

UTILIZATION OF BABY-FRIENDLY SERVICES
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SAŽETAK

Uvod/cilj: Dojenje, kao tema za zdravstveno vaspitni rad i istraživanja, ne gubi na aktuelnosti, zbog brojnih dobiti i za dete (smanjenje smrtnosti, jačanje imuniteta, smanjenje učestalosti alergija, respiratornih i digestivnih poremećaja, gojaznosti i dijabetesa, povećanje koeficijenta inteligencije) i za majku (smanjenje rizika od hipertenzije, dijabetesa, hiperlipidemije, kardiovaskularnih bolesti, karcinoma dojke i jajnika). Cilj istraživanja je odabir preporuka za efikasne i efektivne zdravstveno vaspitne aktivnosti za povećanje procenta isključivo dojene novorođenčadi i odojčadi mlađe od šest meseci, u Srbiji.

Materijali i metode: Istraživanje je sprovedeno kao sekundarna analiza podataka dobijenih putem istraživanja *Multiple Indicator Cluster Survey 6 (MICS 6)* za opšti (nacionalni) i za uzorak romske etničke grupe, u Srbiji, 2019. godine. Povezanosti korišćenja usluga: kontakt „koža na kožu“, rani podoj i majka uz novorođenčće 24 sata i sociodemografskih varijabli majki su ispitane primenom univarijantne i multivarijantne logističke regresione analize. Statistička značajnost je određivana u odnosu na nivo $p < 0,05$ (t-test, hi-kvadrat test i Men-Vitnijev U-test).

Rezultati: U oba uzorka, ispitivane socioekonomske karakteristike majki nisu povezane sa korišćenjem *bejbi friendly* usluga. Značajna statistička razlika postoji u odnosu na tip porođaja u oba uzorka. Žene koje su se porodile carskim rezom ostaju uskraćene za korišćenje postupaka koji imaju dokazane pozitivne efekte po zdravlje deteta i majke. U oba uzorka nađeno je značajno veće korišćenje zajedničkog smeštaja majke i novorođenčeta tokom 24 sata u Beogradskom regionu u kojem se nalazi porodilište koje je nosilac Nacionalnog programa podrške dojenju.

Zaključak: Najefikasnija mera za unapređenje dojenja odnosi se na usvajanje politika podrške dojenju u ustanovi i obavezu edukacije kompletnog osoblja koje je u kontaktu sa majkama tokom boravka u porodilištu (dvadesetočasovna obuka Svetske zdravstvene organizacije za savetovanje o dojenju).

Ključne reči: isključivo dojenje, *bejbi friendly* usluge, edukacija

ABSTRACT

Introduction/aim: Breastfeeding, as a topic for health promotion and research, continues to be relevant due to numerous benefits for both the child (decreased mortality, strengthening of immunity, reduction of allergies, respiratory and digestive disorders, obesity and diabetes, increased IQ) and the mother (reduced risk of hypertension, diabetes, hyperlipidemia, cardiovascular diseases, breast and ovarian cancer). The study aims to propose effective and efficient health promotion activities directed towards increasing the percentage of exclusively breastfed newborns and infants up to six months of age, in Serbia.

Method: The study was conducted as a secondary analysis of data obtained in Multiple Indicator Cluster Survey 6 (MICS 6) for the national and the Roma ethnic group sample, in Serbia, in 2019. The association between the utilization of the following services: skin-to-skin contact, early breastfeeding, and full-time rooming-in for mother and baby, and the socio-demographic variables of mothers, were examined using univariate and multivariate logistic regression analysis. Statistical significance was determined at $p < 0.05$ (Student t-test, Pearson's chi-square test, and Mann-Whitney U-test).

Results: The examined socio-economic characteristics of the mothers in both samples were not associated with the use of baby-friendly services. A significant statistical difference exists in relation to the type of delivery in both samples. Women who gave birth by caesarean section remain deprived of utilizing the procedures that have proven positive short-term and long-term effects on the health of both the child and mother. In both samples, there was a significant increase in rooming-in in the Belgrade region, where the maternity hospital leading the National Breastfeeding Support Program is located.

Conclusion: The most effective measures to improve breastfeeding are related to the adoption of breastfeeding support policies in health facilities and the obligation to train the entire staff who are in contact with mothers during their stay at the maternity hospital (20-hour WHO breastfeeding counseling training).

Keywords: exclusive breastfeeding, baby-friendly services, training

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UVOD

Rukovodeći se značajem dojenja za dugovečnost i zdravlje novorođenčadi i odojčadi, Svetska zdravstvena organizacija (SZO) je usvojila međunarodno dogovoren etički Kodeks (engl. *International Code of Marketing of Breast-Milk Substitutes*) kojim se objašnjava javnosti, zdravstvenim i marketinškim stručnjacima, zdravstvenim sistemima i regulatornim telima u svim zemljama sveta da je dojenje prirodna ishrana koja je najadekvatnija i superiornija od bilo koje veštačke ishrane [1]. Ovim Kodeksom, SZO i Dečiji fond Ujedinjenih Nacija (UNICEF) upućuju zemlje da u sklopu napora za sprečavanje nehranjenosti i bolesti, prioritet treba da daju podršci i promociji dojenja, zakonodavnim i socijalnim akcijama koje ubrzavaju prihvatanje navike dojenja kod zaposlenih majki, oživljavanje praksi dojenja u populaciji u kojoj je ono u opadanju i usvajanje regulativa koje se odnose na sankcionisanje neprihvatljive promocije i prodaje veštačke hrane za novorođenčad i odojčad kao zamene za majčino mleko [1,2].

Dojenje, kao tema za zdravstveno-vaspitni rad i istraživanja, i dalje ne gubi na aktuelnosti zbog brojnih kratkoročnih i dugoročnih dobiti za dete (smanjenje smrtnosti, jačanje imuniteta, smanjenje učestalosti alergija, respiratornih i digestivnih poremećaja, gojaznosti i dijabetesa, te povećanje koeficijenta inteligencije– IQ) [3] i za majku (smanjenje rizika od hipertenzije, dijabetesa, hiperlipidemije, kardiovaskularne bolesti, carcinoma dojke i jajnika) [4].

Cilj promocije dojenja je da se utiče i na donosiocel odluka da, kroz zdravstvenu legislativu, omoguće, u okviru *bejbi friendly* porodilišta, rano uspostavljanje dojenačke prakse, koja bi trebalo da omogući kontakt po tipu „koža na kožu“ (KNK) majke i deteta, a potom i podoj u prvih 60 minuta nakon porođaja [2].

UNICEF i SZO su se pridružili inicijativi *bejbi friendly* bolnica sa ciljem da se odgovorni motivišu za pružanje zdravstvenih usluga usmerenih na implementiranje vodiča „Deset koraka ka uspešnom dojenju“, koji se sastoji iz seta pravnih akata i preporuka za sprovođenje procedura podrške dojenju [5].

Rani početak dojenja smatra se jednom od ključnih intervencija kojima je moguće smanjiti stopu smrtnosti novorođenčadi i odojčadi i poboljšati preživljavanje dece. Kontakt „koža na kožu“ se definiše kao stavljanje novorođenčeta preko golih grudi majke u vreme porođaja u trajanju od najmanje jedan sat, pri čemu se dojenje može započeti odmah [6-8].

Svake godine se usled nedostatka zaštite, promocije i podrške dojenju, beleže i značajni ekonomski gubici. Ključni nalazi „Globalnih troškova nedojenja“ pokazuju da dojenje, prema preporukama SZO, ima potencijal da spreči: (1) globalne gubitke od 574 milijarde dolara (u

INTRODUCTION

Guided by the importance of breastfeeding for the longevity and health of newborns and infants, the World Health Organization (WHO) adopted an internationally agreed upon Code of Ethics (International Code of Marketing of Breast-Milk Substitutes) which explains to the public, health and marketing professionals, health systems and regulatory bodies in all countries of the world that breastfeeding is a natural diet that is the most appropriate and superior to any artificial feeding [1]. With this Code, the WHO and the United Nations International Children's Emergency Fund (UNICEF) instruct countries that, as part of the efforts to prevent malnutrition and disease, priority should be given to the support and promotion of breastfeeding, legislative and social actions that accelerate the acceptance of the habit of breastfeeding among working mothers, the revival of breastfeeding practices in populations where it is declining, and the adoption of regulations related to the sanctioning of unacceptable promotion and sale of artificial food for newborns and infants as a substitute for breast-milk [1,2].

Breastfeeding, as a topic for work and research in the areas of health and education, has not as yet ceased to be relevant, due to numerous short-term and long-term benefits for the child (decreased mortality, strengthening of immunity, reduction of allergies, respiratory and digestive disorders, obesity and diabetes, increased IQ) [3] and the mother (reduced risk of hypertension, diabetes, hyperlipidemia, cardiovascular diseases, breast and ovarian cancer) [4].

