

VIRTUAL MOBILITY (VM) GRANT REPORT

This report is submitted by the VM grantee to VNS Manager, who will coordinate the approval on behalf of the Action MC.

Action number: CA18211

VM grant title: *I have a dream.* Adults' mental health and hopes at the time of Covid-19 pandemic. Clinicians/parents coping with birth and death: emotional, organizational and educational implications for future pandemics

VM grant start and end date: 20/09/2021 to 20/10/2021

Grantee name: Sandra Morano

1-Description of the outcomes and achieved outputs (including any specific Action objective and deliverables, or publications resulting from the Virtual Mobility).

(max. 500 words)

Outcomes and achieved outputs of the VM grant were the following:

- written reports/narratives collected from different countries involved in this VM (Malta, Greece , Italy and Israel)
- a literature search and critical analysis was completed in order to collect mental health outcomes among healthcare workers, especially influenced by the rules/restrictions happening in the organizational field
- a wider network was built in order to focus on proposals (from literature, narratives, experiences) that can address the attention towards not only the last two years, but also future work , trying to imagine a more 'normal' daily life
- a letter to EU Parliament Committee, EU Commission, Foundations and Services, is ready to be sent **as soon as the project will be launched** (papers accepted and proposals drawn)
- an useful link with the European Parliament to be able to address the policy makers' attention to our COST Action
- Two papers (one commentary and another letter to the Editor) have been drafted and are ready for submission

2-Description of the benefits to the COST Action Strategy (what and how).

(max. 500 words)

Benefits on the COST Action strategy:

-We would like to urge for building a better childbirth-centred society (from society as a whole, policy makers, Eu Parliament, WHO), addressing updated humanitarian perinatal cultures and policies, that can allow all women, babies, clinicians, midwives and trainees, to continue having a better quality of life.

“I HAVE A DREAM” is a project aiming to shed light at the end of the tunnel in perinatal trauma. The opportunity to “spotlight” this issue brought about by the Covid-19 pandemic and its outcome on adults’ and, unavoidably, children’s lives, together with the essential hope for a quick return to a normal life, is the inspiration of this VM grant.

First focus: Healthcare workers in the childbirth scenario.

During pandemic adults and healthcare providers (among whom there were also pregnant women, mothers, and fathers as well) were shocked by an unknown outbreak, that was so dramatic to face, in particular during first, tragic months. Particularly healthcare workers lived a long time of anxiety and uncertainty that influenced and still does have a negative impact on their lives and work performances, on their affective world and mental health.

Second focus: the Health systems and inhumane management.

The outbreak showed its outcome in particular in the birth scenario. Looking at the Mental Health and distress among the healthcare workers’, we’d like to highlight how from individual and social suffering we may learn more on how to cope with future pandemics also through the lens of professional.

This effort joins and strengthens, with a complementary action, the aims and goals of WG7 (families and service users providing space for their feedback and their experiences (bottom up) .

Moreover, it meets and explicit also WG6 dissemination goals, as it brings the issues to policy makers but also communicating the Action general goals and findings to the wider context of health professionals.

I HAVE A DREAM, born as a VM COST project, moved forward a wider proposal able to influence society and inspire a new world (of care).

3-Description of the virtual collaboration (including constructive reflection on activities undertaken, identified successful practices and lessons learned).

(max.500 words)

As professionals involved in this COST edition, as sub-group of ObstGyn professionals (myself SM, Jean Calleja-Agius, Edi Veisbuc) together with Olga Gouni, have had numerous online meetings (January 2021), sharing our feelings, reponsibility , decision making, towards mothers' fears and right to experience a normal birth; sharing as well our responsibility, sense of coherence, committments towards students , and last but not least, towards our own lives as clincians and persons, families, relatives, and work teams. In other words we already started to discuss on what the outbreak had absolutely highlighted: that the current Health systems structure, vision and organization were everywhere for a long time not befitting neither for carers, nor for patients.

-We decided that all of us had to put in writing all our experiences and proposals in order to produce academic papers and submit them also to a wider social and political audience (Health Systems, policy makers, European Parliament).

-Dr Silvia Von Wunster, chief of the Obs &Gyn Depatment of the Alzano Lombardo, Bergamo, Italy, at the epicenter of the Covid-19 pandemic, was invited to join us (March 2021), attending our online meetings, and contributing with her terrible frontline experience.

-Online meetings among SM, JCA, OG, EV, SVW were scheduled and finalised to completing the contents and managing the structure of innovative papers that, starting from personal narratives and experiences, may represent reliable "lessons from pandemics " to learn in order to face future critical events

-A young Italian midwife, Alessia Melacca, reading for her Midwifery PhD at Florence University was asked to join us. We had very useful online and in-presence meetings, with particularly valuable contribution in order to manage to write up a review article.

-Online and in-presence meetings with Anna Colombo (former staff of the European Parliament) in order to discuss the most effective way to address our analysis towards EU foundations, agencies, European Parliament representatives or deputies sensitive and interested in perinatal health pandemic outcomes.

- The final network meetings, online and in-person (SM, AC) were held deciding to send a letter to different Institution (EU agencies, EU Parliament, EU commission of Public Health), with the aim to informing them about our project
- The expected outcome will be to focus the attention on what we primarily learnt from the outbreak: the opportunity to move from the current **Hospital Centered HS** towards a **Childbirth Centered HS**