

THE COMMITTEE ON THE RIGHTS OF THE CHILD

Session 68 - January 2015

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



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SUMMARY

The following obstacles/problems have been identified:

- There is a lack of collection of comprehensive data on the breastfeeding key indicators, especially related to early initiation to breastfeeding and continued breastfeeding at 2 years;
- Only little information is provided on the Strategic Plan for Coordination on Breastfeeding 2013-2016 and on the activity of the Breastfeeding Committee;
- The National Food Agency’s dietary guidelines for infants do not align with the WHO recommendations on breastfeeding;
- Only few provisions of the International Code of Marketing of Breastmilk Substitutes have been implemented into national law;
- Training courses on breastfeeding aimed at health professionals are considered as too basic;
- Despite the very high prevalence of “baby-friendly” hospitals and maternities, breastfeeding rates are low and thus, the quality of the information provided to mothers might be questioned.
- Official data on the mother-to-child HIV transmission rates are missing;
- There is no specific policy on infant feeding practices in emergencies.

Our recommendations include:

- **Ensure collection of comprehensive data on breastfeeding key indicators**, especially related to early initiation to breastfeeding and continued breastfeeding at 2 years;
- Monitor the **WHO indicators assessing infant and young child feeding practices**. Monitoring should in any case cover early initiation to breastfeeding, exclusive breastfeeding under 6 months and continued breastfeeding at 2 years;
- Align the national dietary guidelines for infants provided in the National Food Agency portal **with the WHO recommendations**;
- **Fully implement all the provisions of the Code and relevant subsequent WHA resolutions into national law** in order to provide adequate protection to optimal breastfeeding practices;
- Improve the **quality of training courses on breastfeeding** aimed at health professionals;
- Monitor the **compliance of hospitals and maternities** certified as “baby-friendly” with the Ten steps to successful breastfeeding;
- **Collect and report data on HIV mother-to-child transmission**;
- Implement a **national plan to protect and support breastfeeding in emergencies** and designate its relevant coordinators.

1) General points concerning reporting to the CRC Committee

In January 2015, the CRC Committee will review the 5th periodic report of Sweden.

At the last review in 2009 (Session 51), IBFAN presented a report on the situation of breastfeeding in Sweden. In its [Concluding Observations](#), the Committee did not specifically refer to breastfeeding or infant and young child feeding. However, the Committee expressed its concern about “**the growing problems of overweight and obesity among Swedish children as a result of low physical activity combined with a poor diet [...]**” (paragraph 44, emphasis added).

The connection between artificial feeding and obesity has been highlighted in several studies¹. The State of the World’s Mothers 2012 report², for example, addresses it in these terms: “*Childhood overweight and obesity are on the rise the world over. This is a growing problem in both rich and poor countries alike, with the poorest people in both affected most. [...] Children who are not breastfed are at higher risk of obesity. In addition, breastfeeding for at least the first six months of life appears to be a factor protecting against obesity.*” (p.39)

2) General situation concerning breastfeeding in Sweden

General data

	1990	2010	2011	2012	2013
Annual number of births, crude (thousands) ³	-	-	113	114	-
Birth rate, crude (per 1,000 people) ⁴	-	12	12	12	-
Neonatal mortality rate (per 1,000 live births) ⁵	3.6	1.7	1.6	1.6 ⁶	1.6

¹ A list of the main studies on breastfeeding and obesity is provided by UNICEF at www.unicef.org/uk/BabyFriendly/News-and-Research/Research/Obesity/; Another research on the topic can be retrieved from La Leche League International website, at www.llli.org/llleaderweb/lv/lvjanfebmar07p2.html

² Save the Children, *State of the World’s Mothers 2012*, available at: www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/STATE-OF-THE-WORLDS-MOTHERS-REPORT-2012-FINAL.PDF

³ UNICEF country statistics, available at: www.unicef.org/infobycountry/sweden_statistics.html; UNICEF, *Improving Child Nutrition*, 2013, available at: http://data.unicef.org/corecode/uploads/document6/uploaded_pdfs/corecode/NutritionReport_April2013_Final_29.pdf

