

THE CONVENTION ON THE RIGHTS OF THE CHILD

Session 68 / January 2015

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



December 2014

Prepared by:

Carolina de León. Licenciada en Nutrición. Magíster en Nutrición y Salud Pública.

Presidente de la Red Uruguaya de Apoyo a la Nutrición y Desarrollo Infantil RUANDI – IBFAN LAC

SUMMARY

The following obstacles/problems have been identified:

- The International Code of Marketing of Breastmilk Substitutes was integrated in the national legislation but there is no monitoring mechanism in place;
- The National Breastfeeding Standard (NNLM) is not fully implemented in the sense that despite the provision on training of health professionals, many health care workers are not trained on its content, including on the International Code and the guidelines ‘Buenas Prácticas de Alimentación del lactante y del niño pequeño’ (BPA);
- The Human Milk Bank receives in-kind donations from Nestlé (glass jars);
- In 2009-2010, only 35% of the total maternities in the country were certified as “baby-friendly”;
- The duration of the maternity leave does not allow mothers to breastfeed exclusively for 6 months, and mothers working in the informal sector are not covered;
- There are no training courses on HIV and infant feeding practices for health professionals;
- There are no emergency preparedness plans and guidelines with specific reference to infant and young child feeding.

Our recommendations include:

- Create **monitoring mechanism** and **sanctions** to enforce the national law implementing the International Code;
- Implement the NNLM in all its provisions and ensure **adequate training of health professionals** on the International Code and the guidelines ‘Buenas Prácticas de Alimentación del lactante y del niño pequeño’, as well as on HIV and infant feeding, and include RUANDI as a strategic partner;
- Improve the **educational materials** on adequate infant and young child feeding and use **digital technologies to promote optimal breastfeeding practices** to health workers and population;
- Further develop the Human Milk Bank and ensure that **in-kind donations received do not include donations from baby food companies** (which create the risk of a conflict of interest arising in the institution);
- **Expand the implementation of the Baby-Friendly Hospital Initiative** throughout the country;
- Extend the duration of the **maternity leave to 6 months after delivery**, and ensure **that mothers working in the informal sector are covered**;
- Provide integrated response to ensure **protection and support of breastfeeding in emergencies** and include a **surveillance mechanism to monitor food donations** occurring in such emergencies.

1) General points concerning reporting to the CRC

In 2015, the CRC Committee will review Uruguay's 5th periodic report.

At the last review in 2007 (session 45), the CRC Committee recommended Uruguay in its [Concluding Observations](#) to: “support to families (nuclear and extended and with special emphasis on female headed households) in order to prevent separation of children, e.g. in the form of extended maternity leave, counseling, and financial support, including at the local level, throughout the country.” (§ 39) The Committee also referred to health care in general in paragraph 50 where it recommended Uruguay to: “provide further resources for the public health system and enhance the access to medical services in rural areas and among low-income families.”

2) General situation concerning breastfeeding in Uruguay

General data

	2010	2011	2012	2013
Annual number of births, crude (thousands) ¹	-	49	49.5	-
Birth rate, crude (per 1,000 people) ²	15	15	15	-
Neonatal mortality rate (per 1,000 live births) ³	6.4	6.2	6.1	5.8
Infant mortality rate (per 1,000 live births) ⁴	11	10	10	10
Under-five mortality rate (per 1,000 live births) ⁵	12	12	12 ⁶	11
Maternal mortality ratio (per 100,000 live births) ⁷	23	-	-	14
<i>Delivery care coverage:</i> ⁸				
Skilled attendant at birth	99.7%	99.7%	99.7%	-
Institutional delivery	-	-	-	-
C-section	33.6%	33.6%	33.6%	-
Stunting ⁹	14.7%	14.7%	14.7%	-
Overweight ¹⁰	10%	10%	10%	

¹ UNICEF country statistics, available at: www.unicef.org/infobycountry/uruguay_statistics.html; UNICEF, *Improving Child Nutrition*, 2013, available at:

http://data.unicef.org/corecode/uploads/document6/uploaded_pdfs/corecode/NutritionReport_April2013_Final_29.pdf

² World Bank data, available at: <http://data.worldbank.org/indicator/SP.DYN.CBRT.IN/countries>

