

THE COMMITTEE ON THE RIGHTS OF THE CHILD

Session 81 / May 2019

**REPORT ON THE SITUATION OF
INFANT AND YOUNG CHILD FEEDING
IN MALTA**



IBFAN
defending breastfeeding

April 2019

Data sourced from:

UNICEF

WBTi

WHO

Prepared by:

Geneva Infant Feeding Association (GIFA) – Liaison Office of the International Baby Food Action Network

SUMMARY

The following obstacles/problems have been identified:

- There is a lack of data on all breastfeeding indicators. Data is not collected systematically and not officially recorded.
- There is a national policy on breastfeeding, but its implementation remains limited.
- The government circulates information on Breastfeeding that is free from commercial influence through conventional and social media. Nevertheless, it may not be reaching all target audiences, such as population groups with poor literacy, low socio-economic status and migrants who cannot speak either Maltese or English.
- The International Code of Marketing of Breastmilk Substitutes is only partially implemented and there is no systematic monitoring and sanctioning mechanism.
- There are inadequacies in the curricula of both pre- and in- career trainings to health professionals.
- There is no hospital designated as Baby Friendly in Malta.
- Malta has not ratified ILO Convention 183, the official duration of the leave is of 18 weeks, of which 14 are paid. There is no legislation on mandatory breastfeeding breaks.
- Mothers living with HIV are automatically given formula.
- There is no national plan on Infant Feeding in Emergencies.

Our recommendations include:

- **Systematically collect data on breastfeeding and IYCF practices, in line with WHO definitions and indicators;**
- **Undertake more sustained action, especially at the community level, to attain the national policy's objectives;**
- **Allocate more funding to strengthen information campaigns on IYCF, making it available in different languages and including symbols for the illiterates;**
- **Fully integrate into national law all provisions of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions. Set up an independent monitoring system of Code violations and sanctions for Code violators;**
- **Adapt both pre- and in- career training curricula to provide consistent and inclusive training on the Code and breastfeeding, including in the context of HIV, for all health professionals working with mothers and children;**
- **Assign adequate resources to implement the Baby Friendly Hospital Initiative in the country;**
- **Extend the length of the fully-paid maternity leave, ratify ILO Convention 183 on Maternity Protection and ensure that all women are entitled to breastfeeding breaks upon their return to work;**
- **Adopt a clear policy on HIV and Infant feeding, in accordance with the WHO "Guideline updates on HIV and Infant Feeding" ;**
- **Use the Operational Guidance on Infant Feeding in Emergency as a basis for developing an operational emergency response plan that ensures an adequate protection of Breastfeeding.**

1) General points concerning reporting to the CRC

In 2019, the CRC Committee will review Malta’s combined 3rd, 4th and 5th periodic report. At the last review in 2013 (session 62), the CRC Committee referred specifically to breastfeeding in its [Concluding Observations](#), recommending Malta to “(a) Strengthen its awareness-raising efforts on the importance of breastfeeding and promote exclusive breastfeeding of children up to the age of six months; and collect data on breastfeeding with a view to developing a national policy to promote and facilitate breastfeeding ; (b) Strengthen the monitoring of existing marketing regulations relating to breast-milk substitutes and ensure that such regulations are monitored on a regular basis and action is taken against those who violate these regulations; and (c) Undertake measures to ensure that all its maternity hospitals meet the required standards and are certified as baby-friendly under BFHI; (d) Undertake measures, including training for mothers and health professionals, on healthy infant and child nutrition.” (§F.)

2) General situation concerning breastfeeding in Malta

General data

	2015	2016	2017
Annual number of birth, crude (thousands) ¹	4	No data	No data
Neonatal mortality rate (per 1,000 live births) ²	4.5	4.5	4.4
Infant mortality rate (per 1,000 live births) ³	5.7	5.7	5.6
Infant – under 5 – mortality rate (per 1,000 live) ⁴	6.6	6.5	6.4
Maternal mortality ratio (per 100,000 live births) ⁵	9	No data	No data
<i>Delivery care coverage (%):</i>			
Skilled attendant at birth ⁶	99.8	99.8	No data
Institutional delivery ⁷	100	100	100
C-section	No data	No data	No data
Overweight (under 5 years)	No data	No data	No data

