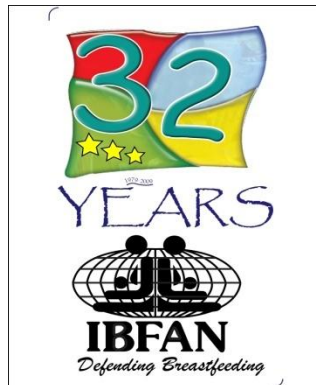


THE CONVENTION ON THE RIGHTS OF THE CHILD  
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**REPORT ON THE SITUATION OF  
INFANT AND YOUNG CHILD FEEDING  
IN GERMANY**



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## 1) General points concerning reporting to the CRC

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In 2013, the CRC Committee will review Germany's combined 3<sup>rd</sup> and 4<sup>th</sup> periodic report.

At the last review in 2004 (session 35), IBFAN presented a report on the state of breastfeeding. In its last [Concluding Observations](#), the CRC Committee recommended to Germany to “take all necessary measures to combat the abuse of drugs and alcohol among children and parents by [...] undertaking intensive education campaigns [...]” (para 43) and to “take measures to establish more children services to meet the needs of working parents; and set up national standards to ensure that quality child care is available to all children.” (para 49)

## 2) General situation concerning breastfeeding in Germany

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In Germany, there is only one representative survey of the whole country with data on breastfeeding. In this study by the Robert Koch Institute, *the initiation rate* in 2005 was 81,5%, while in 1986 the rate was 74%. Children of socially disadvantaged mothers were breastfed significantly less. Migrants breastfed more often than native Germans. Full breastfeeding lasted on average 4,6 months. At six months, 22,4% of the children were fully breastfed<sup>1</sup>. *Mean duration* of breastfeeding was 6,9 months. At the age on 12 months, about 10% of the children were still breastfed.

There are a few regional results which show a large variance. Initiation rate in the capital Berlin for example is about 95%, whereas in the rural area in the northwest of Germany it is about 80% and in some regions it is below 70%.

In a study in Bavaria, initiation rate was 90%, any breastfeeding at four months was 61% and at six months 52%.

Therefore, even where a good initiation rate is achieved, the breastfeeding rate declines fast within the first few months.

*WHO recommends* early initiation of breastfeeding (within an hour from birth), exclusive breastfeeding for the first 6 months, followed by continued breastfeeding for 2 years or beyond, together with adequate and safe complementary foods.

Globally, more than half of the newborns are not breastfed within one hour from birth, less than 40% of infants under 6 months are exclusively breastfed and only a minority of women continue breastfeeding their children until the age of two.

Rates on infant and young child feeding:

*Early initiation* = Proportion of children who were put to the breast within one hour of birth

*Exclusive breastfeeding* = Proportion of infants 0–5 months of age who are fed exclusively with breastmilk

*Continued breastfeeding at 2 years* = Proportion of children 20–23 months of age who are fed breastmilk

*Complementary feeding* = Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods

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<sup>1</sup> Fully breastfed = breastmilk and fluids (that is water, tea or juice)

### 3) Government efforts to encourage breastfeeding

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The government appointed a **National Breastfeeding Commission** in 1994. The Commission has issued statements and valuable recommendations, but has made no real impact. It is badly funded and since the retirement of the chair a few years ago, it is without real leadership.

Several of its members have severe **conflicts of interest**. One man for example is on a scientific committee for a “breastfeeding prize” by Milupa<sup>2</sup> and another is heavily involved in studies funded by the baby-food industry.

There is another initiative, funded and endorsed by the government, “**Network Young Family**”. Their advisory board also includes persons close to the baby food industry. In 2010, they published widely used “recommendations for infant feeding”. There they promoted complementary feeding to begin “between the beginning of the 5<sup>th</sup> and the beginning of the 7<sup>th</sup> month”, which was interpreted by many pediatricians and others to mean “at the beginning of the 5<sup>th</sup> month, period”. After lots of discussion, in April 2013, the initiative has issued a statement that their recommendation gives a time window “which includes the recommendation by WHO of 6 months exclusive breastfeeding”, but the message still needs to get out.

#### **International Code of Marketing of Breastmilk Substitutes:**

Germany has adopted the *2006 EU Directive on Infant Formulae and Follow-up Formulae*. It has implemented the provisions in the “Diätverordnung”, which is a “decree on special foods”. However, there is no monitoring and there are no enforcement regulations.

There are violations of the Code all over the place (see **Annex** for examples of violations). The code is beyond the public horizon. Only people within the breastfeeding scene are aware of it. At the moment there is a lot of discussion about conflicts of interest and corruption in the health system, but only the pharma industry and the industry of medicinal devices are discussed, not the baby food industry.