³ UNICEF Statistics, available at: <http://data.unicef.org/child-mortality/neonatal>; UN IGME, *Levels and Trends in Child Mortality: report 2014*, available at www.childmortality.org

⁴ UNICEF Statistics, available at: <http://data.unicef.org/child-mortality/under-five>; UN IGME, see above;

⁵ World Bank data, available at: <http://data.worldbank.org/indicator/SH.DYN.MORT/countries>; UN IGME, see above

⁶ This figure is 7 under the Uruguay UNICEF Statistics page, available at: www.unicef.org/infobycountry/uruguay_statistics.html

⁷ World Bank data, available at: <http://data.worldbank.org/indicator/SH.STA.MMRT/countries>

⁸ UNICEF country statistics, see above

⁹ Idem.

Breastfeeding data¹¹

	2003	2007	2011
Early initiation of breastfeeding (within one hour from birth)		59.3%	60.1%
Children ever breastfed		-	98.4%
Children exclusively breastfed (0-5 months)	54.1%	57.1%	65.2%
Introduction of solid, semi-solid or soft foods (6-8 months)		-	34.8%
Breastfeeding at age 2	31.3%	28.3%	27%
Median duration of any breastfeeding (in months)	7.3	7.5	8
Median duration of exclusive breastfeeding (in months)	2.2	2.1	2.3

According to the last breastfeeding survey (Encuesta nacional sobre estado nutricional, prácticas de alimentación y anemia 2011), 85.1% of children received breastmilk as first food, and 14.6% received milk other than their mother’s breastmilk and 2.1% were fed with water or serum. However, some **4 children out of 10 were not breastfed within one hour from birth**¹², which questions the quality of the counselling and support received by mothers in maternities.

Thanks to an improved implementation of the Baby-Friendly Hospital Initiative, and to the enforcement of the *Buenas Prácticas de Alimentación del lactante y del niño pequeño* (BPA) certification system¹³, the rate of exclusive breastfeeding under 6 months increased between 2007 (54.1%) and 2011 (65.2%). The breastfeeding newborns who were more at risk of not receiving exclusive breastfeeding were those born with low weight (under 2500gr), **those who were not initiated to breastfeeding within one hour from birth**, children of particularly thin mothers, children of smoking mothers, children of mothers who work normally 7 or more hours per day and children of mothers coming from richer households. In 1999, it has been registered that, among the main reasons for the early introduction of complementary food, the belief on the side of the mothers that their breastmilk is *not enough* was the answer given by 7.4% of mothers. This figure decreased to 1.7% in 2011.

It is also to be noted that more than **7 children out of 10 are not breastfed until 2 years of age**, despite the recommendation of the World Health Assembly on continued breastfeeding.¹⁴

¹⁰ Idem.

¹¹ Data for 2007 and 2011 were retrieved from the ‘Encuesta nacional sobre estado nutricional, prácticas de alimentación y anemia 2011’, available at: www.unicef.org/uruguay/spanish/encuesta_lactancia_uruguay2011_web.pdf

¹² Encuesta nacional sobre estado nutricional, prácticas de alimentación y anemia, 2011, see above

¹³ The BPA are discussed in the BFHI paragraph.

¹⁴ World Health Organization, Breastfeeding, available at : <http://www.who.int/topics/breastfeeding/en/>

3) Government efforts to encourage breastfeeding

National policies

In 2009, the Ministry of Health (MoH), with the support of WHO and UNICEF, adopted the **National Breastfeeding Standard (Norma Nacional de Lactancia Materna, Ord. Min. N° 217/09 – NNLM)**¹⁵, under which women are entitled the right and need to be supported by their families, society, workplaces and by the State. The NNLM is the main institutional tool designed to protect, promote and support breastfeeding. The NNLM has to be applied in all the health facilities of the Sistema Nacional Integrado de Salud (SNIS), the Integrated National Health System, in all maternities and all centres that provide care for women during pregnancy and delivery, and care for the newborn.