¹ Data retrieved from UNICEF: <http://data.unicef.org/>

² See above

³ See above

⁴ See above

⁵ See above

⁶ See above

⁷ The latest data dates from 2013 but has been steady at 100% rate since 2007 (source UNICEF)

Breastfeeding data

	2015	2016	2017
Early initiation of breastfeeding (within one hour from birth)	No data	No data	No data
Exclusive breastfeeding under 6 months	No data	No data	No data
Introduction of solid, semi-solid or soft foods (6-8 months)	No data	No data	No data
Bottle-feeding	No data	No data	No data
Continued breastfeeding at 2 years	No data	No data	No data
Median duration of breastfeeding	No data	No data	No data

Evaluating Malta’s breastfeeding situation remains difficult, as data are not officially recorded, except when the newborn leaves the hospital, usually 2-5 days after delivery. In 2018, the National Obstetrics Information System (NOIS) indicated that only 55% of newborns were breastfed upon their discharge.⁸ This very low number suggests that few infants are exclusively breastfed up to six months. In fact, a study carried out for the World Breastfeeding Trend Initiative (WBTi) assessment, performed in 2018, measured the prevalence of breastfeeding in Malta. The study suggested that, while 64.4% of babies initiated breastfeeding within one hour of birth, only 9.6% of babies are exclusively breastfed at 6 months, and 10.4% continued to breastfeed at one year.⁹ These very low numbers are concerning. After the World Breastfeeding Trend Initiative’s report in 2018, the government decided to focus more on surveillance and will survey mothers and healthcare professionals as part of an audit to support local hospitals to attain Baby-Friendly status. This is a step forward. Nevertheless, it would be necessary to collect breastfeeding data in a systematic manner, to obtain a better picture of the country’s situation that can be assessed and addressed over time.

3) Government efforts to encourage breastfeeding

National policies¹⁰

⁸ Personal Communication

⁹ WBTi Report, p.9

¹⁰ WBTi sources: Healthy Weight For Life Strategy (2012) https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/hwl_en.pdf ; Food Nutrition Policy and Action Plan (2015) https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/FNAP_EN.pdf ; The National Cancer Action Plan (2017) <http://www.iccp-portal.org/system/files/plans/MinistryForHealth-Cancer%20Plan.pdf> ; Breastfeeding Policy and Guidelines Mater Dei Hospital (2012); National Breastfeeding Policy and Action Plan (2015) https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/BF_EN.pdf ; A strategy for the Prevention and Control of Noncommunicable Disease Malta (2010) <https://extranet.who.int/nutrition/gina/sites/default/files/MLT%202010%20Prevention%20and%20Control%20of%20NCDs.pdf> ; Protection, Promotion and support of breastfeeding in Europe: a blue print fraction (2004)

Malta has a national policy on breastfeeding: the National Breastfeeding Policy and Action Plan, 2015. The policy addresses the need to protect, promote and support breastfeeding and focuses on promoting exclusive breastfeeding for 6 months and continued breastfeeding beyond two years of age. There is a National breastfeeding Committee that meets on a regular basis, headed by a coordinator who communicates changes in national policy at the regional, district and community level. Nevertheless, implementation remains limited and the WBTi evaluation carried in 2018 revealed that obesity is an issue among Maltese children. To this end, more sustained action to improve breastfeeding rates should be carried out. More action should be undertaken at the community level, especially in workplaces, to change the current cultural practices and attain the national policy's goals.

Breastfeeding Promotion campaigns¹¹

Information on Infant and Young Child Feeding is disseminated via traditional and social media. The Health Promotion and Disease Prevention Directorate disseminates information on the protection, promotion and support of breastfeeding through Facebook, Twitter and Instagram and has around 6,750 followers. Mainstream radios and televisions are sometimes also used to raise awareness on breastfeeding.

Malta celebrates the World Breastfeeding Week. In this occasion, the Health Promotion and Disease Prevention Directorate organizes, along with the Mater Dei Hospital and the Malta Midwives Association, a yearly seminar on antenatal and post-natal care.