The aim of promoting breastfeeding is to influence decision-makers to adopt health legislation that would enable, within the framework of baby-friendly maternity hospitals, the early establishment of breastfeeding practice, which should enable skin-to-skin contact (STS) between mother and child and subsequent breastfeeding, in the first 60 minutes after delivery [2].

UNICEF and WHO joined the Baby-Friendly Hospital initiative aiming to motivate health authorities to provide health services oriented towards implementing the “Ten Steps to Successful Breastfeeding” guide, which consists of a set of legal documents and recommendations for implementing breastfeeding support procedures [5].

Early initiation of breastfeeding is considered one of the key interventions to reduce infant and child mortality and improve child survival. Skin-to-skin contact is defined as placing the newborn over the mother's bare chest at the time of delivery for at least one hour, during which time breastfeeding can be started immediately [6-8].

Every year, due to the lack of protection, promotion, and support for breastfeeding, significant eco-

proseku 0,7% nacionalnog dohotka – BDP); (2) više od 510.000 smrtnih slučajeva; (3) 4,58 miliona slučajeva gojaznosti dece godišnje; (4) gubitak 200 miliona IQ poena godišnje, te da uštedi porodicama više od 10% primanja koja bi izdvojili za kupovinu adaptiranog mleka [9].

Pravni okvir za podršku dojenju u Srbiji predstavlja Uredba o Nacionalnom programu podrške dojenju, porodičnoj i razvojnoj nezi novorođenčeta (2018.) [10], koja je usvojena nakon alarmantnog podatka iz istraživanja MICS 5 da je 2014. godine u Srbiji samo 12,4% dece isključivo dojeno do šestog meseca [11].

Cilj istraživanja usmeren je na istraživanje povezanosti ličnih karakteristika porodilja i korišćenja *bejbi friendly* usluga (kontakt KNK, rani podoj i zajednički smeštaj majke i novorođenčeta 24 sata), u opštoj populaciji i populaciji Romkinja iz romskih naselja, kao i na predlog odgovarajućih mera za unapređenje korišćenja *bejbi friendly* usluga u porodilištima u Srbiji, u skladu sa dobijenim rezultatima.

MATERIJALI I METODE

Istraživanje je sprovedeno kao sekundarna analiza podataka dobijenih putem istraživanja MICS 6 iz 2019. godine, koje je sproveo Republički zavod za statistiku, uz tehničku i finansijsku podršku UNICEF-a, Evropske Unije, Populacionog fonda Ujedinjenih nacija (engl. *United Nations Fund for Population Activities – UNFPA*) i Vlade Republike Srbije [12].

MICS (engl. *Multiple Indicator Cluster Survey*) je višenamenski međunarodni program anketnog istraživanja domaćinstava u cilju prikupljanja međunarodno uporedivih podataka o širokom spektru pokazatelja položaja žena i dece. Istraživanje MICS meri ključne pokazatelje koji omogućavaju zemljama da generišu podatke neophodne za razvoj politika, programa i nacionalnih razvojnih planova, kao i za praćenje napretka u ostvarivanju Ciljeva održivog razvoja (engl. *Sustainable Development Goals – SDG*) [13]. MICS 6 je obuhvatio dva nacionalna reprezentativna uzorka opšte (neromske) populacije i romske populacije koja živi u romskim naseljima u Srbiji.

Za potrebe sekundarne analize u istraživanju su korišćene varijable iz dva od četiri upitnika korišćena u istraživanju MICS 6 za obe populacije: Upitnik domaćinstva za prikupljanje podataka o demografskim i socioekonomskim karakteristikama domaćinstva i Individualni upitnik za žene starosti 15 – 49 godina (odeljak: Zdravlje majke i novorođenčeta). U oba uzorka obuhvaćene su žene starosti 15 – 49 godina koje su u poslednje dve godine rodile živorođeno dete.

Na osnovu pregleda literature, koncipirani su analiza, varijable istraživanja i pregrupisanje unutar varijabli. Izvršena je statistička obrada osam sociodemograf-

omic losses are recorded. Key findings of “Global Costs of Not Breastfeeding” show that breastfeeding, as recommended by the WHO, has the potential to prevent the following: (1) global losses of \$574 billion (on average 0.7% of GDP); (2) more than 510,000 deaths; (3) 4.58 million cases of childhood obesity per year; (4) loss of 200 million IQ points per year. It can also save more than 10% of the family income that would be spent on purchasing formula milk [9].

The legal framework for breastfeeding support in Serbia is represented by the Regulation on the National Program for Breastfeeding Support and Developmental Care of a Newborn (2018) [10], which was adopted after the alarming data from the MICS 5 survey showing that, in 2014, in Serbia, only 12.4% of children exclusively breastfed for the first six months of life [11].

The study aims to investigate the association between the personal characteristics of the mothers giving birth and the use of baby-friendly services (STS, early breastfeeding, and rooming-in), in the general population and the population of Roma women from Roma settlements, as well as to propose appropriate measures to improve the use of baby-friendly services in maternity hospitals in Serbia, in keeping with the results obtained.

MATERIALS AND METHODS

The study was conducted as a secondary analysis of data obtained from the MICS 6 survey from 2019, which was conducted by the Statistical Office of the Republic of Serbia, with the technical and financial support of UNICEF, the European Union, the United Nations Fund for Population Activities (UNFPA), and the Government of the Republic of Serbia [12].

MICS (Multiple Indicator Cluster Survey) is a multipurpose international household survey program aimed at collecting internationally comparable data on a wide range of indicators of the position of women and children. The MICS survey measures key indicators that enable countries to generate data necessary for the development of policies, programs, and national development plans, as well as for monitoring progress in achieving the Sustainable Development Goals (SDG) [13]. MICS 6 included two nationally representative samples of the general (non-Roma) population and the Roma population living in Roma settlements in Serbia.

For the purpose of secondary analysis, the study used variables from two of the four questionnaires used in the MICS 6 survey for both populations: the Household Questionnaire for collecting data on the demographic and socioeconomic characteristics of the household and the Questionnaire for Individual Women Aged 15 – 49 (module: Maternal and Newborn

skih karakteristika za ispitanice obe populacije (starost trudnica, stepen obrazovanja, radni status, indeks blagostanja domaćinstva, mesto boravka/sredina, region i način porođaja) u pogledu njihove povezanosti sa korišćenjem *bejbi friendly* usluga i nege novorođenčeta na rođenju (kontakt KNK, rani podoj i majka uz novorođenče tokom 24 sata), primenom univarijantne i multivarijantne logističke regresione analize. Od testova statističke značajnosti, korišćeni su t-test, hi-kvadratni test i U-test. Statistička značajnost je određivana u odnosu na nivo $p < 0,05$. Za statističku analizu je korišćen statistički softver SPSS, verzija 20.3.

Grafički i tabelarno prikazani najvažniji rezultati istraživanja interpretirani su i diskutovani u svetlu relevantne literature. Na osnovu sprovedenog istraživanja, koncipiran je predlog zdravstveno-vaspitnih mera i aktivnosti usmerenih ka povećanju obima pozitivnih praksi u porodilištima.

REZULTATI

Demografske i socioekonomske karakteristike uzoraka

Nacionalni uzorak je ukupno obuhvatio 331 ženu (ponderisan), a uzorak Romkinja iz romskih naselja je obuhvatio 383 žene. U **Tabeli 1** su prikazane su karakteristike oba uzorka ispitanica. Žene u romskoj populaciji su bile značajno mlađe ($24 \pm 5,3 : 31 \pm 5,5$), ($p < 0,001$). Udeo majki starijih od 30 godina u opštoj populaciji je bio značajno viši ($53,3\% : 11,7\%$), ($p < 0,001$). U nacionalnom uzorku nije bilo ispitanica bez završene škole, dok je u uzorku iz romskih naselja svaka osma ispitanica bila bez obrazovanja, dok je svaka šesta završila srednju ili višu školu. U opštoj populaciji je bilo značajno više radno aktivnih majki ($63\% : 10,7\%$), ($p < 0,001$). Dobar indeks blagostanja domaćinstva imala je svaka druga ispitanica u nacionalnom uzorku, odnosno manje od jedne trećine ispitanica iz romskih naselja, što je značajna statistička razlika ($p < 0,001$). Nije potvrđena statistički značajna razlika ova dva uzorka u pogledu materijalne deprivacije. U gradskim naseljima je živelo statistički značajno više ispitanica iz uzorka romskih naselja. Najveći broj ispitanica u opštoj populaciji je bilo iz regiona Vojvodine, odnosno iz regiona Južne i Istočne Srbije u romskoj populaciji, što je statistički značajno ($p < 0,001$), ali u skladu sa reprezentativnim uzorkom udela romske populacije u regionima. Svaka treća ispitanica u opštoj populaciji je imala porođaj carskim rezom, odnosno svaka peta iz romskih naselja, što je statistički značajno ($p < 0,001$).

