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ECONOMIC, SOCIAL AND CULTURAL RIGHTS

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REPORT ON THE SITUATION OF
INFANT AND YOUNG CHILD FEEDING
IN ITALY



August 2015

Data sourced from:

- Gravidanza, parto, allattamento al seno. ISTAT, 2014.
- Donati S, et al. Maternal mortality in Italy: a record-linkage study. BJOG 2011 (e-pub ahead of print)
- Il Codice Violato 2014. IBFAN Italia, Ottobre 2014.
- Gazzetta Ufficiale N. 32 del 7 Febbraio 2008
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Breastfeeding: key to child and maternal health

The 1'000 days between a woman's pregnancy and her child's 2nd birthday offer a unique window of opportunity to shape the health and wellbeing of the child. The scientific evidence is unambiguous: ***exclusive breastfeeding for 6 months followed by timely, adequate, safe and appropriate complementary feeding practices, with continued breastfeeding for up to 2 years or beyond***, provides the key building block for child survival, growth and healthy development¹. This constitutes the infant and young child feeding practice recommended by the World Health Organisation (WHO)².

Breastfeeding is key during this critical period and it is the single most effective intervention for saving lives. It has been estimated that optimal breastfeeding of children under two years of age has the potential to prevent 800,000 deaths in children under five in the developing world annually³. Mother's breastmilk protects the baby against illness by either providing direct protection against specific diseases or by stimulating and strengthening the development of the baby's immature immune system. This protection results in better health, even years after breastfeeding has ended.

Breastfeeding is an ***essential part of women's reproductive cycle***: it is the third link after pregnancy and childbirth. It protects mothers' health, both in the short and long term, by, among others, aiding the mother's recovery after birth, offering the mother protection from iron deficiency anaemia and is a natural method of child spacing (the Lactational Amenorrhea Method, LAM) for millions of women that do not have access to modern form of contraception.

Infant and young child feeding and human rights

Several international instruments make a strong case for protecting, promoting and supporting breastfeeding, and stipulate the right of every human being, man, woman and child, to optimal health, to the elimination of hunger and malnutrition, and to proper nutrition. These include the **International Covenant on Economic, Social and Cultural Rights (CESCR)**, especially ***article 12 on the right to health***, including sexual and reproductive health, ***article 11 on the right to food*** and ***articles 6, 7 and 10 on the right to work***, the **Convention on the Rights of the Child (CRC)**, especially ***article 24 on the child's right to health***, the **Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)**, in particular ***articles 1 and 5 on gender discrimination on the basis of the reproduction status*** (pregnancy and lactation), ***article 12 on women's right to health*** and ***article 16 on marriage and family life***. Adequately interpreted, these treaties support the claim that 'breastfeeding is the right of every mother, and it is essential to fulfil every child's right to adequate food and the highest attainable standard of health.'

As duty-bearers, States have the obligation to create a protective and enabling environment for women to breastfeed, through protecting, promoting and supporting breastfeeding.

¹ IBFAN, What Scientific Research Says?, available at: www.ibfan.org/issue-scientific-breastfeeding.html

² WHO, Global Strategy on Infant and Young Child Feeding, 2002, available at: www.who.int/nutrition/publications/infantfeeding/9241562218/en/index.html

³ WHO. 10 facts about breastfeeding, available at: <http://www.who.int/features/factfiles/breastfeeding/en/>

SUMMARY

The following obstacles/problems have been identified:

- Poor compliance/enforcement/monitoring of the International Code of Marketing of Breastmilk Substitutes;
- Inadequate support for Baby Friendly Initiatives and monitoring of breastfeeding practices, which would help to close the North/South divide;
- Very poor pre-service training of health professionals (with few exceptions);
- Increasing proportion of working mothers not covered by maternity protection legislation;
- Commercial promotion of complementary foods, junk foods and sweet beverages contribute to the current pandemic of obesity.

Our recommendations include:

- Upgrade national legislation on the marketing of breastmilk substitutes, enforce and monitor the law;
- Allocate funds and make operational plans for Baby Friendly Initiatives, with proper monitoring and assessment;
- Urgently request that medical schools upgrade materials and methods for training on breastfeeding;
- Extend maternity protection legislation to all working mothers, including those in the informal economy;
- Adopt strict regulation over the marketing of complementary and junk foods and sweet beverages.