⁴ World Bank data, available at: <http://data.worldbank.org/indicator/SP.DYN.CBRT.IN/countries>

⁵ UNICEF Statistics, available at: <http://data.unicef.org/child-mortality/neonatal>; UN IGME (2014), *Levels and Trends in Child Mortality: report 2014*, available at www.childmortality.org

⁶ This figure is 2 in the Country statistics page of UNICEF, available at: www.unicef.org/infobycountry/sweden_statistics.html

IBFAN – International Baby Food Action Network

	1990	2010	2011	2012	2013
Infant mortality rate (per 1,000 live births) ⁷	6	2.5	2.4	2.4	2.4
Under-five mortality rate (per 1,000 live births) ⁸	7	3	3	3	3
Maternal mortality ratio (per 100,000 live births) ⁹	-	5	-	-	4
<i>Delivery care coverage:</i>					
Skilled attendant at birth	-	-	-	-	-
Institutional delivery	-	-	-	-	-
C-section	-	17.1% ¹⁰	-	-	-
Overweight	-	-	-	-	-

Breastfeeding data

	2000	2002	2005	2009	2010	2011	2012
Early initiation of breastfeeding (within one hour after birth)	-	-	-	-	-	-	-
Children exclusively breastfed (0-5 months) ¹¹	33.4%	31.5%	15.9%	10.4%	10.6%	13.5%	14.5%
Children who receive any breastfeeding at 6 months of age ¹²	-	-	-	-	-	-	72%
Children ever breastfed	-	-	-	-	-	-	98%
Exclusive or partial breastfeeding at 9 months of age ¹³	-	42.3%	39.8%	35%	33.9%	35.3%	35.8%

⁷ UNICEF Statistics, available at: <http://data.unicef.org/child-mortality/under-five> ; UN IGME , see above;

⁸ UNICEF country statistics, see above ; World Bank data, available at:

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

⁹ World Bank data, available at: <http://data.worldbank.org/indicator/SH.STA.MMRT/countries>

¹⁰ Data refers to 2009. Source: OECD Library, www.oecd-ilibrary.org

¹¹ National Swedish Statistics 2012, available in Swedish with English summary at:

www.socialstyrelsen.se/Lists/Artikelkatalog/Attachments/19537/2014-9-37.pdf

¹² Save the Children, *State of the World's Mothers 2012*, available at:

www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/STATE-OF-THE-WORLDS-MOTHERS-REPORT-2012-FINAL.PDF

¹³ Idem.

	2000	2002	2005	2009	2010	2011	2012
Introduction of solid, semi-solid or soft foods (6-8 months)	-	-	-	-	-	-	-
Exclusive or partial breastfeeding at age 1 ¹⁴	-	19.9%	17.9%	16.4%	16.2%	17.2%	18%
Breastfeeding at age 2	-	-	-	-	-	-	-

General observations

In Sweden, low mortality rates have been reported. However, it is of concern that data related to some of the key breastfeeding indicators are totally lacking. In particular, no information is available on the rate of early initiation of breastfeeding and on the rate of continued breastfeeding at 2 years. In addition, there are no data related to breastfeeding for the years 2013 and 2014. In general, the **lack of comprehensive data on the breastfeeding key indicators¹⁵** is to be highlighted.

Exclusive breastfeeding under 6 months

A **significant decrease** of the rate of exclusive breastfeeding under 6 months is observed between 2000 and 2010 (33.4% to 10.4%). Since then, the rate has increased again, but it remains low (14.5% in 2012). Compared to the global rate (38% between 2009 and 2013)¹⁶, it shows that Sweden has still efforts to make in order to better protect, promote and support breastfeeding¹⁷ and thus provide an enabling environment for mothers to breastfeed exclusively up to 6 months, as recommended by the World Health Organization.¹⁸

¹⁴ Idem.