Procedura kontakt „koža na kožu“

U nacionalnom uzorku neposredan kontakt „koža na kožu“ posle porođaja vaginalnim ili carskim rezom

Health). Both samples included women aged 15 – 49 who had given birth to a live-born child in the previous two years.

Based on the literature review, we structured the analysis, research variables, and regrouping within the variables. Statistical processing of eight socio-demographic characteristics for the respondents of both populations (age of pregnant women, level of education, employment status, household well-being index, place of residence/environment, region, and type of delivery) was performed in terms of their association with the use of baby-friendly and newborn care at birth services (STS, early breastfeeding and rooming-in), using univariate and multivariate logistic regression analysis. The following tests for statistical significance were used: t-test, chi-square test, and the U-test. Statistical significance was determined in relation to $p < 0.05$. The SPSS statistical software, Version 20.3, was used for statistical analysis.

The most important study results, presented graphically and tabularly, were interpreted and discussed in light of relevant literature. Based on the conducted research, a proposal of health education measures and activities aimed at increasing the volume of positive practices in maternity hospitals was conceived.

RESULTS

Demographic and socio-economic characteristics of the samples

The national sample included a total of 331 women (weighted), and the sample of Roma women from Roma settlements included 383 women. **Table 1** shows the characteristics of both samples of respondents. Women in the Roma population were significantly younger ($24 \pm 5.3 : 31 \pm 5.5$), ($p < 0.001$). The proportion of mothers older than 30 years in the general population was significantly higher ($53.3\% : 11.7\%$), ($p < 0.001$). In the national sample, there were no respondents who did not complete school, while in the sample from Roma settlements, every eighth respondent had no education, and every sixth respondent had completed high school or above. There were significantly more working mothers in the general population ($63\% : 10.7\%$), ($p < 0.001$). Every other respondent in the national sample had a good index of household well-being, while this was true of less than one-third of the respondents from Roma settlements, which is a significant statistical difference ($p < 0.001$). No statistically significant difference between these two samples in terms of material deprivation was confirmed. Statistically significantly more respondents from the sample of Roma settlements

Tabela 1. Osnovne karakteristike majki

Table 1. Characteristics of the mothers

Karakteristike majki / Characteristics of the mothers	Nacionalni uzorak / National sample		Uzorak - romska naselja / Sample of Roma settlements		p-vrednost / p-value
Ukupno / Total	331		383		
	n	%	n	%	
Starost / Age					
Prosečna / Average		31.34		24.34	
Standarda devijacija / Standard deviation		5.595		5.316	< 0.001
Minimum / Min		17		15	
Maksimum / Max		48		47	
≤30 godina / ≤ 30 years	155	(46.7%)	338	(88.3%)	< 0.001
>30 godina / > 30 years	177	(53.3%)	45	(11.7%)	
Obrazovanje majke / Mother's education level					
osnovna i srednja škola / elementary and high school education	174	(52.6%)			
više obrazovanje / higher education	157	(47.4%)			
bez obrazovanja / no education			49	(12.8%)	
osnovna škola / elementary school level			266	(69.5%)	
srednja škola i više / high school level and above			68	(17.8%)	
Radna aktivnost / Employment status					
aktivna / employed	209	(63.0%)	41	(10.7%)	< 0.001
neaktivna / unemployed	123	(37.0%)	342	(89.3%)	
Indeks blagostanja / Well-being index					
loše / poor	99	(30.0%)	197	(51.4%)	< 0.001
srednje / average	57	(17.2%)	68	(17.8%)	
dobro / good	175	(52.8%)	118	(30.8%)	
Materijalna deprivacija / Material deprivation					
≤ 3	267	(80.7%)	328	(85.6%)	0.107
> 3	64	(19.3%)	55	(14.4%)	
Sredina / Living environment					
gradska / urban	197	(59.3%)	259	(67.6%)	0.024
ostalo / other	134	(40.7%)	124	(32.7%)	
Region / Region					
Beograd / Belgrade	90	(27.2%)	89	(23.2%)	< 0.001
Vojvodina / Vojvodina	97	(29.4%)	75	(19.6%)	
Šumadija i Zapadna Srbija / Šumadija and West Serbia	78	(23.4%)	31	(8.1%)	
Južna i Istočna Srbija / South and East Serbia	66	(20.0%)	188	(49.4%)	
Tip porođaja / Type of delivery					
carski rez / caesarean section	105	(32.5%)	70	(18.5%)	< 0.001
vaginalni / vaginal	218	(67.5%)	309	(81.5%)	

sproveden je kod 31,7% majki, odnosno 37,4% ispitanica u uzorku žena iz romskih naselja (Grafikon 1). Nema statističke značajnosti u korišćenju ove usluge u dva posmatrana uzorka.

U Tabeli 2 prikazana je povezanost demografskih i socioekonomskih karakteristika oba uzorka sa korišće-

lived in urban settlements. The largest number of respondents in the general population were from the region of Vojvodina, while the largest number of respondents from the Roma settlements were from the region of South and East Serbia, which is statistically significant ($p < 0.001$), but in keeping with the repre-

Tabela 2. Demografske i socioekonomske karakteristike majki i učestalost procedure: kontakt „koža na kožu“, u oba uzorka**Table 2.** Demographic and socio-economic characteristics of mothers and the frequency of skin-to-skin contact procedures, in both samples

Karakteristike majki / Characteristics of the mothers	Ukupno / Total	Kontakt “koža na kožu” / Skin-to-skin		p-vrednos / p-value
		Yes n (%)	No n (%)	
Nacionalni uzorak / National sample				
Starost / Age				
≤ 30 godina / ≤ 30 years	97 (48.3%)	45 (46.9%)	52 (49.5%)	0.707
> 30 godina / > 30 years	104 (51.7%)	51 (53.1%)	53 (50.5%)	
Obrazovanje majke / Mother's education level				
osnovna i srednja škola / elementary and high school education	107 (53.2%)	51 (53.1%)	56 (53.3%)	0.976
fakultet / university level education	94 (46.8%)	45 (46.9%)	49 (46.7%)	
Radna aktivnost / Employment status				
aktivna / employed	123 (61.8%)	54 (56.8%)	69 (66.3%)	0.168
neaktivna / unemployed	76 (38.2%)	41 (43.2%)	35 (33.7%)	
Indeks blagostanja / Well-being Index				
loše / poor	61 (30.3%)	27 (28.1%)	34 (32.4%)	0.445
srednje / average	33 (16.4%)	19 (19.8%)	14 (13.3%)	
dobro / good	107 (53.2%)	50 (52.1%)	57 (54.3%)	
Materijalna deprivacija / Material deprivation				
≤ 3	160 (80.0%)	77 (81.1%)	83 (79.0%)	0.723
> 3	40 (20.0%)	18 (18.9%)	22 (21.0%)	
Sredina / Living environment				
gradska / urban	117 (58.2%)	54 (56.3%)	63 (60.0%)	0.590
ostalo / other	84 (41.8%)	42 (43.7%)	42 (40.0%)	
Region / Region				
Beograd / Belgrade	61 (26.9%)	29 (30.2%)	32 (30.5%)	0.784
Vojvodina / Vojvodina	58 (27.6%)	25 (26.0%)	33 (31.4%)	
Šumadija i Zapadna Srbija / Šumadija and West Serbia	47 (25.3%)	25 (26.0%)	22 (21.0%)	
Južna i Istočna Srbija / South and East Serbia	35 (20.2%)	17 (17.8%)	18 (17.1%)	
Tip porođaja / Type of delivery				
carski rez / caesarean section	105 (32.5%)	18 (17.1%)	87 (39.9%)	< 0.001
vaginalni / vaginal	218 (67.5%)	87 (82.9%)	131 (60.1%)	
Uzorak romskih naselja / Roma settlements sample				
Starost / Age				
≤ 30 godina / ≤ 30 years	235 (88.0%)	112 (88.2%)	123 (87.9%)	0.934
>30 godina / > 30 years	32 (12.0%)	15 (11.8%)	17 (12.1%)	
Obrazovanje majke / Mother's education level				
bez obrazovanja / no education	36 (13.5%)	12 (9.4%)	24 (17.1%)	0.183
osnovna školav / elementary school level	186 (69.7%)	93 (73.2%)	93 (66.4%)	
srednja škola i više / high school level and above	45 (16.9%)	22 (17.3%)	23 (16.4%)	
Radna aktivnost / Employment status				
aktivna / employed	25 (61.8%)	12 (9.4%)	13 (9.3%)	0.964
neaktivna / unemployed	242 (38.2%)	115 (90.6%)	127 (90.7%)	