Published material from the government never includes advertising that could influence mothers' preference and provides scientifically accurate information. Nevertheless, this information may not be reaching all target audiences, such as population groups with poor literacy, low socio-economic status and migrants who cannot speak either Maltese or English.

http://ec.europa.eu/health/ph_projects/2002/promotion/fp_promotion_2002_frep_18_en.pdf ; Breastfeeding practices and policies in WHO European Region Member States <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4754616/>

¹¹ WBTi Sources : Parent Craft Services Malta <https://gov.mt/en/Life%20Events/Pregnancy%20and%20Birth/Pages/Parentcraft-Services.aspx> ;

Breastfeeding walk in clinic <http://www.paediatricsmalta.org/16.htm> ; Post Natal Care and services in Malta

<https://www.gov.mt/en/Life%20Events/Pregnancy%20and%20Birth/Pages/Post-Natal-Care-and-Services-in-Malta.aspx> ; Malta

Midwife Association <http://maltamidwivesassoc.wixsite.com/mma1974> ; National Breastfeeding Policy and Action Plan

https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/BF_EN.pdf ; Health Promotion and Disease

Prevention Directorate <https://deputyprimeminister.gov.mt/en/health-promotion/Pages/Library/publications.aspx> ;

Breastfeeding Week ; Commission Regulation EU 127/2016 [https://eur-lex.europa.eu/legal-](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32016R0127&from=EN)

[content/EN/TXT/PDF/?uri=CELEX:32016R0127&from=EN](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32016R0127&from=EN) ; Marketing of breast-milk substitutes: National Implementation of the

international Code (2016) http://www.who.int/nutrition/publications/infantfeeding/code_report2016/en/ ; The international

Code of Marketing of Breast-milk Substitute (2017) <http://apps.who.int/iris/bitstream/10665/254911/1/WHO-NMH-NHD-17-1-eng.pdf>

More funding should therefore be allocated to strengthen information campaigns on infant and young child feeding and material should be made available in more languages.

The International Code of Marketing of Breastmilk Substitutes¹²

Malta implements few provisions of the International Code of Marketing of Breastmilk Substitutes through Subsidiary Legislation 449.52, 449.20, 449.46 and 449.53. These regulations are compliant with the EU Commission Directive 2006/141, which sadly contains major gaps. For instance, the marketing on follow-on formula is not regulated. These products confuse parents and consumers, as they are labelled exactly like infant formula. Additionally, there are no regulations required for the marketing of baby foods, bottles and teats. Another weakness is represented by the problem of baby food industry's promotion to health professionals. In fact, according to the European regulation, manufacturers and distributors of products that fall under the scope of the Code are allowed to sponsor all types of medical education and other activities of health professional associations. On the contrary, the **2016 WHO Guidance on Ending Inappropriate Promotion of Foods for Infants and Young Children (A69/7 Add.1)** recognizes that any donations to the health care system (including health workers and professional associations) from companies selling food or infants and young children, represent a conflict of interest and should not be allowed.¹³ Malta should be invited to go beyond the EU regulations and fully implement the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions.

¹² WBTi Sources: National Breastfeeding Policy and Action Plan (2015) https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/BF_EN.pdf ; The international Code of Marketing of Breast-milk Substitute (2017) <http://apps.who.int/iris/bitstream/10665/254911/1/WHO-NMH-NHD-17.1-eng.pdf> ; Food safety Act. Chapter 449. ACT XIV of 2002 as amended by Legal Notice 426 of 2007 and Acts XXIX of 2007 and VI of 2001. <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=8915&l=1> ; Subsidiary Legislation 449.52 Infant formulae and Follow on Formulae regulations. Legal Notice 304 of 2007 as amended by Legal Notice 285 of 2013 and 75 of 2014. <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=11129&l=1> ; Subsidiary Legislation 449.20 Nutrition Labelling for food stuffs. Legal Notice 247 of 1998, as amended by Legal Notices 209 of 2004 and 317 of 2009 <http://justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=11097&l=1> ; Subsidiary Legislation 449.46. Labelling, presentation and advertising of foodstuffs regulations. Legal Notice 483 of 2004, as amended by Legal Notices 114 and 339 of 2005, 70 of 2006, 64, 242 and 436 of 2007, 136 of 2008 and 278 of 2013 <http://justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=11123&l=1> ; Subsidiary Legislation 449.53. Nutrition and Health claims regulation. Legal Notice 84 of 2008. <http://justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=11130&l=1> . ; Commission Regulation EU 127/2016 <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32016R0127&from=EN>; Marketing of breast-milk substitutes: National Implementation of the international Code (2016) http://www.who.int/nutrition/publications/infantfeeding/code_report2016/en/