1) General situation concerning breastfeeding in Italy

WHO recommends: 1) **early initiation of breastfeeding** (within an hour from birth); 2) **exclusive breastfeeding** for the first 6 months; 3) **continued breastfeeding** for 2 years or beyond, together with adequate and safe complementary foods.⁴

Despite these recommendations, 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 born in the last 24 months 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 breast milk
- **Continued breastfeeding at 2 years:** Proportion of children 20–23 months of age who are fed breast milk

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

General Data

- In Italy there are about 500,000 infants/children in each birth cohort. The newborn infants of migrant women represent more than 10% of all newborns, and up to 20% in some areas.
- Infant mortality rate: about 4 per 1000 live births, with values of 3 or less in northeastern regions, and 5 to 6 in some southern regions.
- The first causes of neonatal deaths are prematurity and congenital diseases; for post-neonatal deaths, SIDS comes first; after infancy, the first two causes are accidents and cancer.
- Maternal mortality rates: officially reported as 4 maternal deaths per 100,000 live births, but this is underestimated (a recent article states almost 12 maternal deaths per 100,000 live births).

Breastfeeding

- On average the values are lower in southern regions and amongst less educated mothers.

Initiation of breastfeeding	about 85%% (slightly improving)
Exclusive breastfeeding at discharge	about 60% (slightly improving)
Exclusive breastfeeding at 3 months	about 40% (improving)
Exclusive breastfeeding at 6 months	about 5% (stable)
Exclusive breastfeeding 0-5 months	about 43% (slightly improving)
Continued breastfeeding at 12 months	about 20% (slightly improving)
Mean duration of exclusive breastfeeding	about 4 months (no previous comparison)
Mean duration of any breastfeeding	about 8 months (slightly improving)

⁴ www.who.int/topics/breastfeeding/en/

Breastfeeding rates are increasing on average, though not as fast as desirable, with wide variations by region and social class (maternal education): lower rates in southern regions and amongst less educated mothers. There are improvements also at institutional level: a national policy on breastfeeding that reflects the recommendations of the WHO 2002 Global Strategy on Infant and Young Child Feeding⁵ was issued in 2007 and a National Breastfeeding Committee was established in 2008. Since 2012 the National Breastfeeding Committee has been replaced by a National Technical Breastfeeding Committee that issues technical recommendations, while the previous Committee used to address policy issues. The “protection, promotion and support of breastfeeding” has been included in the past 5-year national health plans and in the current one, though there is no monitoring system in place to assess implementation. Baby Friendly Initiatives are still being promoted by the Italian Committee for UNICEF without any support from the Ministry of Health; support is given only by some regional and local health authorities, mainly in northern regions. As a consequence of this aid, the number of Baby Friendly Hospitals is increasing, though slowly, especially in the north, while southern regions are lagging behind. A similar pattern is seen also for the recently (2009) launched Baby Friendly Community Initiative (BFCI)⁶, piloted in 18 local health authorities, 17 of them in northern and central regions (5 of them were eventually designated as Baby Friendly). Within the BFCI, the Baby Friendly Pharmacy Initiative has been launched by an NGO (Il Melograno), with technical support from IBFAN Italy, and is also spreading in northern regions.

On the negative side, besides the slow and patchy pace of progress described above, there is the poor situation of pre-service training. Only the Federation of Midwives has introduced modern and effective curricula and methods based on WHO/UNICEF training materials, while there are only scanty initiatives as far as basic training for nurses and physicians is concerned. Very little progress has been observed also for maternity protection legislation and for the implementation of the International Code of Marketing of Breastmilk Substitutes. For the latter, new legislation is in place since April 2009, following the EU Directive of 2006. This legislation represents a minor improvement over the previous 1994 legislation, and violations of the International Code have continued to be reported at the same pace as before. Finally, a national system for monitoring breastfeeding initiation, exclusivity and duration has not yet been established, despite a recommendation in this sense by the National Breastfeeding Committee. However, on the positive side, the National Institute of Statistics (ISTAT) has adopted the recommended indicators, definition and methods for its 2013 national survey on maternal and child health; as a result, Italy has got for the first time data that are comparable with those of other countries using the same recommended WHO indicators.

Finally, some words on complementary feeding. Studies show that introducing complementary feeding before 6 months (and even worse, before 4 months) and giving complementary foods that are too rich in sugar, salt, proteins and fats, may contribute to the current pandemic of obesity. In Italy, about 40% of parents buy industrially-prepared complementary foods, products that often contain sugar, salt, proteins

⁵ The Global Strategy recommends that infants be exclusively breastfed for 6 months and that thereafter breastfeeding continue for 2 years or more with the introduction of complementary local foods.