Indeks blagostanja / <i>Well-being Index</i>				0.339
loše / <i>poor</i>	144 (53.9%)	68 (53.5%)	76 (54.3%)	
srednje / <i>average</i>	44 (16.5%)	25 (19.7%)	19 (13.6%)	
dobro / <i>good</i>	79 (29.6%)	34 (26.8%)	45 (32.1%)	
Materijalna deprivacija / <i>Material deprivation</i>				0.425
≤ 3	34 (12.7%)	14 (11.0%)	20 (14.3%)	
> 3	233 (87.3%)	113 (89.0%)	120 (85.7%)	
Sredina / <i>Living environment</i>				0.017
gradska / <i>urban</i>	187 (70.0%)	80 (63.0%)	107 (76.4%)	
ostalo / <i>other</i>	80 (30.0%)	47 (37.0%)	33 (23.6%)	
Region / <i>Region</i>				0.549
Beograd / <i>Belgrade</i>	72 (27.0%)	32 (25.2%)	40 (28.6%)	
Vojvodina / <i>Vojvodina</i>	59 (22.1%)	29 (22.8%)	30 (21.4%)	
Šumadija i Zapadna Srbija / <i>Šumadija and West Serbia</i>	20 (7.5%)	7 (5.5%)	13 (9.3%)	
Južna i Istočna Srbija / <i>South and East Serbia</i>	116 (43.4%)	59 (46.5%)	57 (40.7%)	
Tip porođaja / <i>Type of delivery</i>				< 0.001
carski rez / <i>caesarean section</i>	60 (16.4%)	3 (2.2%)	57 (25.2%)	
vaginalni / <i>vaginal</i>	305 (83.6%)	139 (97.8%)	226 (74.8%)	

njem procedure „koža na kožu“ neposredno nakon porođaja. Iako postoji statistički značajna razlika između ispitanica dva uzorka u pogledu svih ispitivanih karakteristika, izuzev materijalne deprivacije, unutar samih uzoraka, nema statističke razlike u korišćenju procedure KNK.

U oba uzorka, samo je način porođaja, odnosno zdravstveno stanje ispitanice koje je bilo indikovano za porođaj carskim rezom, statistički značajno povezano sa korišćenjem procedure KNK ($p < 0,001$). U nacionalnom uzorku kod ispitanica koje su imale porođaj carskim rezom, neposredan kontakt „koža na kožu“ ostvaren je kod 17,1%, a u uzorku majki iz romskih naselja kod 2,2% majki.

Rani podoj

U nacionalnom uzorku, procenat dece koja su prvi put podojena u roku od jednog sata po rođenju je bio 7,7%. (Grafikon 1). Rani podoj dobilo je 13,7% dece u uzorku iz romskih naselja, što je statistički značajna razlika.

U oba uzorka, starost, obrazovanje, radni status, sredina i region stanovanja, indeks blagostanja i materijalna deprivacija, nisu pokazali statističku značajnost u pogledu učestalosti ranog podoja. U oba uzorka postoji značajna statistička razlika ($p < 0,001$) u pogledu dostupnosti ranog podoja za žene koje su imale carski rez. U nacionalnom uzorku nijedna žena porođena carskim rezom nije imala rani podaj, odnosno imale su ga svega tri ispitanice iz uzorka majki iz romskih naselja. U Tabeli 3 su prikazane demografske i socioekonomske

sentative sample of the share of the Roma population in the regions. Every third respondent in the general population had a cesarean delivery, i.e., every fifth respondent from Roma settlements, which is statistically significant ($p < 0.001$).

The skin-to-skin procedure

In the national sample, immediate skin-to-skin contact after delivery by vaginal or cesarean section was performed in 31.7% of mothers, i.e., 37.4% of respondents in the sample of women from Roma settlements (Chart 1). There is no statistical significance in the use of this service in the two observed samples.

Table 2 presents the association of demographic and socioeconomic characteristics of both samples with the use of the skin-to-skin procedure immediately after delivery. Although there is a statistically significant difference between the respondents of the two samples in terms of all the examined characteristics, with the exception of material deprivation, within the samples themselves, there is no statistical difference in the use of the STS procedure.

In both samples, only the type of delivery, i.e., the state of health of the respondent indicated for cesarean delivery, was statistically significantly associated with the use of the STS procedure ($p < 0.001$). In the national sample of respondents who gave birth by cesarean section, direct skin-to-skin contact was achieved in 17.1%, and in the sample of mothers from Roma settlements, it was achieved in 2.2% of mothers.

Tabela 3. Demografske i socioekonomske karakteristike majki i učestalost procedure: rani podoj, u oba uzorka**Table 3.** Demographic and socio-economic characteristics of the mothers and the frequency of early breastfeeding, in both samples

Karakteristike majki / <i>Characteristics of the mothers</i>	Total	Rani podoj / <i>Early breastfeeding</i>		p-value
		Yes n (%)	No n (%)	
Nacionalni uzorak / <i>National sample</i>				
Starost / <i>Age</i>				
≤ 30 godina / ≤ 30 years	146 (47.4%)	11 (45.8%)	135 (47.5%)	0.873
> 30 godina / > 30 years	162 (52.6%)	13 (54.2%)	149 (52.5%)	
Obrazovanje majke / <i>Mother's education level</i>				
osnovna i srednja škola / <i>elementary and high school education</i>	165 (53.6%)	14 (58.3%)	151 (53.2%)	0.626
fakultet / <i>university level education</i>	143 (46.4%)	10 (41.7%)	133 (46.8%)	
Radna aktivnost / <i>Employment status</i>				
aktivna / <i>employed</i>	191 (62%)	16 (66.7%)	175 (61.6%)	0.625
neaktivna / <i>unemployed</i>	117 (38%)	8 (33.3%)	109 (38.4%)	
Indeks blagostanja / <i>Well-being Index</i>				
loše / <i>poor</i>	94 (30.6%)	8 (34.8%)	86 (30.3%)	0.138
srednje / <i>average</i>	54 (17.6%)	6 (26.1%)	48 (16.9%)	
dobro / <i>good</i>	159 (51.8%)	9 (39.1%)	150 (52.8%)	
Materijalna deprivacija / <i>Material deprivation</i>				
≤ 3	61 (19.8%)	4 (16.7%)	57 (20.1%)	0.698
> 3	247 (80.2%)	20 (83.3%)	227 (79.9%)	
Sredina / <i>Living environment</i>				
gradska / <i>urban</i>	181 (58.6%)	11 (45.8%)	170 (59.6%)	0.187
ostalo / <i>other</i>	128 (41.4%)	13 (54.2%)	115 (40.4%)	
Region / <i>Region</i>				
Beograd / <i>Belgrade</i>	84 (27.3%)	9 (37.5%)	75 (26.4%)	0.449
Vojvodina / <i>Vojvodina</i>	91 (29.5%)	5 (20.8%)	86 (30.3%)	
Šumadija i Zapadna Srbija / <i>Šumadija and West Serbia</i>	73 (23.7%)	7 (29.2%)	66 (23.2%)	
Južna i Istočna Srbija / <i>South and East Serbia</i>	60 (19.5%)	3 (12.5%)	57 (20.1%)	
Tip porođaja / <i>Type of delivery</i>				
carski rez / <i>caesarean section</i>	95 (30.8%)	0 (0.0%)	95 (33.4%)	< 0.001
vaginalni / <i>vaginal</i>	213 (69.2%)	24 (100.0%)	189 (66.6%)	
Uzorak romskih naselja / <i>Roma settlements sample</i>				
Starost / <i>Age</i>				
≤ 30 godina / ≤ 30 years	306 (89%)	40 (85.1%)	266 (89.6%)	0.365
> 30 godina / > 30 years	38 (11%)	7 (14.9%)	31 (10.4%)	
Obrazovanje majke / <i>Mother's education level</i>				
bez obrazovanja / <i>no education</i>	44 (12.8%)	6 (12.8%)	38 (12.8%)	0.497
osnovna škola / <i>elementary school level</i>	239 (69.5%)	35 (74.5%)	204 (68.7%)	
srednja škola i više / <i>high school level and above</i>	61 (17.7%)	6 (12.8%)	55 (18.5%)	
Radna aktivnost / <i>Employment status</i>				
aktivna / <i>employed</i>	39 (11.3%)	6 (12.8%)	33 (11.1%)	0.740
neaktivna / <i>unemployed</i>	305 (88.7%)	41 (87.2%)	264 (88.9%)	

Indeks blagostanja / <i>Well-being Index</i>				
loše / <i>poor</i>	175 (50.9%)	23 (48.9%)	152 (51.2%)	0.924
srednje / <i>average</i>	62 (18%)	10 (21.3%)	52 (17.5%)	
dobro / <i>good</i>	107 (31.1%)	14 (29.8%)	93 (31.3%)	
Materijalna deprivacija / <i>Material deprivation</i>				
≤ 3	231 (67.2%)	30 (63.8%)	201 (67.7%)	0.558
> 3	113 (32.8%)	17 (36.2%)	96 (32.3%)	
Sredina / <i>Living environment</i>				
gradska / <i>urban</i>	78 (22.7%)	8 (17%)	70 (23.6%)	0.602
ostalo / <i>other</i>	70 (20.3%)	12 (25.5%)	58 (19.5%)	
Region / <i>Region</i>				
Beograd / <i>Belgrade</i>	29 (8.4%)	0 (0%)	29 (9.8%)	0.073
Vojvodina / <i>Vojvodina</i>	167 (48.5%)	27 (57.4%)	140 (47.1%)	
Šumadija i Zapadna Srbija / <i>Šumadija and West Serbia</i>	55 (16.2%)	3 (6.5%)	52 (17.7%)	
Južna i Istočna Srbija / <i>South and East Serbia</i>	285 (83.8%)	43 (93.7%)	242(82.3%)	
Tip porođaja / <i>Type of delivery</i>				
carski rez / <i>caesarean section</i>	231 (67.2%)	30 (63.8%)	201 (67.7%)	0.056
vaginalni / <i>vaqinal</i>	113 (32.8%)	17 (36.2%)	96 (32.3%)	

karakteristike majki oba uzorka, učestalost ranog po-
doja i njihova povezanost.

