efforts to improve the situation

MCH Activities

11. While the High Commissariat for Hygiene (in the Ministry of the Interior) is concerned with Public Health and sanitation generally, and the "Amministrazione per gli Aiuti Internazionali" (AAI - which also acts as the UNICEF Liaison Organization) with the development of programmes of assistance to infants and children, a para-governmental organization called "Opera Nazionale per la Protezione della Maternità e dell'Infanzia" (ONMI), has the specific responsibility for dealing with most of the mother and child care in the pre-natal and immediately post-natal periods. The care of prematures is primarily the responsibility of the University Clinics.

12. A summary of ONMI's activities in 1952 (1953 not available) shows:

1. Maternal out-patient dispensaries	2,073
2. Pediatric out-patient dispensaries	4,275
3. Dermosyphilopatia out-patient dispens.	67
4. Day-care homes and creches	56
5. Maternal canteens	767

These services are located in towns and villages throughout Italy; a number of them have been grouped into institutions called "Case della Madre e del Bambino", of which 280 existed in 1952. It is intended that the number of these institutions, which are complete MCH centres with the five services mentioned above, shall be greatly increased. In 1952 alone, 18 were established. In the fiscal year 1951-52, 183,125 mothers and 717,320 babies made a first visit to these dispensaries. In all, ONMI reports, two million mothers and children were aided that year.

Progress made in implementing the Pilot Centres

13. Seven Centres, primarily related to the various University Pediatric Clinics, were selected in the following cities to be the demonstration and training basis for, and the nucleus of, a national premature programme to be constantly expanded.

Milan	- 2 centres	- (1: University Pediatric Clinic) (1: Foundling Home)
Genoa	- 1 centre	- University Pediatric Clinic

/Florence

Florence	-	1 centre	-	University Pediatric Clinic
Naples	-	1 centre	-	" " "
Rome	-	2 centres	-	" " "

14. Prior to the establishment of these centres, a group training course was held in France under the joint auspices of the International Children's Centre, WHO and UNICEF. Eight doctors and ten nurses attended and upon their return to Italy, were employed in the pilot centres referred to above (see "Training of Staff" below).

15. Of the seven centres, only five have been operating to date. The two Rome Centres have been undergoing extensive work to make suitable premises available. One of the two centres is due to function in April or May; no "opening date" can yet be given for the other.

16. The activities of the five operating centres have been as follows in 1953 (the centres began to function end-1952, beg. 1953):-

<u>Clinic & Period</u>	<u>Prematures cared for up to 2,500 grs. at birth</u>	<u>Mortality</u>
<u>Milan (No. 1)</u>		
Jan-June 1953	65	11 (26.9%)
July-Dec. 1953	n.a.	n.a.
<u>Milan (No. 2)</u>		
Jan-June 1953	179	30 (16.7%)
July-Dec. 1953	n.a.	n.a.
<u>Genoa</u>		
Jan-June 1953	80	39 (49.7%)
July-Dec. 1953	93	29 (31.0%)
<u>Naples</u>		
Jan-June 1953	31	15 (48.3%)
July-Dec. 1953	<u>37</u>	<u>17</u> (45.9%)
i.e. 1953	68	32
<u>Florence</u>		
Jan-June 1953	143	38 (27.3%)
July-Dec. 1953	<u>119</u>	<u>39</u> (32.8%)
i.e. 1953	262	77

17. On the assumption that the numbers cared for in the two Milan Centres were approximately the same in the second semester 1953, as in the first, we may summarize

/the activities

the activities of the five centres, as follows, for 1953:

Approximate total number cared for: 1,000

Approximate total number of lives saved: 740

18. In April 1953, a circular letter was issued by the High Commissariat to all 18 prefects of provinces, urging them to intensify efforts to obtain statistics on premature births within each province, by requesting that doctors and midwives who attend at deliveries submit reports to the local health officers on the number of prematures born. Further, it is recommended in the same circular that an endeavour be made to hospitalize each premature in need of special care.

The Government Request

19. On 30 November 1953 the Government requested U.ICEF assistance in extending these services to other Italian cities, as had been foreseen in E/ICEF/R.224. The 8 additional centres to be aided would be the following:

- | | |
|-------------------------|------------------|
| 1. Bologna | (Northern Italy) |
| 2. Padua | " " |
| 3.&4. Turin (2 centres) | " " |
| 5. Perugia | " " |
| 6. Bari | (Southern Italy) |
| 7. Taranto | " " |
| 8. Palermo | (Sicily) |

20. The WHO MCH Adviser visited Italy in January/February 1954 (the fourth visit by a WHO Adviser for this programme) in order to study this request, and this recommendation takes his findings fully into account.