¹⁵ Indicators for assessing infant and young child feeding practices. Part 1 :

Definitions, WHO, 2007, available at: http://whqlibdoc.who.int/publications/2008/9789241596664_eng.pdf?ua=1

¹⁶ UNICEF data, available at: <http://data.unicef.org/nutrition/iycf>

¹⁷ Governments' responsibility in taking action is specified by the Global Strategy for Infant and Child Feeding, developed by WHO and UNICEF in 2002. Information available at:

www.who.int/nutrition/topics/global_strategy/en/

¹⁸ The WHO recommendations on infant and child feeding can be found at:

<http://who.int/topics/breastfeeding/en/>

3) Government efforts to encourage breastfeeding

European policies

As a member State of the European Union, Sweden is required to harmonize its public health policy and programmes to the European guidelines and action plans. An effort for major harmonization among the European Union countries is still in progress. As an example of such efforts, the report *'Protection, promotion and support of breastfeeding in Europe: a Blueprint for Action'*¹⁹ which aims to protect, promote and support breastfeeding across all European countries was launched in 2004 in occasion of the EU Breastfeeding Promotion Conference held in Dublin Castle, Ireland²⁰, and subsequently revised in 2008. The 'Blueprint for action' report is the outcome of the EU-funded project 'Promotion of Breastfeeding in Europe'²¹, launched in 2002. This document provides a model national policy on infant and child feeding to encourage the European towards the creation of ad-hoc policies within their legislation. Even though projects related to health and nutrition (project 'Monitoring Public Health nutrition in Europe - Nutritional indicators and determinants of health status' launched in 2000) and breastfeeding promotion (above-mentioned project 'Promotion of Breastfeeding in Europe') have been launched, to date there is still **no European integrated policy which would promote and support breastfeeding at regional scale.**

National policies

In a document issued in 2003 in the framework of the above-mentioned 'Promotion of Breastfeeding in Europe' project, it is stated that Sweden did not have national and/or local plans to coordinate its activities related to the protection, promotion and support of breastfeeding (p. 6).²² Recently, a **'Strategic Plan for Coordination on Breastfeeding'**²³ has been put in place for the years 2013-2016 and it can be accessed on the National Food Agency portal.

¹⁹ The last version of the document, revised in 2008, is available at: www.aeped.es/sites/default/files/6-newblueprintprinter.pdf

²⁰ More information can be found on the European Public Health Alliance website: www.epha.org/a/1301

²¹ All the information and documents related to the *Promotion of Breastfeeding in Europe* project are available at : http://ec.europa.eu/health/ph_projects/2002/promotion/promotion_2002_18_en.htm

²² Istituto per l'Infanzia IRCCS Burlo Garofolo and WHO Unit for Health Services Research and International Health (2003), *Protection, promotion and support of breastfeeding in Europe: current situation*, available at: http://ec.europa.eu/health/ph_projects/2002/promotion/fp_promotion_2002_a1_18_en.pdf

²³ The Strategisk plan för samordning av amningsfrågor 2013-2016 (Swedish only) is available at: www.slv.se/upload/dokument/om_oss/expertgrupper/amningskommiten/strategisk_plan_amningsfr%C3%A5gor_2013-2016.pdf

Promotion campaigns

The Swedish National Food Agency provides several materials aimed at promoting breastfeeding as well as spreading information of good dietary habits for pregnant women and babies²⁴. Publications such as the ‘Good food for infants under one year’²⁵ (2012) are accessible from the National Food Agency portal and include the Agency’s advice on food for children up to one year. In this document, accent is put to the importance of breastmilk although it is not specified that ideally, breastmilk should be the exclusive food source for children up to 6 months. Moreover, **it is of serious concern that breastfeeding and infant formula feeding are described as equally good for child nutrition.**²⁶ The Swedish National Food Agency also provides specific dietary guidelines for children between one and two years old²⁷ **without formally recommending continued breastfeeding until the age of 2**, but considering it only a possible option.