Zajednički smeštaj majke i novorođenčeta 24 sata

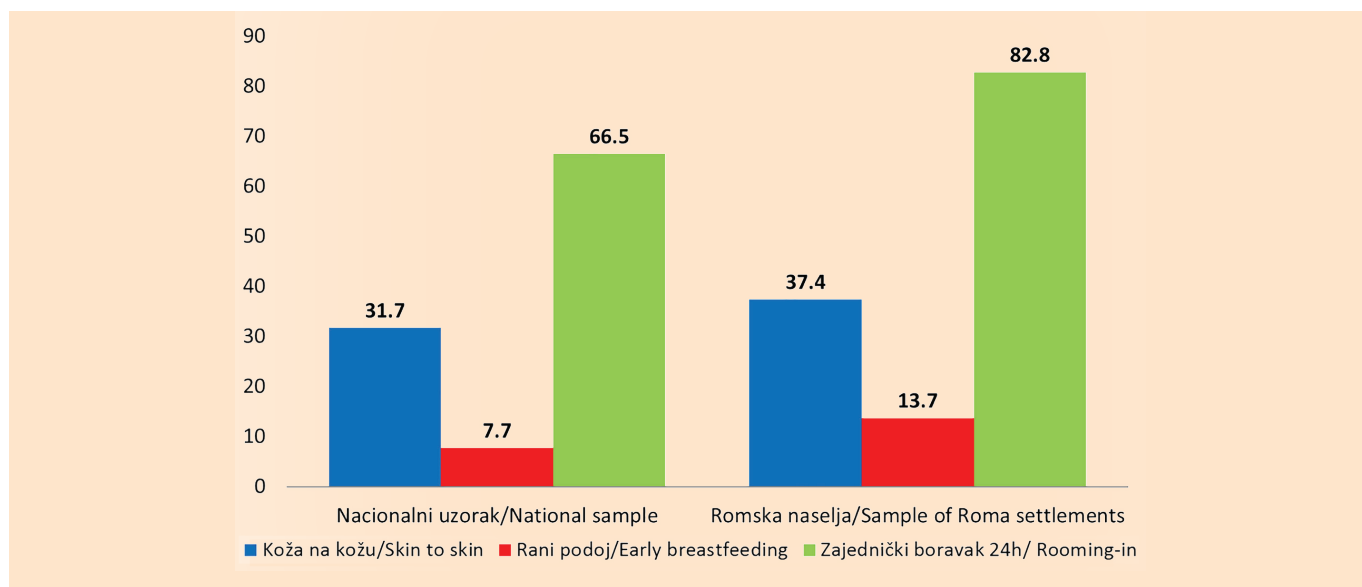
Boravak majke uz novorođenče bio je zastupljen kod 66,3% ispitanica u nacionalnom uzorku i 82,8% ispita-
nica romske nacionalnosti (Grafikon 1), što je statistički
značajna razlika ($p < 0,001$).

Starost, obrazovanje, radni status, sredina, indeks
blagostanja i materijalna deprivacija ispitanica nisu

Early breastfeeding

In the national sample, the percentage of children who
were breastfed for the first time within one hour of
birth was 7.7%. (Graph 1). A total of 13.7% of children
in the sample from Roma settlements received early
breastfeeding, which is a statistically significant differ-
ence.

In both samples, age, education, employment sta-
tus, environment and region of residence, the well-be-
ing index, and material deprivation did not show sta-
tistical significance regarding the frequency of early



Grafikon 1. Korišćenje bejbi frendli usluga u Srbiji, MICS 6 (2019)

Figure 1. Utilization of baby friendly services in Serbia, MICS 6 (2019)

Tabela 4. Demografske i socioekonomske karakteristike majki i učestalost korišćenja usluge: zajednički boravak majke uz novorođenče 24 sata, u oba uzorka**Table 4.** Demographic and socio-economic characteristics of the mothers and the frequency of rooming-in, in both samples

Karakteristike majki / <i>Characteristics of the mothers</i>	Ukupno / <i>Total</i>	Zajednički boravak majke uz novorođenče 24 sata / <i>Rooming-in</i>		p-vrednost / <i>p-value</i>
		Yes <i>n (%)</i>	No <i>n (%)</i>	
Nacionalni uzorak / <i>National sample</i>				
Starost / <i>Age</i>	136 (45.9%)	96 (48.7%)	40 (40.4%)	0.175
≤ 30 godina / <i>≤ 30 years</i>	160 (54.1%)	101 (51.3%)	59 (59.6%)	
> 30 godina / <i>> 30 years</i>				
Obrazovanje majke / <i>Mother's education level</i>	160 (54.1%)	103 (52.3%)	57 (57.6%)	0.389
osnovna i srednja škola / <i>elementary and high school education</i>	136 (45.9%)	94 (47.7%)	42 (42.4%)	
fakultet / <i>university level education</i>				
Radna aktivnost / <i>Employment status</i>	183 (61.8%)	117 (59.4%)	66 (66.7%)	0.224
aktivna / <i>employed</i>	113 (38.2%)	80 (40.6%)	33 (33.3%)	
neaktivna / <i>unemployed</i>				
Indeks blagostanja / <i>Well-being Index</i>	95 (32.2%)	70 (35.5%)	25 (25.5%)	0.598
loše / <i>poor</i>	51 (17.3%)	33 (16.8%)	18 (18.4%)	
srednje / <i>average</i>	149 (50.5%)	94 (47.7%)	55 (56.1%)	
dobro / <i>good</i>	136 (45.9%)	96 (48.7%)	40 (40.4%)	
Materijalna deprivacija / <i>Material deprivation</i>				0.213
≤ 3	60 (20.3%)	44 (22.3%)	16 (16.2%)	
> 3	236 (79.7%)	153 (77.7%)	83 (83.8%)	
Sredina / <i>Living environment</i>				0.767
gradska / <i>urban</i>	168 (56.8%)	113 (57.4%)	55 (55.6%)	
ostalo / <i>other</i>	128 (43.2%)	84 (42.6%)	44 (44.4%)	
Region / <i>Region</i>				< 0.001
Beograd / <i>Belgrade</i>	80 (26.9%)	54 (27.4%)	26 (26%)	
Vojvodina / <i>Vojvodina</i>	82 (27.6%)	42 (21.3%)	40 (40%)	
Šumadija i Zapadna Srbija / <i>Šumadija and West Serbia</i>	75 (25.3%)	49 (24.9%)	26 (26%)	
Južna i Istočna Srbija / <i>South and East Serbia</i>	60 (20.2%)	52 (26.4%)	8 (8%)	
Tip porođaja / <i>Type of delivery</i>				< 0.001
carski rez / <i>caesarean section</i>	80 (27%)	35 (17.8%)	45 (45.5%)	
vaginalni / <i>vaginal</i>	216 (73%)	162 (82.8%)	54 (54.5%)	
Uzorak romskih naselja / <i>Roma settlements sample</i>				
Starost / <i>Age</i>	300 (88.8%)	251 (89.6%)	49 (84.5%)	0.258
≤ 30 godina / <i>≤ 30 years</i>	38 (11.2%)	29 (10.4%)	9 (15.5%)	
> 30 godina / <i>> 30 years</i>				
Obrazovanje majke / <i>Mother's education level</i>				0.063
bez obrazovanja / <i>no education</i>	42 (12.4%)	31 (11.1%)	11 (19%)	
osnovna škola / <i>elementary school level</i>	236 (69.8%)	196 (70%)	40 (69%)	
srednja škola i više / <i>high school level and above</i>	60 (17.8%)	53 (18.9%)	7 (12.1%)	0.405
Radna aktivnost / <i>Employment status</i>				
aktivna / <i>employed</i>	40 (11.8%)	35 (12.5%)	5 (8.6%)	
neaktivna / <i>unemployed</i>	298 (88.2%)	245 (87.5%)	53 (91.4%)	