¹³ WHO. 2016. Guidance on Ending Inappropriate Promotion of Foods for Infants and Young Children (A69/7 Add.1). §16 Recommendation 6. Retrieved from: <https://www.who.int/nutrition/topics/guidance-inappropriate-food-promotion-iyf/en/>

Monitoring of national policies and legislation¹⁴

Given the lack of data collection on breastfeeding in Malta, monitoring the success of their national policies remains complicated. The State should consider appointing a data manager who would be in charge of collecting data, evaluating practices and identifying trends.

Regarding the International Code of Marketing of Breastmilk Substitutes, there is currently no monitoring of its implementation. This should be put in place and violations of national law should be addressed.

Courses / Training of Health Professionals¹⁵

The State has put specific educational material on health and nutrition in place but inadequacies exist relating to breastfeeding. It would be commendable for Malta to ensure that undergraduate and post-graduate health students are informed about the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions. Additionally, time in the breastfeeding walk-in clinic should be included as part of their obstetrics/gynaecological rotation.

Regarding training for practicing health professionals, there is currently limited knowledge on the national policy on breastfeeding. It would therefore be necessary to improve regular communication and updates with professionals on that regard. Furthermore, there is limited training on the 10 steps for successful breastfeeding and the BFHI. Staff could benefit from workshops and specific training on this matter. The State should consider organizing training on a regular basis to health professionals.

4) Baby-Friendly Hospital Initiative (BFHI)¹⁶

The Baby-Friendly Hospital Initiative is poorly implemented in Malta, as none of its three hospitals is labeled as Baby Friendly. The ten steps to successful breastfeeding are partially adhered to, but there is a lack of trained midwives and a need for specialized lactation

¹⁴ WBTi Sources: National Breastfeeding Policy and Action Plan (2015)

https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/BF_EN.pdf

¹⁵ WBTi Sources: Dietary Guidelines for Maltese Children aged 6 months to 3 years – A guide for parents.(2018) ; Dietary Guidelines for Maltese Children – The Mediterranean Way (2018) ; National Children’s Policy (2017). The Ministry for the Family, Children’s Right and Social Solidarity

<https://family.gov.mt/en/Documents/National%20Children%27s%20Policy%202017.pdf> ; L-Aqwa Zmien ta’Pajjizna. Electoral Manifesto 2017 <http://josephmuscat.com/wp-content/uploads/2017/05/MANIFEST-ABRIDGED-ENG.pdf>

¹⁶ WBTi Sources: Report by Breastfeeding Steering Committee ; National Breastfeeding Policy and Action Plan (2015)

https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/BF_EN.pdf

consultants in Maltese facilities. More resources are therefore needed to better implement the Baby-Friendly Hospital Initiative.

5) Maternity protection for working women¹⁷

Over the last 15 years, Malta has experienced a stark increase in the proportion of women in the workforce, from 29.52% in 2004 to 38.72% in 2018.¹⁸ Nevertheless, Malta's gender employment gap remains worrying, with only 55.5% of women between 20 to 64 employed, against 83.1% of men in the same age range.¹⁹

Maternity leave

Malta did not ratify ILO Convention 183 on Maternity Protection. Maternity leave in Malta is regulated by S.L.452.91 (Protection of Maternity (Employment) Regulations) which provides 18 weeks of uninterrupted leave. Nevertheless, only the first 14 weeks are mandatory and paid by the employer, while the last four weeks are unpaid. The country should consider extending the length of the fully-paid leave, ensuring that women working in the informal sector also receive maternity benefits.

Paternity leave

Fathers in Malta are only entitled to three days of paternity leave upon the birth of their child.