Additionally, the National Strategy for Infants and Adolescents 2010-2030 (**Estrategia Nacional de Niñez y Adolescencia - ENIA 2010-2030**¹⁶) was launched in 2008 with the aim of designing and implementing targeted policies for infants and adolescents. Under the ENIA 2010-2030, the **Comité de Coordinación Estratégica de Infancia y Adolescencia (CCE)**¹⁷, the Strategic Coordination Committee on Infancy and Adolescence, is given the role of coordinator among all the actors who contribute to the design and implementation of policies for infants and adolescents. With a similar role, the National Honorary Advisory Council on the Rights of the Child and Adolescent (**Consejo Nacional Consultivo Honorario de los Derechos del Niño y Adolescente**)¹⁸ was created under the Childhood and Adolescence Code (2004, articles 211 et seq.)¹⁹, but mainly with promotion, coordination and advisory roles and without binding powers that could influence the institutions that are responsible for the relevant legislation.²⁰

During the implementation process of the ENIA, and according to the results coming from a continuous monitoring and analysis, it has been decided to enforce specific programs dedicated to families with pregnant women and children under 4 years old. As part of such programs, the **National Program ‘Uruguay Grows with You**²¹ was created in 2012 with the goal of providing an integrated system of protection for the early childhood: particularly, it is an attempt to ensure adequate childcare in all

¹⁵ The Norma Nacional de Lactancia Materna (NNLM), 2009, is available at:

www.msp.gub.uy/sites/default/files/archivos_adjuntos/lactanciamaterna.pdf-1.pdf

¹⁶ The ENIA 2010-2030 document is available at: www.inau.gub.uy/biblioteca/eniabases.pdf

¹⁷ The Committee was created in 2005, in the framework of the Consejo Nacional de Coordinación de Políticas Sociales, the National Council for Coordination of Social Policies.

¹⁸ A description of the Committee’s tasks and action strategies is available in the website of the Ministry of Education and Culture at: http://mec.gub.uy/innovaportal/v/1776/6/mecweb/_derechos_del_nino_a_y_el_adolescente?3colid=1577

¹⁹ Código de la Niñez y la Adolescencia, adopted with Law No. 17.823, available at:

www.parlamento.gub.uy/htmlstat/pl/codigos/codigonino/2004/cod_nino.htm

²⁰ *Este Consejo es de carácter consultivo, no tiene potestades vinculantes de incidir en las instituciones responsables de las políticas con referencia al tema y está integrado por organismos estatales y no estatales.* Source: Ministry of Education and Culture, see above

²¹ ‘Uruguay Crece Contigo’. All the information on this Program is available at: www.crececontigo.opp.gub.uy/Inicio/

households so that health problems in early childhood can be reduced. However, the documents of the Program²² do not mention specifically how breastfeeding will be promoted.

Furthermore, a **Human Milk Bank Program** is implemented in Uruguay under the *Programa iberoamericano de bancos de leite humano* (IBERBLH)²³. The most successful achievement obtained under such Program was the creation last year of a **Support Line for Breastfeeding**, active 24h/24, 365 days a year. This Support Line allows women and health care teams to receive immediate response when facing breastfeeding difficulties, regardless of their geographical location, while in the past such difficulties could cause the interruption of breastfeeding.

Promotion Campaigns and Publications

The **promotion campaigns** that have been carried out in the last years have been supported by UNICEF. Among them, the **campaign ‘Give the breast is giving your best’²⁴**, featuring a very popular Uruguayan actress and model, who breastfed her child for over two years and who participated in promotional videos and advertising banners, printed materials, leaflets in the health centres as well as posters in the streets and bus stops of the whole country. In 2014, the main slogan was related to the promotion of the Law on maternity and paternity. Activities were organized together with the Workers' Union and the Uruguayan Inter-union Workers' Plenary (PIT-CNT), which reunites all the trade unions of public and private workers. Such activities were supported by RUANDI.

In 2007, the **Child Health National Program (Programa Nacional de la Salud de la Niñez)²⁵** of the MoH, created in 2006, promoted a project proposed by RUANDI IBFAN and UNICEF, concerning the creation of a **guide on dietary practices for women in childbearing age, pregnant women and children under 24 months²⁶**. This guide aims to reinforce a booklet addressed to the families, called *‘The first smells of my home cooking’²⁷*, with counselling on child feeding practices from 0 to 24 months of age, in which the first section relates to breastfeeding and the second section relates to the introduction of complementary foods after six months. This project was extremely successful and it was also combined with training courses addressed to workers of primary health centres in all the regions of the country, aimed at coordinating and aligning the criteria and guidelines when counselling on dietary and feeding practices during family planning, pregnancy, breastfeeding and the first years of the child.

