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A “Cold Case” Of Neonatal Death In Italy: A Fulfilling Prophecy or A Lesson Not Learnt?

Commentary

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In Italy, there was a recent great uproar in the aftermath of the tragedy of a 3 day-old newborn, who died in Pertini Hospital in Rome while rooming in and sleeping right next to the mother, and was reported by the media as having suffocated [1,2].

While awaiting the legal verdict, the first reaction of mothers and clinicians has been addressed to the authorities in charge of maternity departments, where restrictions which issued during pandemic, have not yet been withdrawn [3,4].

Only two years following our previous commentary (*Giving birth and dying alone In Hospital during Covid - 19 pandemic*) [5] we are once again compelled to address this very serious situation.

In the meantime, there is surmounting evidence in the literature highlighting how the human major life events of birth (and death) in health systems have regressed to the previous standard of “dehumanizing” childbirth practices [6,7]. This is aggravated by the budget cuts and dire shortage of healthcare workers, that has negatively impacted the effectiveness of healthcare services.

The decline in healthcare systems is mainly reflected by the lack of adequate perinatal care [8,9] due to the widespread elimination of most of the psychosocial and ethical achievements in perinatal care that had been developed and attained in the last 30 years.

In this perspective, we observed two kinds of negative outcome. Except for a few facilities, there is a clear lack of maternity management which is focused on normal childbirth [10]. Medical and hospital rules are being automatically applied to healthy women around childbirth, without considering any alternative to hospitalization. The generalized lack of humanization has a double negative influence on the relationship between both the service users and caregivers.

The way these kind of tragedies happen and are quickly disseminated, on one hand requires someone to get the blame (this ‘accused’ is usually a health service provider, or less often the risk management organization), while on the other hand highlights that the optimal care to mothers and newborns (e.g. support to

breastfeeding, bonding and parenthood) given in standard facilities is becoming more and more depleted, being reduced to minimum, without adequate space, health care providers, time and a lack of a true mother centered policy or vision.

The news of what happened at Pertini Hospital in Rome spread like wildfire. Within only a few hours, there were over 450 posts on the news portal [11] written by women recounting their own personal stories with recurrent key words (such as ‘abandon’, ‘solitude’, ‘disrespect’, ‘lack of empathy’ and of course ‘obstetric violence’) addressed towards healthcare workers’ behaviors while (paradoxically) following best practice recommendations like: bonding, encouraging mother/baby’s first contact, skin to skin policy and breastfeeding [12, 13].

So, what went wrong? Were the clinicians so much confident in the beneficiary aim of the baby-friendly guidelines to be quite not aware of mothers being too tired, too alone and only requiring help? And the mothers: are we sure that they absolutely agree and trust in what is now hardly pursued on a perinatal perspective?

An old, rigid (and precarious) healthcare management system has dramatically been shown by the outbreak to be the most ineffective for mothers, babies and families’ needs, the furthest from the one in which “the attention of all is concentrated on mothers and babies” [15]. This can be realized “simply” by shifting medicalized birth to facilities like birth centers, replacing standard care with continuity of care. [14,15]

Two main issues need to be addressed: the crocodile tears, often cried by policy makers, shows that they did not learn from the errors carried out during the pandemic. On the contrary, they show once again the illusion to ‘take it all’: reduce health funds, attention to maternity care and at the same time avoiding whatever change that pretends to improve childbirth care outcome, mothers’ satisfaction, and even, recently, low birthrate.

However, this very critical issue does matter as well to caregivers, and in particular researchers and clinicians. Hundreds of research works, papers and reports, as well as many European projects [16,17,18], could risk to appear quite useless if they do not result in *voices* heard by the whole society, starting from the scientific community, patient advocacy groups, policy makers, managers, and so on.

As women, clinicians, and mothers, we understand now more than ever the real lesson of the pandemic: a mandatory claim to change childbirth culture, spaces and practices for the best.