Proposed Plan of Operations

Turin

21. Foundling Home. This is an important institution for illegitimate children, which received 236 children last year. Although the number of prematures did not exceed 36 during this period, there is every reason to believe that the number will increase. A maternity hospital will be established shortly in the same institution, whereas previously newborn babies had been sent from outlying maternity hospitals. The area serviced by this institution will as a result be extended. Appropriate arrangements have been made for a premature infant unit with space for 8 incubators.

/Two portable

Two portable incubators are also recommended for the transport of newborn prematures
Turin

22. University Pediatric Clinic. In this clinic 250 students are trained annually. The number of births in Turin is about 8,000 a year. Assuming the incidence of prematures under 2,000 grs. to be around 2% a year, more than 160 prematures will need specialized care. The following increasing numbers of prematures have been received in the pediatric clinic:

1951:	26
1952:	39
1953:	62

It is likely that the number will increase with improved services. Complete re-arrangement of a part of the clinic is now under way to meet the needs of prematures. When accomplished in a few months, it will include about 30 beds, half of which should be incubators. It is requested that 12 incubators, plus one portable incubator, be provided. A transportation service has been established with a special car, whereby newborn babies can be brought to the pediatric clinic for care.

Padua

23. University Pediatric Clinic. Pending the construction of a new hospital, which will be ready in two years and where a modern premature infant unit will be installed, a smaller unit has just been completed in the existing University Pediatric Clinic which will take about 20 prematures. The Province of Padua has 700,000 inhabitants with a natality of 17 0/00. The number of prematures received in the Pediatric Clinic was 26 in 1952 and 60 in 1953. The known number of prematures (which is certainly not complete) born in the province in 1953 was 247.

The Pediatric Clinic has constantly to reject demands for admission of prematures.

24. Both here and in Turin a pediatrician from the University Pediatric Clinic regularly supervises newborn babies at the University Obstetric Clinic.

25. The total number of incubators requested is 9, and 1 portable.

Bologna

26. University Pediatric Clinic. This is one of the most important and well-known Pediatric Clinics in Italy. Extensive work is now being carried out to arrange a modern unit for prematures. Once ready, in the summer of 1954, it will have space for 12 incubators. 2 portables will be needed for the transport of newborn babies, especially from the nearby University Obstetric Clinic.

27. The city has about 370,000 inhabitants, the province another 330,000. The number of births per year is about 9,000. The total number of prematures received at the University Pediatric Clinic was:

in 1951:	147
1952:	178
1953:	161

28. It is expected that a minimum of 180 or 200 could be cared for in the new unit. Present conditions do not offer satisfactory care, but the capacity envisaged for the new centre corresponds fairly well with the above figures.

Perugia

29. University Pediatric Clinic. This town of about 100,000 inhabitants should be served by a specialised premature infant unit. The centre would be able to receive prematures from the whole province, especially from the two other main towns with 83,000 and 40,000 inhabitants.

30. Plans for a new unit have been made and it is requested that 8 incubators and 1 portable incubator be provided.

Bari

31. University Pediatric Clinic. This clinic is still in provisional premises owing to destruction of the hospital during the war. A great interest has been manifested in this area on the part of the medical personnel in questions concerning prematurity, and a well established service would be important to serve this large region and, above all, for teaching purposes.
8 incubators and 2 portables are requested.

Palermo

32. Maternity Institute. The unit would, for practical reasons, not be installed in the University Pediatric Clinic, but in the Institution "Aiuto Materno" which has already started care for prematures and which is under pediatric supervision from the University Pediatric Clinic. Alterations to the premises are under way and are expected to be terminated in autumn 1954.

33. The appropriate number of incubators would be 8, plus 2 portables.

Training of Staff

34. One of the most important questions, perhaps the most important, is the training of qualified personnel. The first pilot centres has 18 of their leading responsible personnel trained at a special course in France, in May/July 1952, under joint ICC, WHO and UNICEF sponsorship.

35. The new centres to be assisted have already had part of their corresponding personnel trained at some of the Pilot Centres in Italy, so as to become familiar with problems concerning care of prematures and techniques of modern incubators. The numbers trained in 1953 for the new centres were limited (4 doctors and 5 nurses, from Bari, Bologna, Palermo, Perugia, Turin), as the Pilot Centres themselves were still in the "settling in" phase and the recently internationally trained staff were also engaged in training the remainder of the Pilot Centre's staffs. The Government has paid 50,000 lira (\$20) for the training of each doctor for one month, and 80,000 lira (\$120) for each nurse's training during two months.