Such official documents should be revised as soon as possible to ensure **consistency with the official recommendations issued by the World Health Organization (WHO)** on exclusive breastfeeding until 6 months of age and on continued breastfeeding until 2 years of age or beyond.²⁸

The International Code of Marketing of Breastmilk Substitutes

At the European level, all member States are required to align their laws with the **2006 EU Directive on Infant Formulae and Follow-up Formulae**²⁹ or adopt stronger measures. The minimum standards of the Code and subsequent resolutions are not met by this Directive.³⁰ The new **Regulation (EU) n. 609/2013**, which will replace the 2006 Directive by July 2016, aims at empowering the European Commission in the adoption of delegated acts to regulate the labeling, presentation and advertising and other commercial practices related to infant formulae and follow-up formulae. However, it is not clear whether these delegated acts will meet the minimum standards set by the Code and resolutions.³¹

²⁴ The Dietary Guidelines recommended by the Swedish National Food Agency, including guidelines during breastfeeding can be found at www.slv.se/en-gb/Group1/Food-and-Nutrition/Dietary-guidelines/

²⁵ Full document in English available at:

www.slv.se/upload/dokument/mat/kostrad/good_food_for_infants_webb.pdf

²⁶ See above, p. 2.

²⁷ ‘Good food for children between one and two years’. Full document in English available at:

www.slv.se/upload/dokument/mat/kostrad/good_food_for_children_1_2_years_webb.pdf

²⁸ WHO recommendations on breastfeeding available at: www.who.int/topics/breastfeeding/en/

²⁹ Available on the EU legislation database: <http://eur-lex.europa.eu/>

³⁰ IBFAN-ICDC, *State of the Code by Country*, 2014, see above

³¹ Idem.

In 2011, the WHO reported that many provisions of the International Code of Marketing of Breastmilk Substitutes had been turned into law in Sweden³². However, more recent information on the progress of the code implementation does not seem to show improvements. IBFAN's 2014 *State of the Code by Country* places Sweden among the countries which have turned only **few provisions of the Code into law**, mentioning the fact that the country has also adopted a voluntary policy on the marketing of breastmilk substitutes.³³

Monitoring of national policies and legislation

Surveillance and monitoring of indicators related to health have been at the center of several initiatives at European level. In particular, the 2000 project 'Monitoring Public Health nutrition in Europe - Nutritional indicators and determinants of health status'³⁴ called for selection of useful indicators and collection of reliable and relevant data on these indicators, as well as the development of a coordinated European surveillance system.³⁵ However, no record on the creation of such mechanism is available to date. The 'Conference on Breastfeeding Surveillance' held in Stockholm in 2001, was an occasion to discuss the main surveillance initiatives active in Europe at the time, which were discussed in the post-session technical report³⁶ and lead to the following observations: "***There is an urgent need for an efficient surveillance system, which gives reliable, valid and comparable prevalence data across Europe. The WHO definitions on infant feeding categories should be used. The suggested core indicators should cover initiation, continuation and duration of breastfeeding. Breastfeeding (exclusive breastfeeding and breastfeeding where appropriate) prevalence at 6, 12, 18 and 24 months should be reported. [...] The core indicators must be reported regularly together with information on how the data was collected, to a European body. An expanded data set can optionally be used at a national or local level including additional indicators and determinants on breastfeeding.***"³⁷ (emphasis added) The report also mentions that in Sweden, **data on breastfeeding practices are collected in the child care centers but that they are not 'collated'**.

³² WHO, *Country implementation of the International Code of Marketing of Breast-milk Substitutes: Status report 2011*, available at: http://apps.who.int/iris/bitstream/10665/85621/1/9789241505987_eng.pdf?ua=1

³³ IBFAN-ICDC, *State of the Code by Country*, 2014. A link to the document and to the previous years' charts can be found at <http://ibfan.org/code-watch-reports>

³⁴ All the information on the project can be found at:

http://ec.europa.eu/health/ph_projects/2000/monitoring/monitoring_project_2000_full_en.htm

³⁵ Idem.

³⁶ The technical report *Breastfeeding Surveillance in the EU and EFTA: Recommendations adopted at the Breastfeeding Surveillance Conference, Stockholm May 4-5, 2001* is available at:

http://ec.europa.eu/health/ph_projects/2000/monitoring/fp_monitoring_2000_a9_frep_02_en.pdf

³⁷ Available in the technical report, see previous note

In 2004, the National Food Agency created a **Breastfeeding Committee**³⁸. The Committee meets once a year in October.³⁹ During its session in 2013, this Committee discussed about the follow-up of the ‘Strategic Plan for Coordination on Breastfeeding 2013-2016’.