²² The documents can be found at: www.crececontigo.opp.gub.uy/Inicio/Documentos/

²³ The information on the Red de Bancos de Leche Humana program in Uruguay is available at: www.iberblh.org/index.php?option=com_content&view=article&id=54&Itemid=58

²⁴ ‘Dar Teta es dar lo mayor de vos’.

²⁵ The document of the Child Health National Program is available at: www2.msp.gub.uy/uc_6444_1.html

²⁶ The guide ‘Los 33 meses en los que se define el partido: 33 ideas para jugarlo’ is available at: <http://infanciacapital.montevideo.gub.uy/materiales/>

²⁷ ‘Los primeros olores de la cocina de mi casa’. The booklet is available at: http://issuu.com/unicef-tacro/docs/los_primeros_olores_2da_ed

Additionally, in the last years RUANDI participated, together with UNICEF, in the updating of the Norma Nacional de Lactancia Materna (NNLM) and of the **guides for the use of complementary foods in breastfeeding children (2008)**, and the **guide for complementary food for children between 6 and 24 months (2008)**²⁸, through technical counselling. Such guides are currently being evaluated and approved by a revising committee, in order to be later edited and printed.

The International Code of Marketing of Breastmilk Substitutes

The NNLM provides for the implementation of the International Code²⁹, but **it does not include a control mechanism and related sanctions**. The monitoring on the Code implementation is not systematised, thus it would be fundamental to find adequate support to create a control mechanism. Such mechanism should cover the implementation of the International Code and the marketing of new baby-food products that constantly appear on the market without control on their advertising and that are being increasingly consumed. RUANDI proposed itself as monitoring body, but there is an intention of developing a specific project on this issue, after several allegations were made this year.

Monitoring

In 1971, the so-called **Programa Aduana de Visita Domiciliaria**³⁰ was developed with the aim of monitoring the conditions of newborns and breastfeeding children directly in the households through home visits. The Program became operational in 1974 and since then it has been empowered through specific resources and capacity-building of health professionals. To date, it is still operational.³¹

Courses/Training of Health Professionals

Specific training of health professionals is required under the NNLM³² on the Good Practices for Infant and Young Child Feeding (BPA)³³ but also on the overall content of the NNLM itself. However, it is observed that **no training is available for health professionals on the International Code of Marketing of Breastmilk Substitutes**. Considering that the NNLM includes also provisions related to the International Code and the full text of the Code itself in the form of an Annex, the above-mentioned gap in the capacity-building for health workers should be addressed and solved. Yet, as already highlighted, this specific training improvements would not change the fact that the violations of the Code call for the creation of an *ad-hoc* monitoring system.

²⁸ Guías para el uso de Sucedáneos en Lactantes (2008); Guía de alimentación complementaria para los niños de 6 a 24 meses (2008). Both documents are available on the MoH website: www2.msp.gub.uy/

²⁹ NNLM, 2009, see above, pp. 13-14

³⁰ The information related to the Home Visits Program is available at: www2.msp.gub.uy/uc_6732_1.html

³¹ More detailed information on the Aduana Program is available at: www.suis.org.uy/pdf/programa_aduana.pdf

³² NNLM, 2009, see above, p. 12, point 2.2.

³³ See next paragraph.

4) Baby Friendly Hospital Initiative (BFHI)

In 2009-2010, **18 hospitals and maternities out of 52** were reported as “baby-friendly”, which corresponds to **only 35% of the total maternities in the country**³⁴. In 2005, in the same spirit of the BFHI, the **Good Practices for Infant and Young Child Feeding (Buenas Prácticas de Alimentación del Lactante y del Niño Pequeño - BPA)**³⁵ were developed in parallel with the BFHI certification. All maternities and clinics in Uruguay are required to align to the BPA, through the formal application for the BPA certification or re-certification to the National Program for Child Health³⁶. In order to enforce the BPA diffusion, the National Breastfeeding Standard of 2009 (NNLM) included the provision that all health facilities of the SNIS³⁷ providing maternity care services apply such Standard, including its part related to the BPA.³⁸ Under the BPA certification system, a re-evaluation of the certified facilities is carried out every two years and in the case of no compliance with the requirements of the BPA, a deadline is given to the concerned health facility in order to adjust its services and align with the BPA.