36. In addition, two doctors (from Padua and Turin) have been studying in Paris

/ recently,

recently, one awarded an Italian fellowship, the other granted a fellowship by the ICC in the ICC 1953 course on prematurity.

37. In keeping with the plan for rational development of the programme and in relation to the recommendation now before the Board for the new centres, training will be intensified in 1954. The new centres will also in turn be secondary training centres for personnel to staff the subsequent phase of development of centres and for personnel presently dealing more occasionally with prematures in small "centres" and in general hospitals and clinics.

UNICEF Commitments

38. It is recommended that UNICEF provide:

39 fixed incubators	\$29,250
26 movable "	5,000
11 portable "	2,500
Contingencies (related principally to possible price increases in highly technical equipment)	<u>3,250</u>
Total:	\$40,000

Government Commitments

39. Most of the actual installation and administration of the centres is carried out by the University Clinics themselves. This undertaking is subsidized by the Government through the High Commissariat for Hygiene. Government contributions to this programme in 1953 are shown here as an indication of the type and extent of the subsidy:

	<u>Lira</u>	or	\$
a) Contributions to construction & improvement of wards and centres (Genoa, Naples, Bologna, Padua):	10,000,000		16,000
b) Provisions of equipment to small centres dealing with prematures, not internationally aided:	8,000,000		12,800
c) Daily subsidy to centre for each incubator contributed by UNICEF of: lira 500, or \$0.80; for the 72 incubators delivered early in 1952:	13,140,000		21,000
d) Training stipends for 9 Fellows (reported in para. 23 above):			<u>960</u>
			\$50,760

40. This gives an approximation of the Government expenditure in 1953. Further to this, the daily average cost for the care of a premature is said to be 3,000 - 4,000 lira. Excluding the Government subsidy of Lira 500, this represents a further, very approximate, annual expense by the Clinics, social security, etc., of some \$160,000.

41. The Government will continue in 1954 to expend funds for the same purposes. In view of the growth in numbers of centres and services provided, an estimate of \$60-70,000 can be made as being the direct Commissariat of Hygiene contribution.

42. The Government and centres themselves will undertake to:

- a) modify or adapt all wards required to install the premature centres.
- b) provide all the necessary equipment and supplies not provided by UNICEF.
- c) train where required and ensure all necessary staff.
- d) provide all transport required for use with the portable incubators.

WHO Technical Approval and Participation

43. WHO has given technical approval to the programme. The WHO Regional Office's MCH Adviser has been in close contact with this programme since 1951 and its development is being conducted in keeping with his technical recommendations. The following statement is an extract from his report on his most recent visit in January/February 1954:

"Conclusions and Summary,

From the above facts it is my firm feeling that UNICEF has given much stimulation to interest in prematures in Italy. The development of initiative and the efforts following this are extremely important. Clinicians and administrators, locally and centrally, have made great contributions. The problem has been studied from the scientific point of view with promising results. It is worth mentioning that the question of newborn babies, including prematures, has been given increased attention during the last years at medical meetings and in medical literature. This interest is certainly spreading in all Italy, as in many other countries, and I feel that the moment is opportune for continued assistance by International Organizations in this field to sustain efforts already made in the country."

Previous Allocations

44. Previous allocations to Italy have been as follows:

	Shipped	
	<u>Through 1953</u>	<u>1954 and After</u>
<u>LONG RANGE:</u>		
Maternal & Child Welfare	\$55,500	\$11,100
Mass Health		
VD	77,900	-
BCG	28,200	-
Tuberculosis	27,300	-
Brucellosis	1,900	-
Child Nutrition		
Long-range feeding	100,000	-
MCP	517,200	368,800
<u>EMERGENCY</u>		
Feeding	14,742,000	-
Raw Materials	854,400	-
Others	96,500	-
	<u>\$16,500,900</u>	<u>\$379,900</u>
Unprogrammed balance		2,600
	<u>\$16,500,000</u>	<u>\$382,500</u>

Recommendation

45. The Administration recommends, subject to the availability of funds:
- a) the apportionment of \$40,000 to Italy out of the Europe Area allocation for extension of the national programme for the care of premature babies;
 - b) that the Administration be authorized to approve the extension of the plan of operations as outlined above.