⁶ The BFCI is based on the 7 Steps for Successful Breastfeeding, an adaptation of the 10 Steps of the BFHI for the community level.

and fats in excess. These products are heavily marketed to the public by manufacturers and distributors, both directly through various media and indirectly, often through health professionals. The marketing of these complementary foods forms a continuum with the marketing of sweet beverages and foods for older children - called “junk foods” (due to excess of salt, sugar, proteins and calories) and often manufactured by the same industry. In addition to early and inadequate complementary feeding, junk foods and beverages contribute to the pandemic of obesity. Unfortunately, the marketing of complementary food and of junk foods and sweet beverages is completely un-regulated; Italian families and children, as families and children in many other countries, are flooded with advertisements and other promotional tricks. Strict marketing regulations are urgently needed for both complementary and junk foods and sweet beverages.

2) Government measures to protect and promote breastfeeding

Adopted in 2002, the ***Global Strategy for Infant and Young Child Feeding*** defines 9 operational targets:

1. Appoint a **national breastfeeding coordinator** with appropriate authority, and establish a multisectoral **national breastfeeding committee** composed of representatives from relevant government departments, non-governmental organisations, and health professional associations.
2. Ensure that every facility providing maternity services fully practises all the “**Ten steps to successful breastfeeding**” set out in the WHO/UNICEF statement on breastfeeding and maternity services.
3. Give effect to the principles and aim of the **International Code of Marketing of Breastmilk Substitutes** and **subsequent relevant Health Assembly** resolutions in their entirety.
4. Enact imaginative **legislation protecting the breastfeeding rights of working women** and establish means for its enforcement.
5. Develop, implement, monitor and evaluate a **comprehensive policy on infant and young child feeding**, in the context of national policies and programmes for nutrition, child and reproductive health, and poverty reduction.
6. Ensure that the health and other relevant sectors **protect, promote and support** exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support they require – in the family, community and workplace – to achieve this goal.
7. Promote timely, adequate, safe and appropriate **complementary feeding with continued breastfeeding**.
8. Provide guidance on feeding infants and young **children in exceptionally difficult circumstances**, and on the related support required by mothers, families and other caregivers.
9. Consider what **new legislation or other suitable measures may be required**, as part of a comprehensive policy on infant and young child feeding, to give effect to the principles and aim of the International Code of Marketing of Breastmilk Substitutes and to subsequent relevant World Health Assembly resolutions.

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, as well as indirect influence through the public health system, submerge mothers with **incorrect, partial and biased information**.

The International Code of Marketing of Breastmilk Substitutes (the International 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 International Code in national legislation, the implementation and enforcement are suboptimal, and violations persist.

The national marketing code and monitoring

As written above, national legislation that gives effect to the International Code of Marketing of Breastmilk Substitutes is based on the 2006 EC Directive. The decree with sanctions for manufacturers and distributors that infringe the law has been approved by the Government and is enforced from the second half of 2011.

There is no government monitoring of infringements, monitoring depends solely on consumers and citizens informing the police authorities. There is no government monitoring or funding for monitoring of Code violations. Monitoring is carried out by IBFAN Italy on a voluntary basis, and the results are published regularly. They show systematic Code violations and occasional infringements of the law. The National Technical Breastfeeding Committee is currently discussing a guide for reporting infringements of the law to local police authorities.

As already mentioned, protection, promotion and support of breastfeeding is included in national health plans and in most regional plans, usually in the chapter on the prevention of obesity and within the wider programme called “Guadagnare salute” (gaining health). The implementation of regional plans is uneven, with some regions doing very well, and others lagging behind. There is no national monitoring and regional monitoring is often inadequate.

National Breastfeeding Committee

The National Technical Breastfeeding Committee is headed by a president. As written above, this Technical Committee is very active in issuing technical documents but has so far avoided to address important policy issues such as Code violations, training of health professionals, or the scaling up of Baby Friendly Initiatives. Like the previous Committee, it does not have a budget. The only government initiative that continues to be funded is a campaign to promote breastfeeding in some regions during 1-2 weeks in May. It consists of a camper travelling to different cities with dissemination of booklets and other materials during local events; it is arguable whether this sort of campaign is producing any effect.

The Baby-Friendly Hospital Initiative (BFHI) has an informal network with a coordinator, again without funds except from those allocated by regional and local health authorities for activities such as training, hospital assessments, and local support. The Italian Committee for UNICEF has a task force for Baby Friendly Initiatives and very actively supports the BFHI and BFCl.

Examples of Code violations

Most manufacturers continue to give free/low cost supplies to maternity hospitals. This should progressively stop with the recent regulation, but continues under the table or with informal advice given at discharge. Also, many maternity hospitals continue to regularly recommend specific brands of formula - the one on rotation that month - to all new mothers.