Evidence clearly shows that a great majority of mothers can breastfeed and will do so if they have the accurate and full information and support, as called for by the Convention on the Rights of the Child. However, direct industry influence through advertisements, information packs and contact with sales representatives and indirect influence through the public health system; submerge mothers with incorrect, partial and biased information. *The International Code of Marketing of Breastmilk Substitutes (the Code)* has been adopted by the World Health Assembly in 1981. It is a minimum global standard aiming to protect appropriate infant and young child feeding by requiring States to regulate the marketing activities of enterprises producing and distributing breastmilk substitutes in order to avoid misinformation and undue pressure on parents to use such products when not strictly necessary. Even if many countries have adopted at least some provisions of the Code in national legislation, the implementation and enforcement are suboptimal, and violations of the Code persist.

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<sup>2</sup> Milupa is a brand of baby foods and breastmilk substitutes owned by the Danone Group.

## 4) Baby Friendly Hospital Initiative

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There are about 800 birth hospitals in Germany. The BFHI-Initiative has made some headway and there are now 78 certified birth hospitals and 2 certified children's hospitals. There are many very dedicated people working in the hospitals. But with ever more economic pressure on hospitals to work profitably and more workload for less staff, it is becoming very hard to keep up the standards. When it comes to payment for the hospital services by the health insurance companies, BFHI is not considered a quality standard and does not entitle to extra payment for example for breastfeeding courses for the staff.

Many birth hospitals and especially children's hospitals depend for their ongoing education on the baby food industry, so that is a big obstacle for them to become baby friendly.

## 5) Maternity protection for working women

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Duration of maternity leave is 6 weeks before and 8 weeks after giving birth, with benefits usually amounting to full net salary, paid in part by the health insurance, in part by the employer, and sometimes by the federal government.

The maternity protection law gives mothers the right to paid breastfeeding breaks of at least one hour a day, but not automatically, only if they ask for it. (See **appendix**) Many employers and trade unions do not know this paragraph or they ignore it. Mothers often have difficulties negotiating breastfeeding breaks and they often do not know their rights.

There exists a foundation "career and family", supported by the government, which has created a certificate "family-friendly workplace". The certification process has not a single mentioning of breastfeeding and breastfeeding support as component of "family-friendly".

## 5) Obstacles and recommendations

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### ***The following obstacles have been identified:***

- One big obstacle is the aggressive and unrestrained marketing of breastmilk substitutes in the general public and in the health care system. Hospitals, doctors and midwives hand out "gifts" from industry to mothers and families. They get gifts themselves. And a large part of their ongoing education is paid for by the baby food industry. Hipp, for example, has a special program with courses for doctors and midwives. These industry-courses are endorsed by governmental and professional agencies in the form that the attendants get credits for their obligatory ongoing education.
- The official guidelines still support complementary feeding to begin "between the beginning of the 5<sup>th</sup> and the beginning of the 7<sup>th</sup> month", instead of exclusive breastfeeding "for 6 months" as recommended by WHO.
- Breastfeeding is scantily covered in the training of health care workers.

**Recommendations:**

- The government should make BFHI an official requirement, or at least it should support and provide incentives for hospitals to become baby-friendly.
  - Issue an official recommendation for 6 months of exclusive breastfeeding.
  - Ensure adequate breastfeeding information in the training of health care workers.
  - Include the baby food industry in regulations concerning conflict of interest in the health care system.
  - Putting all provisions of the International Code (and related WHA Resolutions) into law; set up an objective monitoring body.
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**Data sourced from:**

- *Bundesgesetzblatt (Federal Law Sheet, official publication of laws)*
- *Association for the Support of the WHO/UNICEF Initiative Breastfeeding Friendly Hospital*
- *publications in journals*

## Appendix

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### Maternity Protection Law (Mutterschutzgesetz)

Summary of some of the provisions:

- §2 For pregnant women, the work place has to be organized in such a way that her health and that of the baby are not compromised (for example, if she stands or walks all day long, there has to be a chair where she can take short rests).
- §3 Pregnant women may not be employed during the last six weeks before birth, except if they explicitly agree to work; this declaration can be revoked any time.
- §6(1) It is not allowed to employ new mothers for 8 weeks after birth. For premature births and multiple births, the interval is 12 weeks. If the mother did not take all of the six weeks before birth because the baby was early, the missed time is added after birth.
- §6(3) Breastfeeding mothers are not allowed to do some dangerous jobs, work during the night, or on Sundays and legal holidays.

#### §7 Breastfeeding-time

Breastfeeding mothers must be given time off for breastfeeding, if they ask for it. They must be given the time necessary for breastfeeding, but at least two times a day 30 minutes or once daily one hour. If their working time is more than 8 hours at a time (that is, without a break of at least 2 hours), then she has to be given 2 times at least 45 minutes or, if there is no possibility to breastfeed near the workplace, at least one period of 90 minutes, if she requests it.

- (1) The mother does not earn any less because of the breastfeeding breaks. The time taken for breastfeeding cannot be made up beforehand or afterwards and cannot be deducted from the breaks that are fixed in the law on working hours or in other regulations.
- (2) The public board of control can in individual cases issue more precise orders about the number, timing and length of the breastfeeding breaks; it can order the implementation of breastfeeding facilities.
- (3) For women who work at home, the employer has to pay 75% of an average wage per hour for the breastfeeding break, but at least 0,38 Euro for each working day. (...)