Courses on breastfeeding / Training of Health Professionals

According to the 2008 report ‘Blueprint for action’, Sweden has introduced courses on breastfeeding practices and counselling. However, according to the report, these courses are **too basic**. In addition, the report highlighted the **lack of evaluation on the quality of the pre-service training available** in the European countries, for which further investigation would be necessary.⁴⁰

4) Baby-Friendly Hospital Initiative (BFHI)

In 2010, 64 out of the 66 total hospitals in Sweden were certified as “Baby-Friendly”, which corresponded to 97% of the total number of facilities⁴¹. “Sweden is considered the global leader in terms of Baby-Friendly Hospital Initiative implementation: just four years after the program was introduced in 1993, all of the then 65 maternity centers in the country had been designated as “baby-friendly.” Today [2012, editor’s note], **Sweden remains the only industrialized country where all the hospitals are baby-friendly.**”⁴² Nonetheless, considering such positive record, the low breastfeeding rates find no justification. Thus, the **consistency of the information provided to mothers with the official WHO recommendations on breastfeeding might be questioned** and **regular monitoring** should be put in place to ensure that the designated facilities continue to fully respect the ten steps to successful breastfeeding.⁴³

³⁸ From the Swedish National Food Agency website: www.slv.se/sv/grupp3/Om-oss/Expertgrupper-och-natverk/Nationella-amningskommitten/

³⁹ Minutes of the 2013 meeting of the Breastfeeding Committee are available here (Swedish only): www.slv.se/upload/dokument/om_oss/expertgrupper/amningskommitten/nationella_amningskommitten_131014.pdf

⁴⁰ Protection, promotion and support of breastfeeding in Europe: a Blueprint for Action (revised), 2008, see above, p.12

⁴¹ Labbok, M.H. (2012). Global Baby-Friendly Hospital Initiative Monitoring Data: Update and Discussion, *Breastfeeding Medicine*, 7 (4), 210-222.

⁴² Save the Children, *State of the World’s Mothers 2012*, p. 41, available at: www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/STATE-OF-THE-WORLDS-MOTHERS-REPORT-2012-FINAL.PDF

⁴³ The ten steps to successful breastfeeding are available at: www.unicef.org/newsline/tenstps.htm

5) Maternity protection for working women

According to the fifteenth Save the Children's **State of the World's Mothers** report (2014)⁴⁴, in which the *Mothers' Index* assesses the wellbeing of mothers and children in 178 countries, Sweden ranked third this year, after Finland and Norway. In fact, the Swedish legislation related to parental leave and maternal protection in general is quite comprehensive and includes a large collection of acts and regulations.⁴⁵

Maternity leave

Conditions: According to the Parental Leave Act, a maternity leave is guaranteed for all women workers, irrespective of how long they have been employed. An advance notice no less than 2 months before the commencement of the leave, or as soon as possible, is required, including an indication of the duration of the leave.

Duration: 14 weeks, of which 7 before and 7 after the expected date of birth.

Compulsory leave: 2 of the 14 weeks of maternity leave are compulsory.

Extension: Not identified in the Parental Leave Act. There is an extension for cash benefits in case of multiple births, but it is not clear if this extension applies also to leave.

Paternity leave

Duration: A male worker is entitled to 10 days (2 weeks) of leave in connection with childbirth or the adoption of a child.

Parental leave⁴⁶

Scope: the parents; a person who, although not a parent, is the legal custodian and takes care of the child; a person who has taken the child for permanent care and fosterage into her or his home; a person who is permanently living together with a parent provided that the employee is, or has been, married to, or has, or has had, the child with that parent.

⁴⁴ Save the Children, *State of the World's Mothers 2014*, available at:

www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/SOWM_2014.PDF

⁴⁵ Parental Leave Act, Act No. 584, 1995 (available at www.government.se/content/1/c6/10/49/85/f16b785a.pdf); Public Insurance Act, Act No. 381, 1962; Regulations respecting Diving work, Regulations No. 57 of the National Board of Occupational Safety and Health Respecting Diving Work, 1993; Regulations respecting Lead, Regulations No. 17 of the National Board of Occupational Safety and Health Respecting Lead, 1992; Discrimination Act, Act No. 567, 2008; Act Prohibiting Discrimination against Part-time Workers and Employees with a Fixed-term Contract, Act No. 293, 2002; Work Environment Act, Act No. 1160, 1977; Health and Medical Service, Act No. 763, 1982; Health Insurance, Act No. 1224, 2004.