Most paediatric congresses continue to be sponsored (to an extent that is impossible to estimate given the absolute lack of transparency) by the most important manufacturers of breastmilk substitutes. The only notable exception is the Associazione Culturale Pediatri, a paediatric association with about 2,000 members, whose internal code of conduct prohibits all forms of sponsoring and advertising.

Most manufacturers of breastmilk substitutes continue to have direct contact with mothers through the internet (baby clubs). One of them, Mellin (Danone group) organises its Nutrition Month in October each year, with events open to mothers and families in several cities, the distribution of samples, gifts, booklets and other advertising materials, advice on feeding given face-to-face by “experts” hired by the company, and a special website page where mothers can ask questions and obtain answers from these and other “experts”.

Advertisements of follow-up and growing-up formula⁷ are allowed by the recent regulation and can be found in the popular press and on television, as well as the totally unregulated promotion of bottles, teats and pacifiers – which is strictly forbidden by the International Code. Companies circumvent the prohibition to advertise infant formula by advertising these products.⁸

Training on breastfeeding

There is very little, almost nothing in fact, going on for pre-service training. On the other hand, in-service training is very active, especially in hospitals and health authorities interested in Baby Friendly Initiatives. There are also courses for pharmacists within the Baby Friendly Pharmacy Initiative.

Training is usually conducted by people who have been trained in the use of WHO/UNICEF training materials. Courses are in general multidisciplinary, with the exception of some that are only for paediatricians or midwives.

The number of people trained is unknown, but is probably in the order of several hundreds per year. This training is sufficient to cover all hospitals and areas implementing the Baby Friendly Initiative, but it is largely insufficient on a national scale.

Little is done regarding HIV transmission through breastfeeding: the national guidelines for the few mothers affected recommend exclusive formula feeding, and some regional/local health authorities provide financial and technical support.

⁷ Formula marketed as appropriate for young children one to three years of age.

⁸ Cattaneo A, Pani P, Carletti C, Guidetti M, Mutti V, Guidetti C, Knowles A, on behalf of the Follow-on Formula Research Group. Advertisements of follow-on formula and their perception by pregnant women and mothers in Italy. Arch Dis Child Online First, published on December 22, 2014 as 10.1136/archdischild-2014-306996

2) Baby-Friendly Hospital Initiative (BFHI) and training of health workers

Lack of support to breastfeeding by the health care system and its health care professionals further increase difficulties in adopting optimal breastfeeding practices.

The Baby-Friendly Hospital Initiative (BFHI), which consists in the implementation by hospitals of the ‘Ten steps for successful breastfeeding’, is a key initiative to ensure breastfeeding support within the health care system. However, as UNICEF support to this initiative has diminished in many countries, the **implementation of BFHI has significantly slowed down**. Revitalization of BFHI and expanding the Initiative’s application to include maternity, neonatal and child health services and community-based support for lactating women and caregivers of young children represents an appropriate action to address the challenge of adequate support.

There are about 600 maternity facilities in the country; the exact number is difficult to obtain given the large number of small private facilities, especially in the south of Italy. Of these 600, so far only 22 hospitals have been certified as baby friendly, representing about 4% of total annual births. About 70 other hospitals are in the pipeline, with various degrees of implementation of the BFHI, some close to final certification. Both private and public hospitals can become baby-friendly, but out of the 22 baby friendly hospitals in Italy, only one is private. Private hospitals tend to have very high rates of caesarean section (up to 90% in extreme cases) and tend to perform very poorly in terms of breastfeeding practices. Despite the lack of support from the Ministry of Health and of some regional/local health authorities, the number of baby friendly hospitals is expected to increase progressively. It is clear that the rate of certification would be much higher with some support. As mentioned above, 18 local health authorities pilot tested the BFHI and are currently progressing towards accreditation (5 already accredited).

3) Maternity protection for working women

The main reason given by majority of working mothers for ceasing breastfeeding is their **return to work following maternity leave**.

It is therefore necessary to make adjustments in the workload of mothers of young children so that they may find the time and energy to breastfeed; this should not be considered the mother’s responsibility, but rather a **collective responsibility**. Therefore, States should adopt and monitor an adequate policy of maternity protection in line with ***ILO Convention 183 (2000)***⁹ that facilitate six months of exclusive breastfeeding for women employed in all sectors, and facilitate workplace accommodations to feed and/or to express breastmilk.

Based on national statistics (ISTAT), in 2008, the employment rate of women 15-64 years old was 47.2%, 12 points lower than the EU average and 23 points lower than the employment rate of men. The financial crisis that started in 2008 has certainly worsened the situation. As for other social indicators, the situation is better in the north of Italy than in the south, and the gap is getting wider.