Breastfeeding breaks

While government employees benefit from breastfeeding breaks, the same cannot be said for the private sector. In fact, although the government issued guidelines on how to organize a breastfeeding room, there is no law regulating breastfeeding breaks or breastfeeding rooms.

¹⁷ WBTi Sources:Your Social security rights Malta ec.europa.eu/social/BlobServlet?docId=13753&langId=en ; Subsidiary Legislation 451.91 Protection of maternity (employment) regulations. Legal Notice 439 of 2003 as amended by Legal Notice 3 of 2004, 427 and 431 of 2007, 130 and 503 of 2011, 258 of 2012 and 415 of 2014.

<http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=11225> ; Maternity leave <https://dier.gov.mt/en/Employment-Conditions/Leave/Pages/Maternity-Leave.aspx> ; Protection of Maternity at Work Places Regulations, 2000 (Legal Notice No. 92 of 2000) (S.L. 424.11) http://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=69297 ; Guidelines to set up a Breastfeeding Room at the place of work (2011) https://deputyprimeminister.gov.mt/en/health-promotion/Documents/library/publications/guidelines_public_breastfeeding_room.pdf ; National Breastfeeding Policy and Action Plan (2015) https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/BF_EN.pdf ; Public Service Management Code (2018) <https://publicservice.gov.mt/en/Documents/Public%20Service%20Management%20Code/PSMC.pdf> ; Trust and Trustees (maternity and adoption leave trust) regulation Legal Notice 25 of 2015 as amended by Legal Notice 338 of 2016 <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=12392&l=1>

¹⁸ World Bank, 2018 <https://data.worldbank.org/indicator/SL.TLF.TOTL.FE.ZS?locations=MT>

¹⁹ Times of Malta, 2017 <https://www.timesofmalta.com/articles/view/20170425/local/malta-has-eus-largest-gender-employment-gap.646235>

Companies can decide whether their employees can benefit from breastfeeding breaks and a breastfeeding room on a voluntary basis. The State should consider ratifying ILO Convention 183 on Maternity Protection, ensuring that all women in Malta can benefit from fully paid breastfeeding breaks and adequate nursing facilities in their workplace.

6) HIV and infant feeding²⁰

There is currently no available data on the amount of women living with HIV in Malta. This is problematic, as it becomes difficult to assess how many of them are receiving ART and how low the Mother to Child Transmission rate is in the country. Nevertheless, it is reported that healthcare professionals are trained and well-informed on the matter.

When it comes to breastfeeding, however, mothers living with HIV in Malta are automatically offered formula. This is problematic. **The State should consider the possibility that HIV-positive mothers who receive ARV treatment and have adequate support and follow-up, including ARV treatment for the baby, be allowed to exclusively breastfeed for 6 months, with possible continuation of breastfeeding and complementary feeding for one or two years, according to the 2016 WHO “Guideline updates on HIV and Infant Feeding.”**

7) Infant feeding in emergencies (IFE)²¹

In the event of an emergency, assistance is provided mainly by the civilian protection under government aid, although NGOs, the Maltese Red Cross and the Mater Dei Hospital would also be involved in the response. Midwives are expected to give practical support and information on Infant and young child feeding to all expectant mothers as well as mothers with infants and small children. Nevertheless, there is no specific action plan on infant feeding in emergencies. Malta should consider developing an operational emergency response plan that ensures an adequate protection of breastfeeding and proper management of artificial feeding, as outlined in the **Operational Guidance on Infant Feeding in Emergencies.**²²

²⁰ WBTi Sources: BHIVA <http://www.bhivaguidelines.org/> (2018) ; CDC <https://www.cdc.gov/hiv/guidelines/index.html> ; WHO: HIV and infant feeding (2010) http://www.who.int/maternal_child_adolescent/topics/newborn/nutrition/hivif/en/ ; European AIDS Clinical Society (EACS) (2017) http://www.eacsociety.org/files/guidelines_8.2-english.pdf

²¹ WBTi, p. 40 (2018)

²² The last updated version of the IFE Operational Guidance was published in 2017 and is available online at: www.enonline.net/operationalguidance-v3-2017