REFERENCES

1. <https://www.theguardian.com/world/2023/jan/26/italian-hospital-investigated-after-newborn-dies-under-sleeping-mother>
2. https://roma.corriere.it/notizie/cronaca/23_gennaio_22/roma-si-addormenta-mentre-lo-allatta-all-ospedale-pertini-il-figlio-neonato-muore-soffocato-d56a0c03-6564-49cc-b09b-b5f14265fxlk.shtml
3. Vanderlaan J, Woeber K: Early Perinatal Workforce Adaptations to the COVID-19 Pandemic. *J Perinat Neonatal Nurs.* 2022; **36**(1): 37–45. [PubMed Abstract](#) | [Publisher Full Text](#)
4. 10.Gold S, Clarfield L, Johnstone J, *et al.*: Adapting obstetric and neonatal services during the COVID-19 pandemic: a scoping review. *BMC Pregnancy Childbirth.* 2022; **22**(1): 119. [PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
5. Morano S, Calleja-Agius J. Giving birth and dying alone in hospital during the COVID-19 pandemic - a time for shifting paradigm toward continuity of care. *J Perinat Med.* 2020 Jul 28;48(6):551-552. doi: 10.1515/jpm-2020-0220. PMID: 32628639.
6. Szabo RA, Wilson AN, Homer C, *et al.*: Covid-19 changes to maternity care: Experiences of Australian doctors. *Aust N Z J Obstet Gynaecol.* 2021; **61**(3): 408–415. [PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)

7. Costa ML, Souza RT, Pacagnella RC, *et al.*: Facing the COVID-19 pandemic inside maternities in Brazil: A mixed-method study within the REBRACO initiative. *PLoS One*. 2021; **16**(7): e0254977. [PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
8. Horsch A, Lalor J, Downe S: Moral and mental health challenges faced by maternity staff during the COVID-19 pandemic. *Psychol Trauma*. 2020; **12**(S1): S141–S142. [PubMed Abstract](#) | [Publisher Full Text](#)
9. Topalidou A, Thomson G, Downe S: COVID-19 and maternal mental health: Are we getting the balance right? *medRxiv*. 2020.03.30.20047969. [Publisher Full Text](#)
10. Melacca A, Urso C, Calleja-Agius J *et al.* Changing birthplaces to care for healthcare workers, lessons from the pandemic: A scoping review. *Open Res Europe* 2023, **3**:7 (<https://doi.org/10.12688/openreseurope.15224.1>)
11. https://27esimaora.corriere.it/23_gennaio_24/poteva-succedere-me-storia-neo-mamma-roma-testimonianze-post-parto-cfb9b480-9bde-11ed-b717-184306d51af5.shtml
12. Downe S, Finlayson K, Oladapo OT, Bonet M, Gülmezoglu AM. What matters to women during childbirth: A systematic qualitative review. *PLoS One*. 2018 Apr 17;13(4):e0194906. doi: 10.1371/journal.pone.0194906. Erratum in: *PLoS One*. 2018 May 17;13(5):e0197791. PMID: 29664907; PMCID: PMC5903648.
13. Care in normal birth: a practical guide. Technical Working Group, World Health Organization. *Birth*. 1997 Jun;24(2):121-3. PMID: 9271979.
14. Perdok H, Verhoeven CJ, van Dillen J, Schuitmaker TJ, Hoogendoorn K, Colli J, Schellevis FG, de Jonge A. Continuity of care is an important and distinct aspect of childbirth experience: findings of a survey evaluating experienced continuity of care, experienced quality of care and women's perception of labor. *BMC Pregnancy Childbirth*. 2018 Jan 8;18(1):13. doi: 10.1186/s12884-017-1615-y. PMID: 29310627; PMCID: PMC5759271.
15. WHO World Health Organization. WHO recommendations on antenatal care for a positive pregnancy experience. Geneva: World Health Organization; 2016
16. IS0907 - Childbirth Cultures, Concerns, and Consequences: Creating a dynamic EU framework for optimal maternity care
17. IS1405 - Building Intrapartum Research Through Health - an interdisciplinary whole system approach to understanding and contextualising physiological labour and birth (BIRTH)
18. CA18211 - Perinatal Mental Health and Birth-Related Trauma: Maximising best practice and optimal outcomes (DEVOTION)