Indeks blagostanja / <i>Well-being Index</i>				
loše / <i>poor</i>	173 (51.2%)	139 (49.6%)	34 (58.6%)	0.342
srednje / <i>average</i>	60 (17.8%)	53 (18.9%)	7 (12.1%)	
dobro / <i>good</i>	105 (31.1%)	88 (31.4%)	17 (29.3%)	
Materijalna deprivacija / <i>Material deprivation</i>				
≤ 3	285 (84.3%)	239 (85.4%)	46 (79.3%)	0.249
> 3	53 (15.7%)	41 (14.6%)	12 (20.7%)	
Sredina / <i>Living environment</i>				
gradska / <i>urban</i>	231 (68.3%)	192 (68.6%)	39 (67.2%)	0.843
ostalo / <i>other</i>	107 (31.7%)	88 (31.4%)	19 (32.8%)	
Region / <i>Region</i>				
Beograd / <i>Belgrade</i>	82 (24.3%)	75 (26.8%)	7 (12.1%)	0.004
Vojvodina / <i>Vojvodina</i>	65 (19.2%)	50 (17.9%)	15 (25.9%)	
Šumadija i Zapadna Srbija / <i>Šumadija and West Serbia</i>	27 (8%)	17 (6.1%)	10 (17.2%)	
Južna i Istočna Srbija / <i>South and East Serbia</i>	164 (48.5%)	138 (49.3%)	26 (44.8%)	
Tip porođaja / <i>Type of delivery</i>				
carski rez / <i>caesarean section</i>	49 (27%)	39 (14.0%)	10 (17.2%)	0.528
vaginalni / <i>vaginal</i>	287 (73%)	162 (86.0%)	48 (82.8%)	

pokazali statističku značajnost u pogledu učestalosti boravka majke uz dete 24 sata, u oba uzorka. U oba uzorka postoji značajna statistička razlika u odnosu na region. Kod ispitanica nacionalnog uzorka, program boravka majke uz dete je bio najviše zastupljen u Beogradu a najmanje u Vojvodini ($p < 0,001$). Kod romskih ispitanica, program boravka majke uz dete je takođe bio najviše zastupljen u Beogradu a najmanje u regionu Šumadije i Zapadne Srbije ($p = 0,004$). Carski rez je imalo 17,8% ispitanica u nacionalnom uzorku iz programa boravka majke uz dete, te 45,5% onih koje nisu bile u zajedničkom smeštaju, što je statistički značajna razlika ($p < 0,001$). Način porođaja i boravak majke uz dete u uzorku iz romskih naselja nije statistički značajan. U Tabeli 4 je prikazana povezanost demografskih i socioekonomskih karakteristika oba uzorka sa korišćenjem zajedničkog smeštaja majke i deteta 24 sata.

DISKUSIJA

Istraživanje, sprovedeno 2019. godine, pokazalo je da organizovane aktivnosti utiču na unapređenje isključivog dojenja (ID), (engl. *exclusive breastfeeding – EBF*); (povećanje u opštoj populaciji sa 12,8% na 23,7%, od 2014. do 2019.), ali je i alarmiralo da je među romskom populacijom, za pet godina, došlo do pada isključivog dojenja sa 13% (2014) na 8,0% (2019) [12]. Obe vrednosti iz istraživanja 2019. godine su daleko niže od preporučenog cilja Svetske zdravstvene organizacije od najmanje 50% isključivo dojene dece mlađe od šest meseci [13]. Predmetom našeg istraživanja obuhvaćeno je sprovođenje dva od „Deset koraka ka uspešnom

breastfeeding. In both samples, there is a significant statistical difference ($p < 0.001$) regarding the availability of early breastfeeding for women who had had a cesarean section. In the national sample, not a single baby born by cesarean section had early breastfeeding, while only three respondents from the sample of mothers from Roma settlements were able to provide early breastfeeding for their baby. Table 3 presents the demographic and socioeconomic characteristics of the mothers of both samples, the frequency of early breastfeeding, and their association.

Rooming-in

Rooming-in occurred in 66.3% of respondents in the national sample and in 82.8% of the respondents of Roma nationality (Chart 1), which is a statistically significant difference ($p < 0.001$).

Age, education, employment status, environment, well-being index, and material deprivation of the respondents did not show statistical significance regarding the frequency of rooming-in, in both samples. In both samples, there is a statistically significant difference in relation to region. Among the respondents of the national sample, the rooming-in program was most prevalent in Belgrade and least prevalent in Vojvodina ($p < 0.001$). Among Roma respondents, the rooming-in program was also most prevalent in Belgrade and least prevalent in the region of Šumadija and West Serbia ($p = 0.004$). A cesarean section was performed on 17.8% of respondents in the national sample from the rooming-in program, and on 45.5%

dojenju“, odnosno, Koraka 4. „Nega neposredno posle rođenja“ (kontakt KNK neposredno nakon porođaja u trajanju od najmanje 60 minuta i rani podoj u toku prvog sata po rođenju) i Koraka 7. „Zajednički smeštaj majke i novorođenčeta 24 sata“, kao aktivnosti koje dokazano utiču, kako na uspostavljanje isključivog dojenja u porodilištu [14], tako i na nastavak ID-a [15].

Rezultati ovog istraživanja pokazuju da je procedura KNK u nacionalnom uzorku u Srbiji primenjena kod 31,7% porodilja. Prema MICS istraživanjima sprovedenim u regionu (2018 – 2020), ova procedura je primenjivana sa sličnim rezultatima u Crnoj Gori (33,9%), Severnoj Makedoniji (32,8%) i na Kosovu* (UNSCR 1244), (33,2%). U porodilja iz romske populacije u Srbiji kontakt KNK je primenjen kod 37,4% majki, što je više nego u istoj populaciji u Crnoj Gori (29,1%), Severnoj Makedoniji (26,9%) i u uzorku u naseljima Roma, Aškalija i Egipćana na Kosovu* (UNSCR 1244), (32%) [16–18]. Sistematski pregled prevalencije kontakta KNK nakon vaginalnog porođaja u svetu [19] je obuhvatio 35 studija (2007 – 2017) iz 28 zemalja sa predstavnicima svih šest regiona Svetske zdravstvene organizacije, i sa ukupno 429.222 žena. Prevalencija KNK postupka se kretala od 1% do 98%, a viša je u zemljama sa višim nacionalnim dohotkom i u studijama koje su obuhvatile samo vaginalne porođaje (Kanada 81%, Finska 89%, Australija 93%, Danska 95,6%, Hrvatska 97,8%). U zemljama sa niskim BDP-om [20,21] postoji pozitivna povezanost višeg obrazovanja i viših primanja u domaćinstvu sa višom prevalencijom kontakta KNK. U istim istraživanjima postoji i statistički značajna povezanost mesta porođaja (porodilište u odnosu na porođaj u domu porodilje), regiona (gradsko u odnosu na ruralno), kao i korišćenja prenatalne zdravstvene zaštite, što je takođe češće kod žena sa višim obrazovanjem i višim materijalnim statusom domaćinstva.

U brojnim istraživanjima postoji negativna povezanost carskog reza i kontakta KNK [22–24]. Procenat carskih rezova u Srbiji je visok (svaki treći porođaj) [25] i ukazuje na medicinski sistem. U opštoj populaciji, carskim rezom se mnogo češće porađaju žene iz domaćinstava natprosečnog materijalnog stanja, iz gradskih naselja i žene sa višim nivoom obrazovanja [12]. Kod novorođenčadi koja su rođena carskim rezom, stopa dojenja je obično niža u poređenju sa bebama rođenih vaginalnim porođajem, što potvrđuju istraživanja pri otpustu iz porodilišta [22–24]. Neposredni kontakt KNK nakon carskog reza uz upotrebu spinalne ili epiduralne anestezije je moguć jer majka ostaje budna. Međutim, nakon opšte anestezije, novorođenče treba da se stavi „koža na kožu“ čim majka bude budna i reaguje [24].

Rani početak dojenja u Srbiji u nacionalnom uzorku (7,7%) je niži nego u zemljama u okruženju: 24,1% u Cr-

of those who did not stay in the same room with their newborn, which is a statistically significant difference ($p < 0.001$). The type of delivery and rooming-in, in the sample of respondents from Roma settlements, is not statistically significant. Table 4 shows the association of demographic and socioeconomic characteristics of both samples with the use of 24-hour shared accommodation for mother and child (rooming-in).