5) Maternity protection for working women

Maternity leave

The legislation that covers the maternity leave in Uruguay is the **Maternity, paternity and care leave Law** (No. 19.161)³⁹, adopted in October 2013, regulating maternity, paternity and childcare leave.

With the support of the Social Security Office, several activities have been organized and the **difficulty of maintaining a remunerated job while at the same time providing adequate childcare**, especially for working women, has been highlighted through real evidence. Women are the ones who have more interruptions in their work career and such interruptions coincide with the birth of their children. This implies that when, after two or three years from the child’s birth, a woman tries to be reintegrated into the labour market, she generally gets a lower salary. In the last eight months, since the adoption of the Law on Maternity, paternity and care leave, there have been improvements, such as: **the increase in the duration of the maternity leave for women working in the private sector (from 12 to 14 weeks, of which 8 weeks after delivery)**, which will further increase by days every year; **the provision for a paternity leave**, which will also further increase every year, to reach 10 days of leave in 2017; **the opportunity to share part-time work between partners**. As a proof of the impact of such improvements, between the November 2013 and mid-July 2014, 10,307 applications for maternity

³⁴ Miriam H. Labbok, *Global Baby-Friendly Hospital Initiative Monitoring Data: Update and Discussion*, Breastfeeding Medicine, Vol. 7, N.4, 2012, pp. 210-222

³⁵ The information on the BPA is available at: www2.msp.gub.uy/uc_3464_1.html

³⁶ Programa Nacional de la Salud de la Niñez, discussed in the ‘National Policies’ paragraph.

³⁷ Sistema Nacional Integrado de Salud, already mentioned in the ‘National Policies’ paragraph.

³⁸ NNLM, 2009, see above, p. 12

³⁹ The text of the Law No. 19.161 is available at: www.parlamento.gub.uy/leyes/ AccesoTextoLey.asp?Ley=19161&Anchor=

leave have been submitted in the private sector, 3,600 part-time work requests have been made, and 100 men requested to share this part-time work with their partner.

Women who are employed under the informal sector are not included in the scope of the maternity, paternity and care leave law, except for those who are under a system of contributions from the Social Security Office.

It is important to underline that in 2011 **the third reason for the early interruption of breastfeeding before six months was linked to the work of the mother**. In fact, according to the last data retrieved at national level, 11% of women said that they stopped breastfeeding “for work reasons”⁴⁰. The percentage of women who stopped breastfeeding because of their work rose to 21.7% among the more educated ones (>12 years of education), compared to 7.1% among those who have received shorter education (≤ 6 years).⁴¹ Hopefully, the new legislation related to maternity protection will contribute to further decrease these percentages.

6) HIV and infant feeding

According to UNICEF HIV database⁴², the estimated HIV prevalence in the adult population (aged 15-49) was 0.7% in 2013, slightly higher than the average data related to the Latin America and Caribbean region, which was 0.5%. The estimated number of pregnant women living with HIV was 49 for the same year.

The NNLM includes in its Annex 9A⁴³ specific guidelines for pregnant women living with HIV, where it is stated that breastfeeding must always be prohibited in the case of HIV-positive mothers and that specific counselling on infant feeding practices and HIV shall be provided to the mother and her family since pregnancy. In the current revision of the NNLM, in which RUANDI is taking part, there have been suggestions to not always exclude breastfeeding in the case of HIV-positive mothers, and to develop alternative counselling for the choices of feeding practices especially when there is use of antiretroviral treatment (ART). However, such suggestions found totally negative response from the experts of the revising committee.

To date, **there are no specific training courses on HIV and infant feeding practices for health professionals**.

⁴⁰ Encuesta nacional sobre estado nutricional, prácticas de alimentación y anemia 2011, p. 34, available at: www.unicef.org/uruguay/spanish/encuesta_lactancia_uruguay2011_web.pdf

⁴¹ Idem, p. 28.