⁴⁶ A specific leave is also included in case of adoption and parental leaves of part-time workers are as well regulated by the above-mentioned legislation.

Duration: 480 calendar days (almost 69 weeks or >17 months) for both parents until the child is 18 months; a combination of maternity leave (14 weeks), paternity leave (2 weeks) and child-care leave (52 weeks); adoption leave and part-time work are also included in parental leave. In addition, workers are entitled to leave for the time for which they are entitled to parental benefits under the Public Insurance Act.

Cash benefits

Maternity and paternity leave benefits are part of parental leave benefits and follow the same scope, conditions, etc. The parental leave benefits system covers maternity, parental, paternity and adoption leave.

Parental leave benefits scope: It concerns all persons (citizens and residents).

Conditions: Medical certificate regarding the birth. For a parent living in another EU/EEA country to receive benefits from Sweden, s/he cannot work in the other country and must be married or living together with the parent who works in Sweden.

Duration: Parental benefits are paid for a total of 480 calendar days (69 weeks or almost 15 months) for both parents. These benefit days cover payment during maternity leave. If the parents have joint custody, each parent is entitled to benefits for half of the leave. If one parent has sole custody, he or she is entitled to the whole period of 480 calendar days.

Amount: If the parents have been insured for at least 240 consecutive days (34 weeks) before the birth, 80% of earnings are paid for a total of 390 calendar days (56 weeks) to both parents if they have joint custody of the child, and 60 SEK per day for the remaining period of 90 calendar days (13 weeks). For all Swedish residents not qualifying for the 80% level, they receive the basic level of cash benefits (180 SEK a day in 2006) for 390 calendar days (56 weeks) and 60 SEK per day for the remaining period of 90 calendar days (13 weeks). In the event of the birth of twins parental benefits are paid for an additional 90 days (13 weeks) at the basic sickness benefit level and for 90 days (13 weeks) at the minimum level. In the event of the birth of more than two children at the same time, the parental benefit is paid at the basic sickness benefit level for an additional 180 days (26 weeks) for each child in addition to the two first children. If the parent is working part-time, during this period of time s/he receives benefits corresponding to the percentage of working hours s/he is working. Benefits are covered by Social Insurance Funds.

Breastfeeding breaks

Female employees are entitled to nursing breaks. Duration of this entitlement is not specified in the legislation, which means breastfeeding breaks can be taken as long as the female employee continues to breastfeed.⁴⁷

6) HIV and infant feeding

In 2012, UNICEF reported that **between 100 and 200 pregnant women were living with HIV**, on an unknown percentage of HIV prevalence in the adult population.⁴⁸ The total number of people living with HIV was between 5,400 and 10,000 in 2001, between 6,200 and 12,000 in 2006, and between 7,200 and 13,000 in 2012⁴⁹. No information is available on the estimated mother-to-child transmission rates, and this calls for more efforts to provide facts on this issue, especially considering the **increasing number of people living with HIV in Sweden**.

7) Infant feeding in emergencies (IFE)

Sweden is one of the countries whose governments provide funding for Infant and Young Child Feeding in Emergencies (IYCF-E) programmes⁵⁰, which shows attention and commitment to face the challenge of infant feeding in situations of emergency. However, to date, there is **no information available on the implementation of any specific policy on infant feeding practices in emergencies**.

⁴⁷ Save the Children, *State of the World's Mothers 2014*, see above, p. 43.

⁴⁸ UNICEF data, 2013, available at: <http://data.unicef.org/hiv-aids/global-trends>

⁴⁹ WHO data, available at : <http://apps.who.int/gho/data/?theme=main&vid=22100>

⁵⁰ Save the Children, *Infant and Young Child Feeding in Emergencies: why are we not delivering at scale?*, 2012, available at: www.cmamforum.org/Pool/Resources/IYCF-Emergencies-Review-SCUK-2012.pdf