DISCUSSION

A study conducted in 2019 showed that organized activities influence the promotion of exclusive breastfeeding (EBF); (an increase in the general population from 12.8% to 23.7%, between 2014 and 2019), but it was also alarming that among the Roma population, in those five years, there was a drop in exclusive breastfeeding from 13% (2014) to 8.0% (2019) [12]. Both values from the 2019 survey are far lower than the World Health Organization recommended goal of at least 50% of exclusively breastfed children under six months of age [13]. The subject of our study included the implementation of two of the “Ten Steps to Successful Breastfeeding”, i.e., Step 4. “Immediate Postnatal Care” (STS contact immediately after birth for at least 60 minutes and early breastfeeding within the first hour after birth) and Step 7. “Rooming-in”, as activities that have been proven to influence both the establishing of exclusive breastfeeding in the maternity ward [14] and the continuation of EBF [15].

The results of this study show that the STS procedure in the national sample of Serbia was applied in 31.7% of women giving birth. According to MICS research conducted in the region (2018 - 2020), this procedure was applied with similar results in Montenegro (33.9%), North Macedonia (32.8%), and Kosovo* (UNSCR 1244), (33.2 %). In parturient women from the Roma population in Serbia, 37.4% of mothers had STS, which is more than in the same population in Montenegro (29.1%), North Macedonia (26.9%), and in the sample of Ashkali and Egyptians in Roma settlements in Kosovo* (32%), (UNSCR 1244) [16–18]. A systematic review of the prevalence of STS after vaginal delivery in the world [19] included 35 studies (2007 – 2017) from 28 countries with representatives of all six regions of the World Health Organization, and with a total of 429,222 women. The prevalence of the STS procedure ranged from 1% to 98%, and was higher in countries with higher GDP and in studies that included only vaginal deliveries (Canada 81%, Finland 89%, Australia 93%, Denmark 95.6%, Croatia 97.8%). In countries with low GDP [20,21], there is a positive association of higher education and higher household income with a higher prevalence of STS. In the same study, there is also a statistically significant as-

noj Gori, 9,5% u Severnoj Makedoniji i 32,1% na Kosovu* (UNSCR 1244) [16-18]. U uzorcima iz romske populacije, rani podoj u Srbiji od 13,7% takođe je niži nego u okruženju: u Crnoj Gori 40,9%, u Severnoj Makedoniji 15,7%, a na Kosovu* (UNSCR 1244) 54,9% [16-18].

U studijama prevalencije ranog podoja u zemljama sa niskim BDP-om, pokazani su raznoliki uticaji socio-demografskih varijabli na rano započinjanje dojenja: u regiji severne Tanzanije, socioekonomske karakteristike majke (godine, obrazovanje, bračni status, zanimanje, primanja) nisu bile povezane sa početkom ranog podoja [26]. U istraživanju povezanosti faktora za rani početak dojenja u ruralnoj oblasti Etiopije, majke višeg obrazovanja su imale 3,2 puta veću šansu za rani podoj od majki bez formalnog obrazovanja [27]. Istraživanje povezanosti determinanti sa ranim podojem u Papua Novoj Gvineji pokazalo je povezanost sa godinama porodilje (najniže u grupi 15 – 19, u odnosu na žene starosti 20 – 29 i 30 i više godina), kao i sa regionom [28]. U svim istraživanjima je način porođaja uticao na početak ranog dojenja – žene koje su se porodile carskim rezom imale su značajno manju šansu (i do 93%) za rani podoj [26-28].

Praksa zajedničkog smeštaja u sobu, prema definiciji Svetske zdravstvene organizacije i UNICEF-a, jeste „bolnička praksa u kojoj majke nakon porođaja i zdravo terminsko novorođenče ostaju zajedno u istoj prostoriji 24 sata dnevno od trenutka kada stignu u svoju sobu (*rooming-in*) [29]. Zajednički smeštaj majke i novorođenčeta u istoj sobi olakšava početak dojenja s obzirom da majka može da nauči da prepozna i odgovori na znake da je novorođenče gladno, a takođe omogućava majci da vežba da brine o svom detetu kao i da doji u bezbednom okruženju kada to novorođenče traži. Pokazalo se da su majke koje su smeštene u sobi zajedno sa detetom osetljivije prema svom detetu i da sa ljubavlju i nežnošću odgovaraju na njegove potrebe (majke i bebe bolje spavaju i doživljavaju manje anksioznosti). Pokazalo se, osim toga, da kontakt KNK, koji je lak za korišćenje u sobama, smanjuje postporođajnu depresiju i fiziološki stres majke [30,31].

U našem istraživanju, statistički značajno niži procenat zajedničkog boravka majke uz dete u nacionalnom uzorku u Srbiji (66,5%), u odnosu na uzorak iz romskih naselja (82,8%), jeste rezultat značajno češćih porođaja carskim rezom u nacionalnom uzorku (32,3% : 18,5%). U oba uzorka je zajednički boravak majke uz dete 24 sata značajno češći u Beogradu, u kome je najveće porodilište na Balkanu, a koje je i nosilac Nacionalnog programa podrške dojenju u Srbiji.

Veoma važne poruke o značaju neprekidnog boravka majke uz novorođenče proističu iz studije sprovedene u Finskoj. Naime, nakon drastičnog smanjenja is-

sociation between the place of birth (maternity center versus home birth), region (urban versus rural), as well as the use of prenatal health care, which is also more common among women with a higher education level and with a higher household financial status.

In numerous studies, there is a negative association between cesarean section and STS contact [22-24]. The percentage of cesarean sections in Serbia is high (every third birth) [25] which is indicative of the medical system. In the general population, cesarean births are much more common among women from households with above-average financial means, women from urban settlements, and women with a higher level of education [12]. In newborns born by cesarean section, the rate of breastfeeding is usually lower compared to babies born by vaginal delivery, which has been confirmed by studies examining data obtained at discharge from the maternity ward [22-24]. Direct STS contact after cesarean section with the use of spinal or epidural anesthesia is possible because the mother remains awake. However, after general anesthesia, the newborn should be placed skin-to-skin to the mother as soon as she is awake and responsive [24].

Early initiation of breastfeeding in Serbia, in the national sample (7.7%) is lower than in neighboring countries: 24.1% in Montenegro, 9.5% in North Macedonia, and 32.1% in Kosovo* (UNSCR 1244) [16-18]. The early initiation of breastfeeding in Serbia in samples from the Roma population amounting to 13.7% is also lower than in the surrounding area: in Montenegro 40.9%, in North Macedonia 15.7%, and in Kosovo* 54.9% (UNSCR 1244) [16-18].

In studies on the prevalence of early breastfeeding in low-GDP countries, diverse influences of sociodemographic variables on early initiation of breastfeeding have been shown: in the northern region of Tanzania, socioeconomic characteristics of the mother (age, education, marital status, occupation, income) were not associated with the initiation of early breastfeeding [26]. In a study analyzing the association of factors for early initiation of breastfeeding in a rural area of Ethiopia, mothers with higher education were 3.2 times more likely to initiate early breastfeeding than mothers with no formal education [27]. Research on the association between determinants and early breastfeeding in Papua New Guinea showed an association with the age of the mother (lowest in the 15 – 19 age group, as compared to women aged 20 – 29 and 30 and above), as well as with the region [28]. In all studies, the type of delivery influenced the initiation of early breastfeeding – women who gave birth by cesarean section had a significantly lower chance (up to 93%) of early breastfeeding [26-28].

ključivog dojenja dece starosti šest meseci na samo 1% (2012. godine), u Finskoj je intenziviran program *BFHI* (*Baby Friendly Hospital Initiative*) „Deset koraka ka uspešnom dojenju”. Posle pet godina, procenat zajedničkog boravka majki uz novorođenčad iznosio je 91%. Finska studija je pokazala da porodilišta u njihovim bolnicama primenjuju zajednički smeštaj majke i novorođenčeta u istoj sobi u zadovoljavajućoj meri, jer je značajan broj parova majka-dete zajedno tokom postporođajnog perioda. Ova studija podržava povećanu primenu Koraka 7 programa *BFHI* i kod porodilja koje su porođene carskim rezom. Glavna preporuka je da kompletno osoblje porodilišta jasno razume značaj i svoju ulogu u sprovođenju zajedničkog smeštaja u sobi, sa krajnjim ciljem da isključivo dojenje bude dugoročno. Ključni deo ovoga jeste da su svi članovi osoblja završili dvadesetočasovnu obuku Svetske zdravstvene organizacije za savetovanje o dojenju, jer osoblje koje je završilo ovu edukaciju češće sprovodi zajednički smeštaj majke i novorođenčeta u sobu nego osoblje koje nema ovu obuku [32].

U poslednjem izveštaju programa *BFHI* za Evropski region, u kojoj je učestvovala 31 zemlja, uključujući i Srbiju, 21,4% (6) zemalja je ispunilo preporučeni *BFHI* standard primene procedure KNK (pet minuta nakon porođaja u trajanju najmanje 60 minuta) kod preko 80% žena; 42,8% (12) zemalja je ispunilo preporučeni *BFHI* standard primene ranog podoja (unutar jednog sata nakon porođaja) kod preko 80% žena; 14,3% (4) država je ispunilo novi preporučeni *BFHI* standard Koraka 7 – kod 80% žena razdvajanje majke i novorođenčeta ne treba da traje duže od jednog sata [33].