⁹ ILO, C183 - Maternity Protection Convention, 2000 (No. 183)

All women with a regular contract are covered by the national legislation. The problem is that the number of women without a regular contract (informal economy) is increasing; migrant women are particularly affected.

The duration of maternity leave is 5 months (20 weeks) with full salary (in practice, 80% of previous salary), usually 1-2 months before birth and the rest after. The leave can be increased in the case of a particularly heavy or dangerous occupation, or in the case of special health problems (e.g. preterm birth, disability). The leave can also be extended for a further 6 months, at a lower salary.

There are also two paid breastfeeding breaks per day of one hour each until the infant is one year old. They can be cumulated to make for a shorter workday. There is also the possibility of working on a flexible schedule (to be agreed upon with employer).

Italy was the second country to ratify ILO Convention C183 in 2001.

3) HIV and infant feeding

The HIV virus can be passed from mother to the infant through pregnancy, delivery and breastfeeding. The *2010 WHO Guidelines on HIV and infant feeding*¹⁰ call on national authorities to recommend, based on the AFASS¹¹ assessment of their national situation, either breastfeeding while providing antiretroviral medicines (ARVs) or avoidance of all breastfeeding. The Guidelines explain that these new recommendations do not remove a mother's right to decide regarding infant feeding and are fully consistent with respecting individual human rights.

The issue of transmission of HIV to infants through breastfeeding is not a problem in Italy: over the past 10 years the number of new cases in children has always been lower than 10 cases per year, thanks to good prevention and control strategies.

4) Recommendations on breastfeeding by the CRC Committee

The Convention on the Rights of the Child has placed breastfeeding high on the human rights agenda.

Article 24 mentions specifically the importance **of breastfeeding as part of the child's right to the highest attainable standard of health.**

Issues like the improvement of breastfeeding and complementary feeding practices, the right to adequate information for mothers and parents, the protection of parents against aggressive marketing of breastmilk substitute products through the implementation of and compliance with the International Code of Marketing of Breastmilk Substitutes as well as the need for strong and universal maternity protection are now systematically discussed during State parties reviews by the CRC Committee.

¹⁰ *WHO Guidelines on HIV and infant feeding, 2010. Available at:*
http://whqlibdoc.who.int/publications/2010/978921599535_eng.pdf

¹¹ Affordable, feasible, acceptable, sustainable and safe (AFASS)

In its latest Concluding Observations issued in 2011¹², the CRC Committee specifically referred to breastfeeding (emphasis added):

49. *The Committee is concerned at the low rate of exclusive breastfeeding for the first six months, and the practice of providing complementary foods to infants from the age of four months. The Committee is further concerned at the unregulated marketing of food for infants, young children and adolescents, and inadequacies in the monitoring of the marketing of breast-milk substitutes.*

50. ***The Committee recommends that the State party take action to improve the practice of exclusive breastfeeding for the first six months, through awareness-raising measures including campaigns, information and training for relevant Government officials, particularly staff working in maternity units, and parents. The Committee further recommends that the State party strengthen the monitoring of existing marketing regulations relating to food for children and regulations relating to the marketing of breast-milk substitutes, including bottles and teats, and ensure that such regulations are monitored on a regular basis and action is taken against those who violate the code.***

The rate of exclusive breastfeeding to 6 months, as well as the median duration of breastfeeding, is slowly improving, probably associated more the slow extension of the Baby-Friendly Initiative than to actions taken by the State; the annual short and local awareness campaigns organised by the Ministry of Health are very unlikely to be responsible for this little improvement. Nothing has been done since the above recommendations were issued to improve marketing regulations and their enforcement and monitoring.

About the International Baby Food Action Network (IBFAN)

IBFAN is a 36-year old coalition of more than 250 not-for-profit non-governmental organizations in more than 160 developing and industrialized nations. The network works for better child health and nutrition through the protection, promotion and support of breastfeeding and the elimination of irresponsible marketing of breastmilk substitutes.

IBFAN is committed to the Global Strategy on Infant and Young Child Feeding (2002), and thus to assisting governments in implementation of the International Code of Marketing of Breastmilk Substitutes and its relevant resolutions of the World Health Assembly (WHA) to the fullest extent, and to ensuring that corporations are held accountable for International Code violations. In 1998, IBFAN received the Right Livelihood Award “for its committed and effective campaigning for the rights of mothers to choose to breastfeed their babies, in the full knowledge of the health benefits of breastmilk, and free from commercial pressure and misinformation with which companies promote breastmilk substitutes”.

¹² **Committee on the Rights of the Child, session 58 (September-October 2011)**, Concluding observations on the combined third to fifth periodic reports of Italy.
http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fITA%2fCO%2f3-4&Lang=en