⁴² UNICEF HIV online database, available at : <http://data.unicef.org/hiv-aids/global-trends>

⁴³ NNLM, 2009, see above, p. 39

7) Infant feeding in emergencies (IFE)

There is no specific preparedness plan regarding infant feeding in emergencies. Companies producing breastmilk substitutes usually donate their products directly to families in the cases of natural disasters, mostly floods in Uruguay, and there is no monitoring mechanism for this. The health care teams working in emergency areas have worked on supporting breastfeeding in such cases but mostly on a voluntary basis and for personal convictions, thus not for the existence of a specific program.

Data retrieved from:

Encuesta Nacional sobre Estado Nutricional, prácticas de alimentación y Anemia. Red Uruguay de Apoyo a la Nutrición y Desarrollo Infantil RUANDI – UNICEF, Ministerio de Salud Pública, Ministerio de Desarrollo Social MIDES, Infamilia.

Norma Nacional de Lactancia Materna. Programa Nacional de Salud de la Niñez. Ministerio de Salud Pública. 2009. En actual revisión por parte de una cooperación de UNICEF - RUANDI – MSP durante el año 2014.

30 años del Código en América Latina: un recorrido sobre las diversas experiencias de aplicación del Código Internacional de comercialización de Sucedáneos de la Leche Materna en la Región entre 1981 y 2011. Organización Panamericana de la Salud. Washington DC.2011.

Subsidios por Maternidad servidos por BPS: Primeros resultados de la Ley 19.161
Soc. Silvia Santos Asesoría en Políticas de Seguridad Social Asesoría General en Seguridad Social
Agosto 2014. Uruguay

Programa Uruguay Crece Contigo Oficina de Planeamiento y Presupuesto. Presidencia de la República Oriental del Uruguay.

Websites consulted:

Instituto Nacional de Estadística INE: <http://www.ine.gub.uy>

Ministerio de Salud Pública: <http://www.msp.gub.uy>

Banco de Previsión Social BPS: <http://www.bps.gub.uy>

Ministerio de Salud Pública - Dirección General de la Salud. Departamento de Vigilancia en Salud – Programa ITS/SIDA :

[http://www.msp.gub.uy/sites/default/files/archivos_adjuntos/Informe_epidemiologico_VIH2012%20\(2\)dic.pdf](http://www.msp.gub.uy/sites/default/files/archivos_adjuntos/Informe_epidemiologico_VIH2012%20(2)dic.pdf)

Programa Uruguay Crece Contigo: <http://www.crececontigo.opp.gub.uy>

ANNEX

- 1) Violation of the Code occurred during the 2014 National Breastfeeding Week, in occasion of an activity on nutrition in paediatrics, organized by the Paediatric Service of the Hospital Policial and the Faculty of Medicine of the Universidad de la República.

As it can be seen in the picture, Nestlé displayed several banners at the event, with the authorization of the paediatricians and most professionals who organized it. In addition to that, the folders of the assistants had the Nan logo in the front, as well as the pens.



The organization of the event was mainly taken in charge by professors of the Paediatric Clinics of the Faculty of Medicine of the Universidad de la República. As RUANDI, we informed the MoH about the facts and about our position. However, since there is no sanctioning mechanism, no measures were taken.

Even more serious than that, is the fact that this academic event was organized right during the 2014 National Breastfeeding Week, and there were no slogans displayed to promote it.

- 2) Symposium '*Nutrición en el Niño y Adolescente Sano. Buenas Prácticas de Alimentación*', organized by the paediatric clinic A. At first, the Nestlé Nutrition logo was displayed in the poster and after that some RUANDI members refused to participate to the symposium since they had not been informed of the presence of Nestlé, the organizers asked the company to withdraw from the participation to the event. Money was collected to buy coffee, neutral folders (without advertising of any baby-food company) were used and the event took place without sponsors. Subsequently, a visitor from Nestlé asked a meeting with RUANDI in order to know which provisions of the Code had been violated. RUANDI refused to attend this meeting. The Uruguayan Paediatric Society also creates alliances with baby-food companies. There are advertisements of baby-food products that appear to be recommended by the Uruguayan Paediatric Society. These products include yogurts, industrialised fruit juices, infant formula for children between 1 and 3 years.

Other violations of the Code were highlighted in the last monitoring carried out by RUANDI in 2008.