Tokom zdravstveno vaspitnog rada, a u skladu sa nalazima ovog istraživanja, izdvojile su se važne smerice za obuku svih zainteresovanih strana. Ključne zdravstveno-vaspitne poruke treba da se odnose na rani podoj i kontakt. Rani podoj podstiče proizvodnju majčinog mleka, ubrzava laktogenezu i smanjuje rizik od smrti bebe [3,4,6]. Neposredan i neprekinut kontakt „koža na kožu” olakšava novorođenčetu da ispolji prirodni refleks sisanja, pomaže uspostavljanju mikrobioma kod novorođenčeta i sprečava hipotermiju. Ova dva postupka obično se dešavaju u istom činu i imaju uticaj na emocionalno povezivanje majke i deteta. Sve tri navedene prakse *bejbi friendly* porodilišta svoje utemeljenje pronalaze u medicini zasnovanoj na dokazima, odnosno literaturnim podacima koji govore u prilog zdravstvenih koristi za majku i za dete [19–24, 30–32].

ZAKLJUČAK

Rezultati ovog istraživanja pokazali su da se u porodilištima u našoj zemlji *bejbi friendly* usluge za promociju dojenja ne implementiraju u skladu sa ciljevima iz Nacionalnog programa podrške dojenju, porodičnoj i

The practice of rooming-in, according to the definition by the World Health Organization and UNICEF, is “a hospital practice in which postpartum mothers and a healthy term newborn stay together in the same room 24 hours a day from the moment they arrive in their room (rooming-in) [29]. Putting mother and infant together in the same room makes breastfeeding easier as the mother can learn to recognize and respond to signs that the infant is hungry, and it also allows the mother to practice caring for her infant as well as to breastfeed it in a safe environment when the infant requests it. It has been shown that mothers who are placed in a room together with their child are more sensitive towards their child and respond to their needs with love and tenderness (mothers and babies sleep better and experience less anxiety). In addition, STS contact, which is easy to apply when the mother and baby are staying in the same room, has been shown to reduce postpartum depression and physiological stress of the mother [30,31].

In our study, the statistically significantly lower percentage of rooming-in, in the national sample in Serbia (66.5%), as compared to the sample from Roma settlements (82.8%), is the result of significantly more frequent cesarean births in the national sample (32.3% : 18.5%). In both samples, rooming-in is significantly more common in Belgrade, which is home to the largest maternity hospital in the Balkans and host of the National Breastfeeding Support Program in Serbia.

Very important messages regarding the importance of the mother’s continuous stay with the newborn arise from a study conducted in Finland. Namely, after the drastic reduction of exclusive breastfeeding of babies until the age of six months to only 1% (in 2012), the *BFHI* (*Baby Friendly Hospital Initiative*) “Ten Steps to Successful Breastfeeding” program was intensified in Finland. After five years, the percentage of mothers sharing a room with their newborns was 91%. A Finnish study showed that maternity wards in their hospitals implement rooming-in to a satisfactory extent, as a significant number of mother-child pairs are together during the postpartum period. This study supports the increased use of Step 7 of the *BFHI* program in women who have had a cesarean delivery. The main recommendation is that the entire staff of the maternity ward clearly understand the importance of rooming-in and their own role in implementing this practice, with the ultimate goal of making exclusive breastfeeding long-term. A key part of this is that all staff members have completed 20 hours of World Health Organization breastfeeding counseling training, as staff who have completed this training are more likely to room-in mother and infant than staff who do not have this training [32].

In the latest *BFHI* report for the European Region,

razvojnoj nezi novorođenčeta. Najveća prepreka postizanju ciljeva Nacionalnog programa je veliki procenat porođaja carskim rezom u Srbiji (33%), kao i nizak procenat porođaja uz epiduralnu anesteziju posle kojih se bezbedno mogu primeniti Koraci 3 i 7 Vodiča „Deset koraka ka uspešnom dojenju“.

Iskustva zemalja ili zdravstvenih ustanova koje su ispunile preporučene standarde programa *BFHI* – obuhvat preko 80% majki u porodilištima primenom Koraka 4 i Koraka 7 Vodiča, pokazuju da je preduslov za to ispunjenje Koraka 1 i Koraka 2 Vodiča, a koji se odnose na usvajanje politika podrške dojenju u ustanovi i obavezu kontinuirane edukacije kompletnog osoblja koje je u kontaktu sa majkama tokom boravka u porodilištu (dvadesetočasovna obuka Svetske zdravstvene organizacije za savetovanje o dojenju).

U domenu odabira uspešnih zdravstveno-vaspitnih intervencija koje promovišu dojenje u svrhu dostizanja globalnog cilja jesu širenje znanja i svesti o značaju dojenja, pre svega među kreatorima politika, koordinatorima programa, zdravstvenim radnicima i u zajednici. Neophodno je podsticanje pozitivnih stavova prema dojenju, pre svega ciljne grupe trudnica, ali i zdravstvenih radnika koji imaju neposredni kontakt sa ženama tokom trudnoće na primarnom i sekundarnom nivou zdravstvene zaštite.

Spisak skraćenica

SZO – Svetska zdravstvena organizacija

UNICEF – Dečiji fond Ujedinjenih nacija (engl. *United Nations International Children's Emergency Fund*)

BDP – Bruto domaći proizvod

IQ – Koeficijent inteligencije (engl. *intelligence quotient*)

KNK – Kontakt „koža na kožu“

MICS – Istraživanje višestrukih pokazatelja položaja žena i dece (engl. *Multiple Indicator Cluster Survey*)

ID – Isključivo dojenje (*exclusive breastfeeding – EBF*)

BFHI – Bolnica prijatelj majki i novorođenčadi (engl. *Baby-Friendly Hospital Initiative*)

Sukob interesa: Nije prijavljen.

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wherein 31 countries participated, including Serbia, 21.4% (6) of the countries met the recommended BFHI standard for the application of the STS procedure (five minutes after delivery for at least 60 minutes) in over 80 % woman; 42.8% (12) of countries met the recommended BFHI standard of implementing early breastfeeding (within one hour after delivery) in over 80% of women; 14.3% (4) of countries met the new recommended BFHI standard defined in Step 7 –in 80% of women, mother-infant separation should not last longer than one hour [33].

During health education work, and in keeping with the findings of this study, important guidelines for the training of all stakeholders have emerged. Key health-educational messages should relate to early breastfeeding and contact. Early breastfeeding stimulates the production of breast milk, accelerates lactogenesis, and reduces the risk of infant death [3,4,6]. Immediate and continuous skin-to-skin contact facilitates the newborn's natural sucking reflex, helps establish the newborn's microbiome, and prevents hypothermia. These two processes usually happen as one event and have an impact on the emotional connection between mother and child. All three of the aforementioned practices of baby-friendly maternity hospitals are founded on evidence-based medicine, i.e., literature data that speak in favor of health benefits for the mother and the child [19-24,30-32].

CONCLUSION

The results of this study have shown that, in maternity hospitals in our country, baby-friendly services for the promotion of breastfeeding are not implemented in accordance with the goals of the National Program for Breastfeeding Support and Developmental Care of a Newborn. The biggest obstacle to achieving the goals of the National Program is the high percentage of cesarean deliveries in Serbia (33%), as well as the low percentage of deliveries with epidural anesthesia, after which Steps 3 and 7 of the “Ten Steps to Successful Breastfeeding” Guide can be safely applied.

The experiences of countries or health institutions that have met the recommended standards of the BFHI program – coverage of more than 80% of mothers in maternity hospitals by applying Step 4 and Step 7 of the Guide, show that the prerequisite for this is the fulfillment of Step 1 and Step 2 of the Guide, which refer to the adoption of support policies for breastfeeding in the health institution and the obligation of continuous education of the entire staff who are in contact with mothers during their stay at the maternity hospital (twenty-hour training of the World Health Organization for counseling on breastfeeding).

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Within the domain of the selection of successful health educational interventions that promote breastfeeding with the aim of achieving the global goal is spreading knowledge and awareness about the importance of breastfeeding, primarily among policymakers, program coordinators, health workers, and within the community. It is necessary to encourage positive attitudes towards breastfeeding, primarily among the target group of pregnant women, but also among health workers who have direct contact with women during pregnancy at the primary and secondary levels of health care.

List of abbreviations and acronyms

WHO – World Health Organization
 UNICEF – United Nations International Children's Emergency Fund
 GDP – Gross domestic product
 IQ – intelligence quotient
 STS – skin-to-skin contact
 MICS – Multiple Indicator Cluster Survey
 EBF – exclusive breastfeeding
 BFHI – Baby-Friendly Hospital Initiative

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